

**Implementation of the 2010
Ohio Nursing Home Family
Satisfaction Survey**

Final Report

Jane K. Straker, MGS, PhD

Karl Chow, MBA

Samuel Mwangi, MA

Luann Reddecliff, MS

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**Jane K. Straker, MGS, PhD
Karl Chow, MBA
Samuel Mwangi, MA
Luann Reddecliff, MS**



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). Family and resident satisfaction survey data were collected in 2001 and 2002 and posted on a newly developed website. Although funding was discontinued in 2003, a new bill and appropriation were passed in 2005. 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 fifth implementation of the Ohio Nursing Home Family Satisfaction Survey in 2010. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc. (formerly Pearson Education). This year Ohio nursing homes distributed the surveys to over 66,000 involved family members and friends.¹

Since the first administration of the family survey in 2001, the number of facilities participating and the number of families responding have shown dramatic increases. In 2001, 687 facilities participated, compared to 904 in 2008 and 933 in 2010. The number of families responding has increased from 20,226 to 29,873. On average, this year nearly half (44.8%) of family members contacted completed a survey on paper or online. The characteristics of family respondents have remained consistent over time. The majority of those who respond are female, adult children of nursing home residents who are very involved with the residents. Over half (57.1%) visit several times per week or daily. Many also assist their residents in the nursing home; for example nearly two-thirds (63.1%) assist their family member with going to activities.

¹ If facilities did not return an audit form reporting the actual number of surveys they mailed, we assumed that they mailed all of the surveys we provided.

2010 was the first year that no modifications were made to the survey items. Originally developed as a collaborative endeavor between the Margaret Blenkner Research Institute at Benjamin Rose in Cleveland and the Scripps Gerontology Center at Miami University in Oxford, the instrument shows excellent reliability over time.

Ohio's consumer guide website (www.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. Finally, family satisfaction is an important component of Ohio's Medicaid nursing home reimbursement formula.

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 2005. 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 fifth implementation of the Ohio Nursing Home Family Satisfaction Survey in 2010. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc. (formerly Pearson Education).

The process of implementing the mailed survey to family members of nursing home residents throughout Ohio began on April 1, 2010. After administering the family survey four times in Ohio and once in Rhode Island, the family survey items remained the same for the first time. All previous administrations had revised and refined some items.

2010 UPDATES

Extensive psychometric work has been done with both the resident and family surveys. This work is described elsewhere (Ejaz, Straker, Fox & Swami, 2003; Straker, Ejaz, McCarthy & Jones, 2007). No changes were made to the instrument this year. However, this year significant changes were made to the survey distribution and response process. An online survey response option was offered to families, facilities had an online audit form option, and assumptions about facility response rates were modified and facilities were instructed to mail a survey to a family

member or involved friend for every resident. These changes accompanied usual refinements and revisions to instructions, cover letters and other survey materials.

Director Riley, of the Ohio Department of Aging, updated the family survey information letter, which is sent to administrators and families and a number of other modifications were made to the family survey instruction packet. (Copies of all survey materials are included in Appendix A).

Table 1. 2010 Family Survey Changes

| Change in Process/Instructions | Justification for Change |
|--|---|
| ODA developed family survey webpage | Distribution of survey materials, FAQs and other information |
| Advance e-mail to administrators | Additional strategy to prepare facilities for what to expect; included link to PDF of sample survey and their facility ID |
| Online audit form developed | Ease of reporting for facilities, manual data entry form for faxed and mailed forms |
| Online family survey developed | Ease of response for families, reduce return mail expenses |
| Administrator letter changed | New ODA Director, additional information |
| FAQs in instruction packet updated | Areas suggested from helpline calls in 2008 |
| Family letter changes | Changes suggested from helpline calls in 2008 |
| URL for online survey printed on family survey cover | Allowed families to complete their survey online |
| 7-character login password printed on each survey | Assured that families could only complete one online survey; allowed us to ensure that only the paper version was counted if both paper and online were completed |
| List of facilities with no surveys and no audit forms drawn in October | Increase number of facilities meeting margin of error |
| ODA phone calls to facilities in November | Let them know they needed to distribute surveys and/or submit audit forms |

IMPLEMENTATION

The number of survey packets to be distributed to each facility was based on the assumption that family response rates could be very low in some facilities, and occupancy had increased no more than 3% since the 2009 Ohio Nursing Home Resident Satisfaction Survey. Because 134 facilities had never met the margin of error required to receive the Medicaid reimbursement quality point, ODA suggested a change in our assumptions about family response rates. We assumed that response rates might be as low as 10%, thereby necessitating that surveys be mailed to an involved person for every resident. Census numbers from the 2009 Resident Survey were used as the largest source for the number of 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. To ensure that enough surveys were provided for each facility we assumed that 100% of the estimated number of residents had involved family or friends. This process provided good survey estimates, although not as good as in previous years. Fifty-eight facilities requested additional surveys compared to 23 in 2008. 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.

SURVEY DISTRIBUTION TO FACILITIES

A mailing list was developed from information provided by ODA. The facility mailing list from ODA 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. 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. As in previous years, two additional facilities were

found after the mailing list had been distributed to Scantron. Non-participating facilities are identified in the OLTCCG with the statement “Refused to Participate.” Three facilities that received survey kits were closed sometime during the early stages of the survey preparation process. The final number of facilities used to calculate participation rates was 961.

At Scantron, each survey was printed with a serial number, a facility identification number used by the state (ASPEN ID), a unique 7-character login ID and the facility name and address. An Excel spreadsheet was created with the serial numbers and login IDs assigned to each facility on the mailing list. Window return address envelopes showed the facility name and address on each survey packet 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.

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

Survey materials were shipped from Scantron to nursing homes on June 14, 2010. Most facilities prepared their mailings and sent surveys to families promptly. Of the 815 facilities reporting mailing dates, 712 (87%) mailed surveys in June and 88 mailed them in July. Fifteen facilities mailed in August. Although no audit dates indicated such, late returns of family surveys suggested that several facilities mailed surveys as late as November or December.

SURVEY ASSISTANCE

In order to assist family members and facilities with questions or issues during the 2010 Ohio Nursing Home Family Satisfaction Survey process, a toll-free phone line was set up at the Scripps Gerontology Center. The phone line was staffed Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m. and had voice mail capability so callers could leave a message 24 hours a day, seven days a week. In addition, families and facilities could request help or ask questions via email at familysurvey@muohio.edu.

The helpline and email account were managed by two doctoral associates who each worked 20 hours per week. Five undergraduate student workers assisted as needed for phone coverage. 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. For instance, issues such as assisting families with online surveys, or providing facility logins to the online audit forms were new this year.

The phone line was regularly staffed from June 7 through October 1, 2010. Calls were monitored and answered after that date, but not on a regular basis. As shown in Table 2, there were 821 calls logged during this time, more than half 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 588 calls and 233 were from facilities or others. Staff were unable to resolve 15 calls due to insufficient or unclear information, including 4 hang up calls or no answer. Table 2 and Figure 1 compare the differences between total calls received during all five years of survey implementation. In addition to having the largest number of surveys returned

ever, the 2010 survey saw the number of calls increase compared to the calls received in the previous three survey years for both facilities and families. This was attributed to the implementation of an online version of the survey and the larger number of families who received surveys. At the beginning of the 2010 survey, family callers had questions regarding the online submission of their survey. This was due to an anomaly with the survey links on the server where surveys were being submitted. However, calls of this kind declined drastically when the issue with the server was resolved. Other issues related to online processes were about online submission of facility audit forms. Many callers from the facilities had enquires ranging from requesting their “Facility ID” numbers to confirming submission of their online audit forms.

Table 2. Calls and E-mails to the Toll-Free Help Line 2001-2010

| Year | 2001 | 2002 | 2006 | 2008 | 2010 |
|-------------------|-------------|-------------|-------------|-------------|-------------|
| Total | 1172 | 685 | 566 | 618 | 821 |
| Families | 1070 | 550 | 400 | 477 | 588 |
| Facilities | 102 | 135 | 166 | 141 | 233* |

*Note: Table includes hang-ups and calls with unclear information. Dedicated helpline e-mail was added for the first time in 2010.

Figure 1. Call Volume, 2001-2010

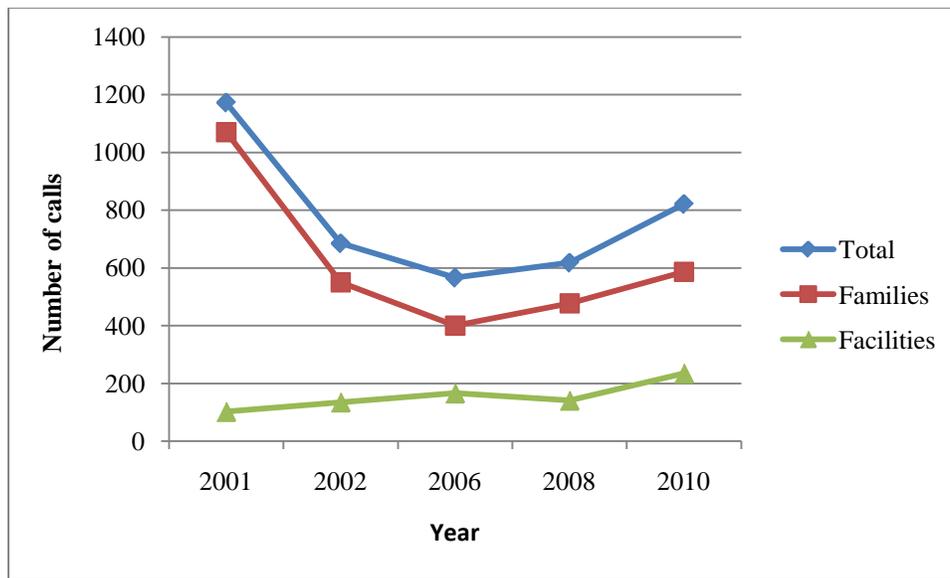


Table 3. Number of Help Line Calls and E-mails by Month

| Month | Number of calls & e-mails | Percent |
|--------------|------------------------------|--------------|
| June | 245 | 29.8 |
| July | 449 | 54.8 |
| August | 104 | 12.7 |
| September | 21 | 2.4 |
| October | 2 | 0.2 |
| Total | 821 | 100.0 |

CALLS FROM FACILITIES

Calls and emails from facilities largely revolved around process issues – not receiving enough surveys, whether to send surveys to families after the deadline, requesting facility IDs, or

online audit form questions. Some calls were related to general information or comments, questions about when results would be available, and updates on facility changes. See Table 4 for a breakdown of the types of calls and emails received from facilities.

The largest number of facility calls revolved around two topics: sending surveys after the deadline and requesting additional surveys to send to a family member or other involved person for every resident. 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.

The primary problem for most callers appeared to be requesting facility IDs to log in and complete audit forms online. This was mainly due to an advance email sent to all facility administrators explaining the survey process including online submission of audit forms. However, most callers reported not to have received the email that contained the facility ID either because they were not the administrators or the email was sent to the former administrator's address. Scripps staff were able to provide the facility IDs to requestors over the phone or through email to the eighty-two facilities. In addition, administrator email addresses were updated on the master tracking list.

Sixty-one facilities requested additional survey packets. Some facilities had improved their occupancy by more than the three percent increase we considered in our planning. Additional process issues included some facilities that had changed their name, ownership or management and clarifying email addresses under new ownership. Callers wanted to notify us of

these changes. Other calls related to process issues were to ensure that facilities under the same ownership also received surveys at their respective addresses.

Table 4. Topics Raised in Calls from Facilities

| Subject | Number of calls | Percent |
|--|------------------------|----------------|
| Requesting facility ID (for completing online audit form) | 82 | 35.2 |
| Request for additional surveys to mail surveys to families of all residents | 61 | 26.2 |
| Miscellaneous questions/comments (questions unrelated to survey, facilities changed name, mailing survey results to facility) | 32 | 13.7 |
| Audit form questions (completing, returning, replacement/missing) | 24 | 10.3 |
| Process issues (how and when to send survey, how to do mailing, cost of mailing to respondents) | 9 | 3.9 |
| Shipment issues (delayed shipment, facilities reporting "lost" shipments of survey kits, internal loss, incorrect address, facilities closed down) | 8 | 3.4 |
| Questions on survey deadline (was it too late to send surveys to families) | 4 | 1.7 |
| Guardianship issues (too many residents with one "most" involved person, small facilities with residents with no "most" involved persons) | 4 | 1.7 |
| Selection criteria questions | 3 | 1.3 |
| Process issues: what to do with remaining surveys | 2 | .9 |
| Other | 4 | 1.7 |
| Total* | 233 | |

*Note: 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.

Facilities also requested the online link to the audit forms or replacement paper 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 email reminders from Scripps triggered requests for replacements. Other callers reported that the hyperlinks provided on the ODA webpage were not functional and called to have them sent via email.

Delayed shipments were another concern expressed by callers. 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, all of the survey kits reported 'lost' were eventually found, albeit occasionally only after extensive searching sometimes resulting in substantial delays to the survey process. 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.

Another classification of calls involved an issue which has been an ongoing problem that is unlikely to be resolved easily. Many organizations with nursing homes also have other levels of residential care. The Biennial Survey of Ohio Long-term Care Facilities is distributed to all nursing homes and residential care facilities during the spring of even numbered years (e.g., 2008), prior to the summer distribution of family satisfaction surveys. The timing of both surveys has a historical basis and moving the Biennial Survey to alternating years would pose problems for what has been more than a decade of 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, email addresses and helpline telephone numbers. Calls

about both surveys were received on the same help line. For example, administrators who received reminder calls about their family survey audit forms thought the calls were about the Biennial Survey, which they had already returned. Administrators receiving reminder calls about their Biennial Survey confused it with the Family Satisfaction survey audit form they had already returned. Although the Biennial Survey is administered in early spring and should have been completed several months prior to the Family Survey, many facilities had not returned their Biennial Surveys causing the two surveys to overlap. As long as facilities continue to be late returning their Biennial surveys this problem will occur.

CALLS FROM FAMILIES

The breakdown of the calls made by families is reported in Table 5. Four in 10 of the 588 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 (at different times) 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.

Callers also had questions about the online version of the survey. The main reasons for calling were problems with accessing the survey online with the login information provided on the survey (weblink and password) and error messages when submitting the survey. At the beginning of the survey process, there were anomalies with the server where surveys were being submitted. When these anomalies were resolved, questions of this nature ceased. However, calls were still received concerning passwords which were mostly due to confusing letters “O” and “I”

with numbers “0” and “1” printed on the survey. Callers were assisted with clarifying the passwords.

Table 5. Topics Covered in Calls From Families

| Subject | Number of calls | Percent |
|---|------------------------|----------------|
| Needed a replacement survey | 231 | 39.3 |
| Difficulties submitting survey online or logging onto the online survey | 72 | 12.2 |
| Sent survey in but received a reminder postcard | 46 | 7.8 |
| General comments or questions | 34 | 5.8 |
| Needed to know if it is too late to return survey | 33 | 5.6 |
| Not enough information to complete survey | 22 | 3.7 |
| Difficulties completing surveys and questions needing clarification | 20 | 3.4 |
| Refused to participate | 18 | 3.1 |
| Want space/place for comments | 12 | 2.0 |
| Sampling issues (who is survey for, don't know anyone in nursing home) | 10 | 1.7 |
| Confidentiality concerns | 10 | 1.7 |
| Guardianship issues | 10 | 1.7 |
| Other | 70 | 12.2 |
| Total number of call topics* | 588 | |

* Calls were coded for one main topic.

Eighteen callers 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.

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. The callers were told that everyone who received a survey also received a reminder postcard because it was impossible to know who had received and/or returned a survey due to anonymity; this seemed to reassure most of the 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, some callers expressed fears that information such as facility identifiers and serial numbers can be used to track them down. Other participants “cut off” the facility identifiers and serial numbers on the surveys. Without the identifier that indicated which facility the results were for, the surveys they returned were unusable. 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; or 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.

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.

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. An advance e-mail was also sent by Scripps, detailing the relevant dates, the tasks that the facilities would be expected to complete to distribute family surveys, and the contact information if they needed assistance or had questions about the process. This year saw the largest number of facilities participating thus far. As shown in Table 6, almost all (97%) facilities participated.

Despite having the largest number of participating facilities, and the largest number of facilities that returned audit forms, the proportion of participating facilities that returned audit forms declined from 92% to 90%. The audit form requires facilities to report the number of beds in their facility, the number of residents on the day the lists were drawn for survey distribution, 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 the surveyable population (families or friends of residents) and thus for determining whether enough surveys were returned for a facility to meet a $\pm 10\%$ margin of error. This number represents the probability that the actual responses, if every family responded, would fall between plus or minus 10% of the responses received. 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.

Of the 843 facilities that returned audit forms, three did not report resident and family population numbers. Five facilities reported mailing fewer surveys than were returned. For these facilities we assumed that the number of surveys we supplied was also the number they had mailed. When no audit form was returned at all, we also 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 3% 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. This year saw the largest number of families participating at nearly 30,000.

Figure 2. Number of Families Responding, 2001-2010

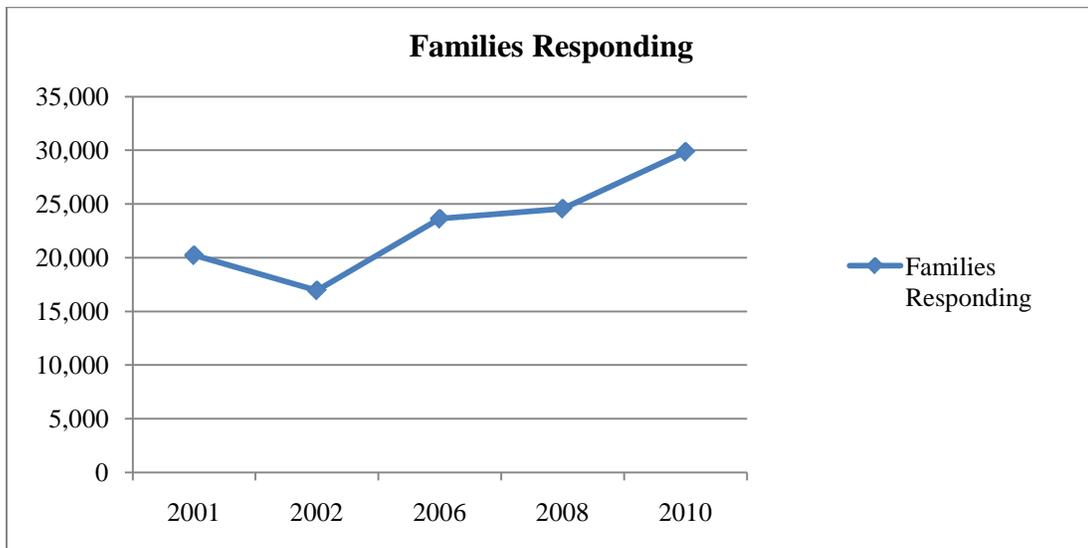
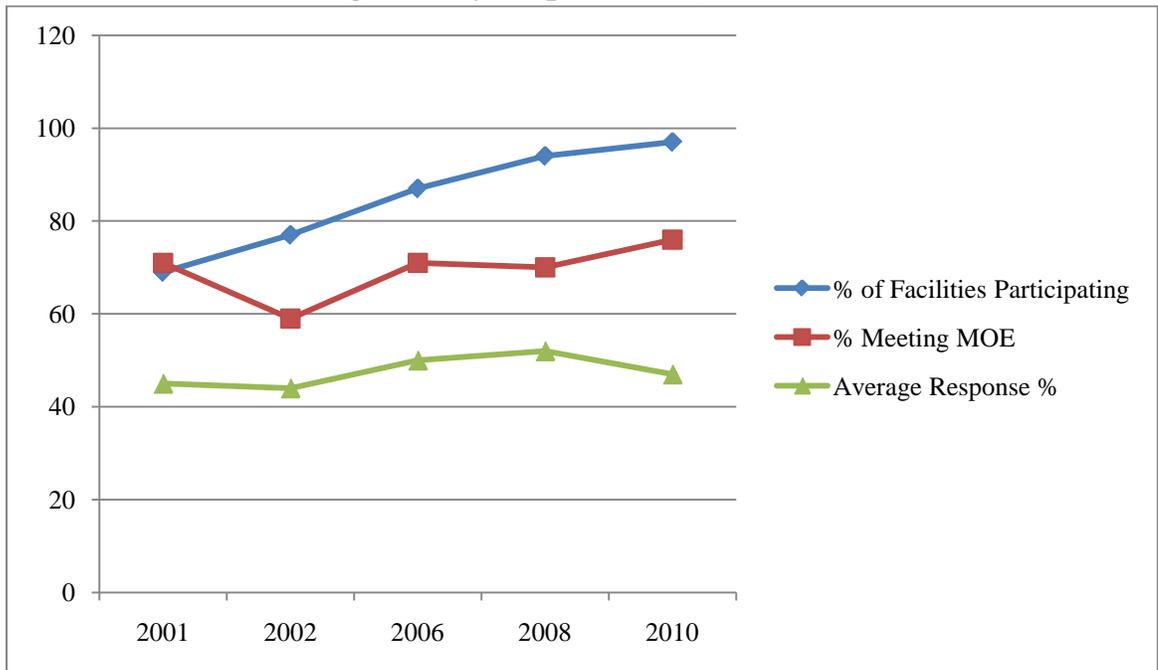


Table 6. Facility Participation Rates: 2001-2010

| | 2001 | 2002 | 2006 | 2008 | 2010 |
|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Number of facilities on mailing list | 992 | 970 | 972 | 965 | 961 |
| Number of facilities with surveys returned | 687 (69%) | 736 (77%) | 849 (87%) | 904 (94%) | 931 (97%) |
| Number of facilities with audit forms returned | 439 (64% of participants) | 565 (76% of participants) | 697 (80% of participants) | 827 (92% of participants) | 843 (91% of participants) |
| Number of facilities meeting +/-10% | 490 (71% of participants) | 436 (59% of participants) | 605 (71% of participants) | 633 (70% of participants) | 711 (76% of participants) |
| Average response rate in all participating facilities | 45% | 44% | 50% | 52% | 47% |
| Average response rate in facilities that returned audit forms | 52% | 48% | 53% | 51% | 49% |
| Average response rate in facilities without audit forms ^a | 33% | 33% | 41% | 35% | 30% |
| Number of facilities not participating | 304 (31%) | 222 (23%) | 123 (13%) | 61 (6%) | 31 (3%) |
| Total number of families responding | 20,226 | 16,955 | 23,633 | 24,572 | 29, 873 |

^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).

Figure 3. Proportion of Facilities Participating, Meeting Margin of Error, and Average Facility Response Rate, 2001-2010



With the change from random sampling to distribution to an involved person for each resident, the proportion of facilities meeting the margin of error increased from 70% to 76%. Fifty-seven facilities that did not meet the margin of error in either 2006 or 2008 met the margin of error this year. Consistent with every year of survey administration, it appears that a number of facilities barely missed meeting the margin of error. Seventy-seven (35%) of the 220 facilities not meeting the margin of error needed only three or fewer additional surveys to meet this criterion. Thirty-two (15%) of the 220 needed only one more. (In 2008, 31% of facilities not meeting margin of error needed three or fewer surveys, and 13% needed only one more.) Because we assumed occupancy had increased 3% over their 2009 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 18% 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 many of them have lower occupancy rates than 90%. We also assume that 100% of their residents have involved family or friends, when they may not. Nearly 2/3 (62%) of the facilities without audit forms did not meet the margin of error compared to about one-fifth (20.8%) of the facilities that returned audit forms. On average, facilities with audit forms received 11 (10.7) more surveys than were needed based on the population they reported. Facilities without audit forms received five (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. Despite the online option, only 200 (24%) facilities of the 843 who returned audit forms used it. We entered 643 forms into the system manually.

RESULTS FROM THE 2010 FAMILY SURVEY

TECHNICAL PROCESSES

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

Families were invited to provide comments on a separate sheet of paper and to return them with their surveys and a number of families did so. As returned survey packets were opened, survey pages with family comments were photocopied, marked with the provider ID and survey serial number and given to a graduate assistant for scanning, data entry and coding. Relevant portions from each set of comments were entered into an Excel spreadsheet with a

numeric code corresponding to the type/topic of the comment. Survey booklets were disassembled and prepared for scanning. Batches of surveys were scanned and filed according to scanning date.

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

New for 2010 was the addition of an online version of the survey, also created using SNAP software. The online survey required that respondents log in using their seven character login and facility ID printed on the paper survey. This made it possible to identify the facility respondents were reporting on. The web address for the online version was included in the instructions for the paper survey. Unfortunately, the survey software is placed on a server location resulting in a lengthy URL which may have posed some challenges.

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

SURVEY PROCESSING: TESTING SCANNER ACCURACY AND CONSISTENCY

To test scanner accuracy and consistency, 50 surveys were scanned two times each. The scanned results were compared against the actual surveys to check for accuracy of scanning hardware and software. To test for consistency, the scanned data were analyzed using statistical software to ensure that the two separate scans of the same survey produced the same results.

The data analysis revealed that the calibration performed on the 2008 survey was sufficiently accurate to proceed without further adjustment (since the survey had not changed between 2008 and 2010). The scanning testing revealed an accuracy rate of 99.6% (three errors divided by (70 questions X 100 surveys), which is well within the industry standard.

SURVEY PROCESSING: THE PRODUCTION RUN

Scanning of surveys began in July of 2010 and continued through December. Surveys were scanned primarily by student employees, who were trained in the scanning procedure by the research associate who created the survey in the Snap software. Due to the design of the survey (using only multiple-choice questions) and the favorable results of the accuracy testing, the only data verification required was for the Facility ID and survey serial number fields.

On a weekly basis, a Scripps research associate selected a small sample of scanned surveys to check for accuracy of scanned results. No problems were detected. The scanned results were exported to statistical analysis software and then all electronic files associated with the scanning process were backed up to the network server on a daily basis. The scanned surveys were boxed, labeled with the scan date, and placed in storage. At the peak of survey processing, over 600 surveys were scanned per day. At completion of scanning an electronic image file was created which captures the scanned “picture” of each survey. These files were provided to ODA for record retention purposes. Scanned paper surveys were picked up by ODA in late 2010 and in spring 2011.

SURVEY DATA MANAGEMENT AND ANALYSIS

Survey data were exported to a spreadsheet application, where the data were cleaned (e.g. formatting of date variables, assignment of variable names) and arranged in a form suitable for statistical analysis. The data were then run through SAS programs developed for the purpose of

aggregating data at the facility level. The data were then fed back into a spreadsheet application and formatted to ODA specifications. Upon completion of analysis, the final results were sent to the Ohio Department of Aging to be placed on their website.

A new feature for 2010 was the inclusion of 2008 results, for comparison purposes, in the final facility reports. This new feature was accomplished by incorporating facility data from 2008 and modifying the spreadsheet, along with the macros which generated the reports for each facility. The final facility reports were delivered to ODA in mid-December 2010.

Data Coding

Satisfaction question items were scored as follows:

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

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

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

Margin of Error

A list of sample sizes needed in facilities with differing numbers of residents with involved family/friend/person was created in a lookup table in order to determine whether a facility met the $\pm 10\%$ margin of error (Noble, et. al, 2006). Facilities that did not have enough returned surveys to meet the margin of error were excluded from calculation of statewide

average scores and counts of facilities having the highest and lowest statewide scores. However, they do receive a report of the data collected for their facility to use for quality improvement purposes. In an attempt to increase the number of facilities meeting the margin of error a list of facilities that did not have any returned surveys nor completed audit forms was prepared in October 2010. 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 and they needed to complete or return their audit forms.

STATEWIDE AVERAGES

Statewide averages were computed on each item and on each domain. Facilities with two or fewer surveys were excluded from these calculations. The same calculation decisions used in previous years were used in 2010. Averages are reported for each item and domain on facility reports. The averages are the average of each facility's average score on each item, rather than the average of all family responses among all facilities. Overall satisfaction is the average of all items in each facility.

SATISFACTION RESULTS

RESPONDENT AND RESIDENT CHARACTERISTICS

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

the nursing home, visiting quite often, talking to a variety of staff members, and providing some personal assistance to their family members. In short, the respondents are likely to be a group that is very informed and able to make judgments about the care their family member receives. Comments received with blank surveys that were returned to Scripps indicated that in some cases family members did not feel qualified to evaluate the facility. This was usually because they did not visit often, or their family member had been a resident for such a brief time that they felt unable to make a fair judgment about the care. As shown, the majority of residents for whom family members reported are long-stay rather than short-stay residents.

Respondent and resident characteristics are quite stable over time. The only change of note from 2008 to 2010 regards the staff that families talk to. The proportion who always or sometimes talk to the administrator increased from 56.8% to 73.1%. This proportion has still not returned to the previous high of 85.1% in 2006. 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, a significant relationship was shown between frequency of speaking with the administration and whether one liked or would recommend the facility. Nearly nine in 10 of those who always spoke with the administrator would always recommend the facility (89.2%) or always like the facility overall (89.2%), compared to 67.6% (recommended) and 67% (like) among those who never speak with the administration.

Table 7. Demographic Characteristics of 2010 Respondents and their Residents

| | Family | Resident |
|---|--------|----------|
| Average Age | 62.3 | 81.4 |
| (sd) | (13.2) | (12.8) |
| (8.3% missing-family) | | |
| (9.9% missing-resident) | | |
| Race (Percent) | | |
| Caucasian | 90.3 | |
| African American | 7.7 | |
| Hispanic | .5 | |
| Other | 1.6 | |
| (3.8% missing) | | |
| Female (Percent) | 69.0 | 71.5 |
| (2.7% missing-resident) | | |
| (4.0% missing-family) | | |
| Relationship to Resident (Percent) | | |
| Child | 46.9 | |
| Spouse | 13.1 | |
| Sibling | 9.2 | |
| Guardian | 6.8 | |
| Parent | 5.8 | |
| Son/daughter-in-law | 5.2 | |
| Niece/Nephew | 5.2 | |
| Other | 3.5 | |

Table 7. Demographic Characteristics of 2010 Respondents and their Residents

| | Family | Resident |
|----------------|--------|----------|
| Friend | 2.5 | |
| Grandchild | 1.7 | |
| 4.3% (missing) | | |

N =29,873 NOTE: Percentages are based on those who answered the questions.

Table 8. Level of Family Activities in the Nursing Home, 2010

| Frequency of Visits (Percent) | | | |
|--------------------------------------|--------|-----------|-------|
| Daily | 20.6 | | |
| Several Times a Week | 36.5 | | |
| Once a Week | 20.0 | | |
| Two or Three Times per Month | 11.2 | | |
| Once a Month | 6.3 | | |
| Few Times per Year | 5.3 | | |
| (3.5% missing) | | | |
| | Always | Sometimes | Never |
| Helps with (Percent) | | | |
| Feeding (14.8% missing) | 12.1 | 35.2 | 52.6 |
| Dressing (19.5% missing) | 3.5 | 29.2 | 67.3 |
| Toileting (19.8% missing) | 4.5 | 20.1 | 75.4 |
| Grooming (12.7% missing) | 13.6 | 45.7 | 40.7 |
| Going to Activities (13.0% missing) | 11.5 | 51.6 | 36.9 |
| Talks to (Percent) | | | |
| Nurse aides (4.9% missing) | 62.3 | 36.5 | 1.2 |
| Nurses (4.8% missing) | 61.1 | 38.0 | .9 |
| Social Workers (8.9% missing) | 28.5 | 61.4 | 10.1 |
| Physician (10.8% missing) | 9.4 | 38.0 | 52.6 |
| Administrator (7.8% missing) | 17.2 | 55.9 | 26.9 |
| Other (54.0% missing) | 22.2 | 55.9 | 21.9 |

N = 29,873 NOTE: Percentages are based on those who answered the questions.

Table 9. Residents in Nursing Homes, 2010

| Resident Receives Nursing Home Payments from: | | | |
|--|---------------|------------------|--------------|
| (Percent^a) | | | |
| Medicare | 43.5 | | |
| Medicaid | 64.4 | | |
| Private Pay | 24.2 | | |
| LTC Insurance | 4.2 | | |
| Other Insurance | 10.3 | | |
| Don't Know | 2.6 | | |
| (3.8% missing) | | | |
| Average Number of Payment Sources | 1.4 | | |
| (sd) | (0.7) | | |
| Resident Came to Facility From: | | | |
| Own home | 42.0 | | |
| Hospital | 23.4 | | |
| Another NF | 16.0 | | |
| Other | 18.6 | | |
| (3.3 missing) | | | |
| Resident's Expected Length of Stay | | | |
| (Percent) | | | |
| less than 30 days | 2.7 | | |
| 31 – 90 | 6.3 | | |
| more than 90 | 90.9 | | |
| (3.0% missing) | | | |
| | Always | Sometimes | Never |
| Resident: | | | |
| Knows current season (3.7% missing) | 50.2 | 34.8 | 15.0 |
| Recognizes respondent (3.4% missing) | 78.9 | 17.1 | 4.0 |
| Knows they're in nursing home (4.2% missing) | 64.8 | 24.0 | 11.2 |

| | Some | A Great Deal | Totally Dep. |
|----------------------------------|------|--------------|--------------|
| Resident Needs Help With: | | | |
| Eating (4.3% missing) | 34.0 | 12.1 | 15.1 |
| Toileting (4.2% missing) | 25.7 | 22.0 | 35.0 |
| Dressing (4.6% missing) | 31.0 | 24.8 | 31.5 |
| Transferring (4.6% missing) | 25.2 | 21.0 | 33.7 |

N =29,873 ^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 10 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 29,873 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.

**Table 10. Item Frequencies and Averages for Family Survey Items
for 2008 and 2010* Family Surveys**

| Domain* (2010 responses are in bold) | Always | Sometimes | Hardly Ever | Never | Doesn't Apply/ Missing | Mean 2008 Mean 2010 |
|---|---------------------|---------------------|-------------------|-------------------|---------------------------|------------------------|
| Admissions | | | | | | 89.8 |
| 1. Did the staff provide you with adequate information about the different services in the facility? | 68.7 67.7 | 22.3 22.0 | 2.8 2.8 | 1.1 1.2 | 5.2 6.3 | 89.1 89.0 |
| 2. Did the staff give you clear information about the [daily rate] cost of care? | 67.5 66.3 | 14.6 15.1 | 4.0 3.7 | 3.6 3.5 | 10.7 11.5 | 87.7 87.6 |
| 3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)? | 70.8 69.2 | 14.5 15.1 | 3.1 3.0 | 2.6 2.8 | 8.9 9.9 | 89.6 89.2 |
| 4. Overall, were you satisfied with the admission process? | 76.7 74.5 | 14.8 15.4 | 1.5 1.6 | .9 1.1 | 6.0 6.0 | 92.7 92.2 |
| Social Services | | | | | | 91.7 |
| 5. Does the social worker follow-up and respond quickly to your concerns? | 66.4 66.2 | 20.8 20.8 | 3.4 3.4 | 1.0 1.2 | 8.5 8.3 | 88.9 88.6 |
| 6. Does the social worker treat you with respect? | 81.9 81.0 | 8.9 9.4 | .8 1.0 | .5 6 | 7.9 8.0 | 95.7 95.3 |
| 7. Overall, are you satisfied with the quality of the social workers in the facility? | 73.3 72.5 | 15.4 16.0 | 2.2 2.4 | 1.1 1.2 | 7.9 7.9 | 91.7 91.1 |
| Activities | | | | | | 84.8 |
| 8. Does the resident have enough to do in the facility? | 46.3 46.9 | 33.0 31.8 | 6.0 6.3 | 1.3 1.4 | 13.4 13.7 | 81.3 81.4 |

**Table 10. Item Frequencies and Averages for Family Survey Items
for 2008 and 2010* Family Surveys**

| Domain* (2010 responses are in bold) | Always | Sometimes | Hardly Ever | Never | Doesn't Apply/ Missing | Mean 2008 Mean 2010 |
|--|-------------|-------------|----------------|------------|------------------------------|----------------------------------|
| 9. Are the facility activities things the resident likes to do? | 31.9 | 42.7 | 7.9 | 2.0 | 15.5 | 74.7 |
| | 32.2 | 41.4 | 8.4 | 2.2 | 15.7 | 74.5 |
| 10. Is the resident satisfied with the spiritual activities in the facility? | 46.4 | 24.0 | 3.3 | 1.2 | 25.1 | 84.8 |
| | 46.1 | 23.2 | 3.5 | 1.3 | 25.8 | 84.7 |
| 11. Do the activities staff treat the resident with respect? | 78.9 | 12.1 | .5 | .2 | 8.4 | 95.1 |
| | 77.6 | 12.5 | .6 | .2 | 9.1 | 94.8 |
| 12. Overall, are you satisfied with the activities in the facility? | 63.0 | 23.1 | 3.3 | .9 | 9.7 | 88.1 |
| | 62.2 | 22.8 | 3.3 | 1.1 | 10.7 | 87.9 |
| Choice | | | | | | 90.8 |
| 13. Can the resident go to bed when he/she likes? | 61.9 | 23.9 | 2.5 | 1.3 | 11.9 | 87.1 |
| | 60.9 | 23.1 | 2.6 | 1.3 | 12.2 | 87.9 |
| 14. Can the resident choose the clothes that he/she wears? | 60.0 | 16.6 | 3.3 | 2.4 | 17.7 | 87.8 |
| | 59.8 | 16.6 | 3.3 | 2.4 | 17.9 | 87.7 |
| 15. Can the resident bring in belongings that make his/her room feel homelike? | 81.9 | 10.8 | .9 | .5 | 6.0 | 95.1 |
| | 80.2 | 11.3 | 1.0 | .6 | 6.9 | 94.6 |
| 16. Do the staff leave the resident alone if he/she doesn't want to do anything? | 66.5 | 21.4 | .9 | .4 | 10.8 | 91.0 |
| | 66.4 | 21.1 | .8 | .5 | 11.2 | 91.0 |
| 17. Does the staff let the resident do the things he/she wants to do for himself/herself?* | 60.6 | 22.5 | 1.1 | .4 | 15.5 | 89.9 |
| | 68.0 | 18.7 | 1.1 | .4 | 11.8 | 91.8 |

**Table 10. Item Frequencies and Averages for Family Survey Items
for 2008 and 2010* Family Surveys**

| Domain* (2010 responses are in bold) | Always | Sometimes | Hardly Ever | Never | Doesn't Apply/ Missing | Mean 2008 Mean 2010 |
|---|-------------|-------------|----------------|-----------|------------------------------|----------------------------------|
| Direct Care & Nursing | | | | | | 88.7 |
| 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) | 49.8 | 35.2 | 5.4 | .6 | 9.0 | 82.6 |
| | 50.8 | 33.2 | 5.6 | .6 | 9.6 | 82.8 |
| 19. During the week, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)? | 70.9 | 22.2 | 1.3 | .2 | 5.5 | 91.2 |
| | 70.7 | 21.2 | 1.5 | .2 | 6.4 | 91.3 |
| 20. During the weekends, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)? | 62.5 | 27.6 | 3.0 | .3 | 6.6 | 87.7 |
| | 62.8 | 26.2 | 3.1 | .3 | 7.6 | 88.0 |
| 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)? | 57.7 | 25.7 | 3.2 | .4 | 13.0 | 87.4 |
| | 58.3 | 24.4 | 3.1 | .4 | 13.8 | 87.8 |
| 22. Are the nurse aides gentle when they take care of the resident? | 69.8 | 23.9 | 1.1 | .2 | 5.0 | 90.7 |
| | 70.5 | 22.1 | 1.2 | .3 | 5.9 | 91.1 |
| 23. Do the nurse aides treat the resident with respect? | 75.4 | 20.0 | 1.0 | .2 | 3.5 | 92.3 |
| | 75.4 | 18.8 | 1.1 | .2 | 4.5 | 92.5 |
| 24. Do the nurse aides spend enough time with the resident? | 54.1 | 33.5 | 5.2 | .7 | 6.4 | 83.7 |
| | 55.0 | 31.9 | 5.0 | .8 | 7.3 | 84.2 |

**Table 10. Item Frequencies and Averages for Family Survey Items
for 2008 and 2010* Family Surveys**

| Domain* (2010 responses are in bold) | Always | Sometimes | Hardly Ever | Never | Doesn't Apply/ Missing | Mean 2008 Mean 2010 |
|--|---------------------|---------------------|---------------------|-------------------|------------------------------|----------------------------------|
| 25. Overall, are you satisfied with the nurse aides who care for the resident? | 64.5 65.0 | 28.8 27.1 | 2.8 2.8 | 6 .7 | 3.4 4.3 | 87.6 87.9 |
| 26. Overall, are you satisfied with the quality of the RNs and LPNs in the facility? | 72.7 72.6 | 22.1 21.2 | 1.6 1.7 | .4 .5 | 3.2 4.0 | 90.9 91.0 |
| Therapy | | | | | | 82.1 |
| 27. Does the physical therapist spend enough time with the resident? | 36.1 35.9 | 16.9 16.1 | 4.7 5.0 | 1.8 1.8 | 40.6 41.2 | 82.3 82.3 |
| 28. Does the occupational therapist spend enough time with the resident? | 31.9 32.3 | 14.6 14.4 | 4.2 4.5 | 1.8 1.9 | 47.5 46.9 | 82.1 81.7 |
| Administration | | | | | | 91.7 |
| 29. Is the administration available to talk with you? | 70.9 69.1 | 21.9 22.6 | 2.6 2.9 | .6 .8 | 4.3 4.7 | 90.1 89.3 |
| 30. Does the administration treat <u>you</u> with respect? | 83.3 81.5 | 10.8 11.2 | 1.1 1.3 | .4 .6 | 2.5 5.4 | 95.1 94.6 |
| 31. Overall, are you satisfied with the administration here? | 76.5 74.6 | 16.0 16.2 | 2.3 2.5 | .9 1.2 | 4.4 5.5 | 91.9 91.3 |
| Meals and Dining | | | | | | 80.9 |
| 32. Does the resident think that the food is tasty? | 29.0 30.1 | 48.1 46.2 | 10.5 11.0 | 2.9 2.9 | 9.4 9.8 | 71.4 71.7 |

**Table 10. Item Frequencies and Averages for Family Survey Items
for 2008 and 2010* Family Surveys**

| Domain* (2010 responses are in bold) | Always | Sometimes | Hardly Ever | Never | Doesn't Apply/ Missing | Mean 2008 Mean 2010 |
|--|---------------------|---------------------|-------------------|-------------------|------------------------------|----------------------------------|
| 33. Are foods served at the right temperature (cold foods cold, hot foods hot)? | 47.2 48.0 | 35.1 33.6 | 4.9 5.1 | 1.3 1.3 | 11.5 12.0 | 81.7 82.1 |
| 34. Can the resident get the foods he/she likes? | 35.8 38.1 | 40.4 38.8 | 7.8 7.4 | 2.1 2.2 | 13.9 13.5 | 76.1 77.0 |
| 35. Does the resident get enough to eat?*(frequencies from 2001 reversed to reflect changed wording) | 71.2 70.8 | 19.9 19.5 | 1.9 2.0 | .7 .7 | 6.4 7.0 | 90.9 90.8 |
| 36. Overall, are you satisfied with the food in the facility? | 54.5 54.4 | 31.0 30.3 | 5.7 5.7 | 2.2 2.3 | 6.6 7.4 | 82.6 82.6 |
| Laundry | | | | | | 84.8 |
| 37. Do the resident's clothes come back from the laundry? | 44.6 44.6 | 31.3 29.5 | 2.7 3.6 | .6 .6 | 20.6 21.6 | 83.9 83.7 |
| 38. Are the resident's clothes returned in good condition? | 50.2 49.6 | 25.3 24.9 | 2.4 2.6 | .6 .6 | 21.6 22.2 | 86.6 86.3 |
| Facility Environment | | | | | | 86.5 |
| 39. Can the resident get outside when he/she wants to, either with help or on their own? | 44.7 44.8 | 26.6 25.4 | 8.5 8.2 | 3.0 3.2 | 17.2 18.5 | 79.0 79.1 |
| 40. Can you find places to talk to the resident in private? | 73.3 72.4 | 18.3 17.5 | 2.9 3.2 | .8 1.2 | 4.7 5.7 | 90.8 90.4 |

**Table 10. Item Frequencies and Averages for Family Survey Items
for 2008 and 2010* Family Surveys**

| Domain* (2010 responses are in bold) | Always | Sometimes | Hardly Ever | Never | Doesn't Apply/ Missing | Mean 2008 Mean 2010 |
|--|---------------------|---------------------|-------------------|-------------------|------------------------------|----------------------------------|
| 43. Are the public areas (dining room, halls) quiet enough? | 69.8 59.0 | 24.4 30.4 | 2.4 3.4 | .8 .6 | 2.6 6.5 | 86.0 86.1 |
| 44. Does the facility seem homelike? | 57.6 56.5 | 30.5 29.1 | 4.9 7.0 | 2.3 2.2 | 4.8 5.1 | 82.6 82.6 |
| 45. Is the facility clean enough? | 69.8 69.4 | 24.4 23.4 | 2.4 2.2 | .8 .8 | 2.6 4.2 | 89.2 89.5 |
| 47. Are you satisfied with the safety and security of this facility? | 71.5 71.4 | 22.3 20.9 | 2.1 2.2 | 1.0 1.0 | 3.0 4.5 | 89.9 90.2 |
| Resident Environment | | | | | | 86.6 |
| 41. Is the resident's room quiet enough? | 59.4 66.5 | 31.5 25.3 | 3.5 3.6 | .6 .7 | 5.0 3.8 | 88.4 88.0 |
| 42. Are you satisfied with the resident's room? | 57.0 66.7 | 30.6 23.8 | 6.9 4.2 | 2.1 1.4 | 3.4 3.9 | 87.5 87.4 |
| 46. Are the resident's belongings safe in the facility? | 57.6 58.2 | 30.5 28.7 | 4.9 4.6 | 2.2 2.0 | 4.8 6.4 | 83.7 84.4 |
| General | | | | | | 89.8 |
| 48. Are the telephone calls processed in an efficient manner? | 69.2 68.8 | 21.3 20.8 | 2.0 2.3 | .4 .5 | 7.1 7.7 | 90.5 90.4 |
| 49. Do residents look well- groomed and cared for? | 63.5 62.9 | 32.1 31.6 | 2.5 2.8 | .5 .5 | 1.9 2.2 | 87.2 86.9 |

**Table 10. Item Frequencies and Averages for Family Survey Items
for 2008 and 2010* Family Surveys**

| Domain* (2010 responses are in bold) | Always | Sometimes | Hardly Ever | Never | Doesn't Apply/ Missing | Mean 2008 Mean 2010 |
|---|-------------|-------------|----------------|------------|------------------------------|----------------------------------|
| 50. Is the staff here friendly? | 79.6 | 17.5 | .8 | .2 | 2.0 | 93.4 |
| | 78.8 | 17.9 | .9 | .2 | 2.3 | 93.2 |
| 51. Do you get adequate information from the staff about the resident's medical condition and treatment? | 72.3 | 21.4 | 3.3 | .7 | 2.4 | 89.8 |
| | 71.7 | 21.2 | 3.6 | .9 | 2.6 | 89.4 |
| 52. Are you satisfied with the medical care in the facility? | 69.9 | 24.6 | 2.7 | .7 | 2.3 | 89.2 |
| | 69.4 | 24.3 | 2.8 | .9 | 2.5 | 88.9 |
| 53. Would you recommend this facility to a family member or friend? | 74.4 | 17.4 | 2.7 | 2.4 | 1.2 | 89.7 |
| | 73.7 | 16.9 | 2.9 | 3.0 | 3.5 | 89.1 |
| 54. Overall, do you like this facility? | 74.6 | 19.9 | 2.0 | 1.2 | 2.3 | 90.7 |
| | 74.1 | 19.7 | 2.2 | 1.5 | 2.5 | 90.3 |

NOTE: The items above are not presented in the order they appear on the questionnaire, but rather according to their domains. 24,572 in 2008 and 29,873 in 2010. Means computed from those who provided valid answers to the questions.

Domain scores were computed by averaging the scores on most items in the domain. In order for a respondent to be included in the domain average, he/she should have answered at least all but one of the domain items. For example, where six items are in a domain, respondents had to answer at least five. While this criteria is important in not letting zeros or a great deal of missing data influence the averages, it did result in several cases where facilities did not have any respondents who answered enough domain items to compute a domain score.

Table 11 shows mean scores for each of the 2010 domains, along with standard deviations and a comparison with the domain means from the 2002, 2006, and 2008 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 2010. Only the comparisons between 2008 and 2010 are based on the same items in the domain.

Table 11. Statewide Average Domain Scores

| Domain Name | Family Mean 2002 | Family Mean 2006 | Family Mean 2008 | Family Mean 2010 |
|-------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Admissions | 90.0 (17.7) | 90.2 (17.6) | 89.8 (18.2) | 89.5 (18.6) |
| Social Services | 93.7 (13.3) | 92.0 (16.0) | 92.1 (15.7) | 91.7 (16.4) |
| Activities | 84.9 (15.5) | 84.3 (16.1) | 84.9 (16.0) | 84.8 (16.5) |
| Choice | 90.1 (13.1) | 89.8 (13.6) | 90.6 (13.0) | 90.8 (13.2) |
| Phone | 93.9 (13.0) | NA | NA | NA |
| Direct Care | 89.0 (13.6) | 88.1 (14.8) | 88.4 (14.6) | 88.7 (14.9) |
| Professional Nurses | 91.5 (15.5) | NA* | NA | |
| Therapy | 82.7 (24.2) | 80.2 (26.7) | 82.1 (25.3) | 82.1 (25.7) |
| Administration | 94.0 (13.0) | 92.1 (15.5) | 92.3 (15.2) | 91.7 (16.1) |
| Meals & Dining | 80.9 (17.8) | 80.0 (18.9) | 80.6 (19.0) | 80.9 (19.2) |
| Laundry | 55.9 (27.0) | 56.3 (25.9) | 85.1(18.4) | 84.8 (19.0) |
| Resident Environment | NA | 85.3 (17.5) | 86.5 (17.1) | 86.6 (17.4) |
| Facility Environment | NA | 85.3 (15.6) | 86.5 (15.4) | 86.5 (15.7) |
| General Satisfaction | 83.1 (16.1) | 89.8 (13.6) | 90.1(14.7) | 89.8 (15.3) |
| | N=16,955 | N=23,633 | N=24,572 | N=29,873 |

Note: Changes from the 2002 to 2006 to 2008 family survey may explain a portion of the differences in domain scores across years.

FAMILY COMMENTS

Three thousand six hundred and seventy eight families (12 %) 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 and the Excel files were forwarded to ODA weekly since some families specifically requested interventions and assistance. We agreed with ODA that by expressing specific concerns, families are expecting some assistance or intervention.

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

Because some respondents commented on many different areas, the total number of individual comments recorded was 8443. Some comments received multiple codes because they addressed several topics; 11,424 codes were assigned. The distribution of comments across topic areas is shown in Table 12 below.

The results in Table 12 show that general information was the most common type of comment provided (36.2 % of the comments). For instance, respondents made comments such as "resident refuses to participate," "my husband and I both answered," "visit daily and on some occasions more times in a day," "the patient has dementia". These comments also included those who wanted to just "tell their story" or to explain the reasons why they choose some responses

on the survey. 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. “This resident has stayed at eight skilled nursing facilities (SNF) over the last 10 years. None of them are like home or can be like home.” “Didn’t know it was a lengthy drive, we would not have choose [sic] this facility. Location made our choices for us plus availability.”

Table 12. Constructs Identified in Written Family Comments

| Construct | Number of Comments | Percent |
|---|--------------------|---------|
| Generally informing | 4139 | 36.2 |
| Providing an explanation for the choice given | 2285 | 20.0 |
| Complaints/comments about specific services | 1263 | 11.1 |
| Complaints/comments about resident’s care | 825 | 7.2 |
| Complaints/comments about physical structure | 745 | 6.5 |
| Complaints/comments about staffing | 577 | 5.1 |
| Praise for the nursing home | 282 | 2.5 |
| Praise about staffing | 244 | 2.1 |
| Offering suggestions | 215 | 1.9 |
| Complaints/comments about staffing | 139 | 1.2 |

Further, the results suggest that the family survey provides a “vent” for many families to express their concerns and opinions, with complaints being the second most prevalent type of comments made. Complaints about many different things were coded; complaints about specific services were the most prevalent type of complaint (11.7% of all comments made). Such comments as “needs more creative meal planning” and “lots of clothes are missing or mixed up” indicate the kinds of specific service problems that families addressed.

Complaints about resident care included such items as “hair is not combed, mother says they don't help her brush teeth”; “there have been times we came to visit and found my mother in a wet bed and clothes”; “at times they miss a medication for 3 days in a row”, “dentures not getting cleaned regularly - mouth odor”; “toenails not getting trimmed” and “sometimes left in bed without changing his clothes or bathing and shaving him.”

About seven percent of the families had complaints about the physical structure of the building. Such comments as, “not enough space in her room” “bathrooms need cleaned more often” and “the room floors are not always cleaned completely” 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 two expensive hearing aids”; clothing, and missing valuables such as jewelry, watches, and money.

Complaint comments were often offered along with praise. “...is an excellent facility but they lag on operation. Like all care facilities, they have adequate quality staff (for low pay), rooms are not always clean.” Others could not say enough good things about the facility where their family member resided and the staff members who provided the care. “[Name of a nursing aide] is a wonderful nursing assistant. Very compassionate, caring, friendly, and overall awesome," and “I cannot say enough about the staff. My brother and I will always be thankful that our parent selected this place. We have had only positive interactions. Thank you.” “We are very happy with the facility. Overall, I think it is a great place. I feel comfortable leaving my father and uncle there. I know they are well cared for,” “it is an excellent facility and should be a model for other nursing homes to follow. The people that work there are caring and loving. God bless them all,” “just so you know that our family is very happy with the staff. It does not matter what time of the day or night we go there -everyone is very nice to all of us.” “It is a remarkable facility and I recommend it to any or all seeking a nursing facility.”

Suggestions were also made on a variety of topics such as services, residents' care, staff or physical structures of the facilities. These suggestions were indications that families were unsatisfied and they wanted either improvements or change of some sort. "There should be an arts and crafts room," "Games are not geared to same ability level of all residents. Need to rethink options. For people to "sit" while activity person work with their residents' once-at-a-time is not fun," "there is one recommendation and that would be a full time geriatric MD on duty at all times. This is a busy place," and finally, "the room could be updated."

Complaints about staffing were raised mostly on the direct care staff. Staffing levels or overworked nurse aides were the bulk of these comments. "Need more staff and aides, they are over worked, underpaid and cannot give the speedy responses," "staff seems to be less on weekends as far as aides", "the other social worker they had before did not treat me with any respect at all," "The social worker is the rudest, nastiest [blank] I have ever met. I had to contact the ombudsman to get medications and home care help upon release." "Administrator never followed up on Power of Attorney or life support decisions," "administrator appears non-effective in resolving issues."

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 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

Although the survey items remained the same in 2010 as in 2008 it is important to continue to conduct psychometric work to determine if additional survey refinements are necessary. Table 13 shows the domain alphas from the 2006 and 2008 surveys and the 2010 domain alphas and item-total correlations for each item. To control for within-facility correlations, nursing homes were used as the unit of analysis. Data on each item were aggregated by facility, before reliability analyses were conducted.

The results show continued high reliability of the domains and a great deal of stability in the instrument over time. While the instrument may need to be revisited to capture some new issues such as culture change no changes are necessary based on the current performance of the domain scales and the overall survey.

Table 13. Confirmatory Reliability Analyses of 2006, 2008 and 2010 Survey Domains

| Domain | 2006 Coefficient Alpha | 2008 Coefficient Alpha | 2010 Coefficient Alpha | 2010 Corrected Item-Total Correlations |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---|
| Admissions | .92 | .93 | .92 | |
| 1. Did the staff provide you with adequate information about the different services in the facility? | | | | .82 |
| 2. Did the staff give you clear information about the daily rate? [cost of care] | | | | .87 |
| 3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)? | | | | .87 |
| 4. Overall, were you satisfied with the admission process? | | | | .81 |
| Social Services | .91 | .91 | .91 | |
| 5. Does the social worker follow-up and respond quickly to your concerns? | | | | .88 |
| 6. Does the social worker treat you with respect? | | | | .77 |
| 7. Overall, are you satisfied with the quality of the social workers in the facility? | | | | .91 |
| Activities | .88 | .88 | .90 | |
| 8. Does the resident have enough to do in the facility? | | | | .83 |
| 9. Are the facility's activities things the resident likes to do? | | | | .80 |

Table 13. Confirmatory Reliability Analyses of 2006, 2008 and 2010 Survey Domains

| Domain | 2006 Coefficient Alpha | 2008 Coefficient Alpha | 2010 Coefficient Alpha | 2010 Corrected Item-Total Correlations |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---|
| 10. Is the resident satisfied with the spiritual activities in the facility? | | | | .72 |
| 11. Do the activities staff treat the resident with respect? | | | | .68 |
| 12. Overall, are you satisfied with the activities in the facility? | | | | .84 |
| Choice | .79 | .81 | .83 | |
| 13. Can the resident go to bed when he/she likes? | | | | .66 |
| 14. Can the resident choose the clothes that he/she wears? | | | | .67 |
| 15. Can the resident bring in belongings that make his/her room feel homelike? | | | | .65 |
| 16. Do the staff leave the resident alone if he/she doesn't want to do anything? | | | | .55 |
| 17. Does the staff let the resident do the things he/she wants to do for himself/herself? | | | | .70 |
| Direct Care/Nurse Aides | .96 | .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) | | | | .86 |
| 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 |

Table 13. Confirmatory Reliability Analyses of 2006, 2008 and 2010 Survey Domains

| Domain | 2006 Coefficient Alpha | 2008 Coefficient Alpha | 2010 Coefficient Alpha | 2010 Corrected Item-Total Correlations |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---|
| 20. During the weekends, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)? | | | | .85 |
| 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)? | | | | .84 |
| 22. Are the nurse aides gentle when they take care of the resident? | | | | .84 |
| 23. Do the nurse aides treat the resident with respect? | | | | .83 |
| 24. Do the nurse aides spend enough time taking care of the resident? | | | | .90 |
| 25. Overall, are you satisfied with the nurse aides who care for the resident? | | | | .91 |
| 26. Overall, are you satisfied with the quality of the RNs and LPNs in the facility? | | | | .81 |
| Therapy | .96 | | .95 | |
| 27. Does the physical therapist spend enough time with the resident? | | | | .91 |
| 28. Does the occupational therapist spend enough time with the resident? | | | | .91 |

Table 13. Confirmatory Reliability Analyses of 2006, 2008 and 2010 Survey Domains

| Domain | 2006 Coefficient Alpha | 2008 Coefficient Alpha | 2010 Coefficient Alpha | 2010 Corrected Item-Total Correlations |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---|
| Administration | .93 | .95 | .92 | |
| 29. Is the administration available to talk with you? | | | | .85 |
| 30. Does the administration treat you with respect? | | | | .85 |
| 31. Overall, are you satisfied with the administration here? | | | | .87 |
| Meals and Dining | .93 | .93 | .95 | |
| 32. Does the resident think that the food is tasty? | | | | .86 |
| 33. Are foods served at the right temperature (cold foods cold, hot foods hot)? | | | | .85 |
| 34. Can the resident get the foods he/she likes? | | | | .86 |
| 35. Does the resident get enough to eat? | | | | .80 |
| 36. Overall, are you satisfied with the food in the facility? | | | | .92 |
| Laundry | .89 | .90 | .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 |

Table 13. Confirmatory Reliability Analyses of 2006, 2008 and 2010 Survey Domains

| Domain | 2006 Coefficient Alpha | 2008 Coefficient Alpha | 2010 Coefficient Alpha | 2010 Corrected Item-Total Correlations |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---|
| Facility Environment | .87 | .90 | .90 | |
| 39. Are there enough comfortable places for residents to sit outdoors? Can the resident get outdoors when he/she wants to, either with help or on their own? | | | | .59 |
| 40. Can you find places to talk to the resident in private? | | | | .63 |
| 43. Are the public areas (dining room, halls) quiet enough? | | | | .71 |
| 44. Does the facility seem homelike? | | | | .83 |
| 45. Is the facility clean enough? | | | | .80 |
| 47. Are you satisfied with the safety and security of this facility? | | | | .80 |
| Resident Environment | .79 | .81 | .85 | |
| 41. Is the resident's room quiet enough? | | | | .69 |
| 42. Are you satisfied with the resident's room? | | | | .78 |
| 46. Are the resident's belongings safe in the facility? | | | | .64 |
| General | .95 | .94 | .95 | |
| 48. Are your telephone calls handled in an efficient manner? | | | | .77 |
| 49. Do residents look well-groomed and cared for? | | | | .82 |
| 50. Is the staff here friendly? | | | | .82 |

Table 13. Confirmatory Reliability Analyses of 2006, 2008 and 2010 Survey Domains

| Domain | 2006 Coefficient Alpha | 2008 Coefficient Alpha | 2010 Coefficient Alpha | 2010 Corrected Item-Total Correlations |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---|
| 51. Do you get adequate information from the staff about the resident's medical condition and treatment? | | | | .83 |
| 52. Are you satisfied with the medical care in this facility? | | | | .89 |
| 53. Would you recommend this facility to a family member or friend? | | | | .91 |
| 54. Overall, do you like this facility? | | | | .92 |

STATEWIDE COMPARISONS: 2006, 2008, 2010

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

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

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

| Domain | Area of Concern | State Average 2006 | State Average 2008 | State Average 2010 |
|-------------------------|---|-----------------------|-----------------------|-----------------------|
| Activities | Are the facility activities things that the resident likes to do? | 73 | 75 | 75 |
| Laundry | Do the resident's clothes get <u>lost</u> in the laundry? Rewritten to: Do the resident's clothes come back from the laundry? | 49 | 83 ^a | 84 ^b |
| | Do the resident's clothes get <u>damaged</u> in the laundry? | | | |
| | Rewritten to: Do the resident's clothes come back from the laundry in good condition? | 64 | 87 ^a | 86 ^b |
| Meals and Dining | Does the resident think the <u>food is tasty</u> ? | 70 | 71 | 72 |
| | Can the resident get the <u>food he/she likes</u> ? | 74 | 75 | 77 ^b |
| Environment | Can the resident get outdoors when he/she wants to, either with help or on their own? | 75 | 79 ^b | 79 ^b |
| Totals | | 6 areas of concern | 3 areas of concern | 2 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.

As shown in the table above, statewide, nursing homes reduced the number of items that are “areas of concern” with six areas of concern in 2006 to three in 2008 and two in 2010. 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 includes 19 areas of excellence; those for which statewide averages are 90 or above. Scores in 2010 are almost identical to those in 2008. It may also be possible that statewide improvement beyond a certain level is also extremely difficult. Interestingly, for the first time, no new areas of excellence were added this year.

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

| Domain | Area of Excellence | State Average 2006 | State Average 2008 | State Average 2010 |
|--------------------------------------|---|--------------------|--------------------|--------------------|
| Admissions | Overall, were you satisfied with the admission process? | 92 | 92 | 92 |
| Social Services | Does the social worker treat you with respect? | 96 | 95 | 95 |
| | Overall, are you satisfied with the quality of social workers in the facility? | NA | 91 | 91 |
| Activities | Does the activities staff treat the resident with respect? | 95 | 95 | 95 |
| Choice | Can the resident bring in belongings that make his/her room feel homelike? | 94 | 95 | 95 |
| | Does the resident have the opportunity to do as much as he/she would like to do for himself/ herself? | NA | 90 | 91 |
| | Does the staff leave the resident alone if he/she doesn't want to do anything? | NA | 91 | 92 |
| Direct Care and Nursing Staff | Do the nurse aides treat the resident with respect? | 92 | 93 | 93 |
| | Overall, are you satisfied with the quality of the RNs and LPNs in the facility? | 90 | 91 | 91 |
| | During the week, is a staff person available to help the resident if he/she needs it? | 91 | 91 | 91 |
| | Are the nurse aides gentle when they take care of the resident? | 90 | 91 | 91 |

| | | | | |
|-----------------------------|--|------------------------|------------------------|------------------------|
| Administration | Does the administration treat the family with respect? | 95 | 95 | 95 |
| | Overall, are you satisfied with the administration here? | 90 | 92 | 91 |
| Facility Environment | Can you find places to talk with the resident in private? | NA | 91 | 90 |
| | Are you satisfied with the safety and security of this facility? | NA | 90 | 90 |
| Meals and Dining | Does the resident get enough to eat? | 91 | 91 | 91 |
| General | Are the telephone calls processed in an efficient manner? | 90 | 91 | 90 |
| | Is the staff here friendly? | 93 | 93 | 93 |
| | Overall, do you like this facility? | NA | 91 | 90 |
| TOTALS | | 13 Areas of Excellence | 19 Areas of Excellence | 19 Areas of Excellence |

*NA- Statewide mean below 90

Over the last three rounds of the family survey, the results on areas of excellence vary so little as to make virtually no difference.

RECOMMENDATIONS FOR 2012

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 2012.

1. Continue to use mailings from ODA to prepare facilities for survey participation in advance of survey implementation dates. Include promotional materials such as high-quality posters, pre-printed bill stuffers, news releases or other materials to encourage

- family participation. Consider a statewide ad campaign or public service announcements directly to families to encourage them to participate.
2. Continue the use of the advance e-mail from the SNAP survey system to prepare administrators in advance for the tasks associated with the family survey distribution. Use the SNAP online audit form so that e-mail reminders about the audit form can be directed only to those who have not entered the form online nor mailed or faxed it to be manually entered into the online audit form.
 3. Work with trade associations to place reminders in their regular newsletters and e-newsletters.
 4. Ascertain from the mailing house what type of shipping cartons and/or labels will be used so these can be described in advance in the mailing materials to administrators.
 5. Remind facilities to update their family mailing lists accordingly before survey packages arrive so that surveys are not sent to families of deceased or discharged residents or mailed to incorrect or incomplete addresses.
 6. Make further attempts to determine why facilities choose not to participate and enlist assistance from the trade associations in encouraging participation.
 7. Reinforce confidentiality issues in the cover letter to families stating that no one at the nursing home will ever see individual results.
 8. Encourage short-term families and families who are not knowledgeable about certain issues to complete as much of the survey as possible.
 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. Add space in the online survey version for comments.

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. Continue the use of the Family Survey web page for facilities and families on the ODA website. This would increase the transparency of the process and encourage facilities and families who have questions about the process to participate.
17. Create a short form of the URL for families to complete the survey online and for facilities to complete audit forms online.
18. Eliminate 1, 0, and I and O from randomly generated passwords.
19. Consider adding screening questions and/or eliminating items (e.g. therapy) with large proportions of missing data. These items are not relevant to many families.
20. Consider cost of surveying additional families against small gain in number of facilities meeting margin of error.

CONCLUSIONS

A number of changes this year provided new challenges for the family survey process. Additional work should be done to improve the online survey option for families and the online audit form option for administrators. Additional strategies for providing login information to facilities can be considered; however keeping the online options seems important as more respondents have access to the Internet and welcome its convenience.

Despite few problems with the survey tool, 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 10 and 11 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 fifth 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.

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APPENDIX A
SURVEY MATERIALS



Department of
Aging

Ted Strickland, Governor
Barbara E. Riley, Director

Dear Administrator:

It's time for Ohio's 2010 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 2011. Should you have questions about the survey process, please call the toll-free Family Satisfaction Survey helpline at **1-888-300-6911** or e-mail familysurvey@muohio.edu.

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. I ask that you also please take the time to make sure you have registered and entered data about your facility on the Consumer 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,

Barbara E. Riley
Director
Ohio Department of Aging

THE OHIO DEPARTMENT OF AGING 2010 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 \$1.22 in postage on each and address to the appropriate number of families from your facility.
2. Reminder Postcards ready for you to affix \$.28 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.
4. General instructions for selecting 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, faxed to the Scripps Gerontology Center or completed online at <http://survey.muohio.edu/snaponline/surveylogin.asp?k=127048683220>
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, 2010
- ✓ 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, 2010)

PLEASE READ THESE MATERIALS CAREFULLY

*If you have any questions after reading the information in this packet, please call or e-mail the Survey Helpline,
Monday through Friday, 8:30-4:30:*

1-888-300-6911

familysurvey@muohio.edu

THANK YOU FOR YOUR PARTICIPATION

SURVEY INSTRUCTIONS

Selecting Survey Recipients:

Please follow these instructions for selecting a family member, friend, or other interested party who is “most involved” in the care of each resident. Include all residents residing in your licensed or certified nursing home. **Do not include residents in other types of facilities (such as an adult group home or residential care facility).**

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. Record the number of residents on your pink audit form or in the online form at: <http://survey.muohio.edu/snaponline/surveylogin.asp?k=127048683220>. Login with the facility id printed in the upper right corner of your reference copy of the Family Satisfaction Survey.
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. Record the number of residents without families on your audit form. You will now have a list of residents (all of whom have a most involved person) with family or friends to mail surveys to.

| <i>Number of Residents with a Most Involved Person</i> | <i>Number of Returned Surveys Your Facility Needs to Meet Margin of Error</i> |
|--|---|
| 10 or fewer | 5 |
| 11-12 | 6 |
| 13 | 7 |
| 14-15 | 8 |
| 16-18 | 10 |
| 19-23 | 11 |
| 24 | 12 |
| 25-26 | 13 |
| 27-28 | 14 |
| 29-31 | 15 |
| 32-33 | 16 |
| 34-35 | 17 |
| 36-37 | 18 |
| 38-45 | 19 |
| 46 | 20 |
| 47-55 | 21 |
| 56 | 22 |
| 57-67 | 23 |
| 68-80 | 24 |
| 81-86 | 25 |
| 87-91 | 26 |
| 92-111 | 27 |
| 112-134 | 28 |
| 135-155 | 29 |
| 156-177 | 30 |
| 178-238 | 31 |
| 239-312 | 32 |
| 313 and more | 33 |

4. We have provided you with enough surveys to **mail to one member of each of your residents' families**.

We strongly recommend you mail to all of them as many may hear about the survey and want to be included.

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. Do not destroy extra survey packets, you may need to resend surveys if any are returned as undeliverable.

5. 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.

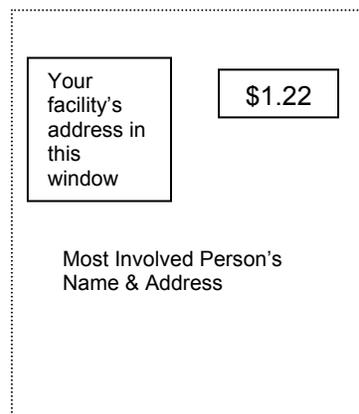
- Once you have identified the appropriate person to receive the survey, check your records for up-to-date address information and make a list of the names and addresses of those individuals. **In no case should any family member/guardian receive more than one survey from your facility.** Therefore, if you find that there are residents in your facility who share the same 'most involved' party, send only one survey to that most involved person and select another family member for the second resident. 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:

- Survey form with a cover letter to families from Director Barbara Riley at ODA
- Postage paid return envelope addressed to the Scripps Gerontology Center

- Affix or meter \$1.22 postage on each envelope.
- 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:



- 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. Record the number of undeliverable surveys that you could not correctly resend on your pink audit form or on the online audit form. The population in your facility on which the margin of error for returned surveys based is the number of residents with families to whom you were able to mail a survey. Record the number of undeliverable surveys on the pink audit form or, if you prefer, you may complete your audit form online at: <http://survey.muohio.edu/snaponline/surveylogin.asp?k=127048683220>. Login with the facility ID printed on the cover of your reference copy of the family survey.

Mail all surveys no later than June 30, 2010.

Reminder Postcard:

- 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-eight cents (\$.28). **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 returned 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 to qualify for a quality payment.
- 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, 2010.**

13. **After August 15, 2010 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 Family Satisfaction Survey Helpline at: **1-888-300-6911 until September 30**. They may call the number any time and leave a message and a phone number and their call will be returned. Phones will be answered during regular business hours, 8:30-4:30, Monday through Friday. They may also send e-mail to familysurvey@muohio.edu.

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 person and record the other residents who share the family member or guardian in the number of residents without an involved person on your audit form.

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@age.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 5,000 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, and 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?***

For all residents in a facility, 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 2009. 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 are there numbers 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. There is also a 7-digit password that allows families to login and complete their survey online. This number does not identify you in any way since Scripps does not know family names and addresses.

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 or login to the survey online, leave it blank, and hit submit on the last page. 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 **1-888-300-6911**. 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.

2010 Ohio Nursing Home Family Satisfaction Survey

Facility ID:

Password:

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.

You may complete your survey via the Internet if you would prefer. Just type the URL

<http://survey.muohio.edu/snaponline/surveylogin.asp?k=126900590292>

into the address line of your Internet Browser. You will be asked to enter a facility identification number and password to login to the survey. Type the facility identifier (the code above beginning with OH) exactly as it appears in the upper right corner of this page. Enter the 7 characters in the box at the upper right corner of this page when you are asked for your password. Do NOT complete and return this paper survey if you complete the survey online.

If you still have questions or concerns after reading the letter that follows on page 2, please call the toll-free survey helpline at 1-888-300-6911 between 8:30 and 4:30, Monday through Friday. You may leave a message and a phone number at other times and your call will be returned the next business day.

SERIAL NUMBER

PLEASE DO NOT FOLD YOUR SURVEY.



Department of Aging

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 2009 and will do so again in 2011, but this year, we want to hear from **you** about 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 2011. The Consumer Guide assists people in selecting a nursing home by offering comparative information about facilities and also helps facilities improve their services through the information gathered in this and other surveys.

Your participation is voluntary, but critical. More than 24,000 family members and friends participated in this survey in 2008, and we hope you will join them in offering your insight into the care provided by Ohio's nursing homes.

You may choose to complete your survey online, or fill out the paper survey enclosed. Please answer as many questions as you can. If you are unfamiliar with a service or the resident does not use a service, 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 questions, please note them on a separate sheet of paper and return it with your survey. Please 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 appears only on the envelope mailed to you. 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 or complete the online version of the family survey, using the instructions on the front cover of this packet.

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 **1-888-300-6911**. 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 complete your survey online within the next two weeks or complete this survey booklet that you may return to the Scripps Gerontology Center in the enclosed postage-paid envelope.**

Sincerely,

Barbara E. Riley, Director
Ohio Department of Aging

50 W. Broad Street / 9th Floor
Columbus, OH 43215-3363 U.S.A.
www.aging.ohio.gov

614 | 466-5500 Main
614 | 466-5741 Fax
614 | 466-6191 TTY

Ohio Department of Aging Family Satisfaction Survey 2010



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 is able 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

27. Does the physical therapist spend enough time with the resident?

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

28. Does the occupational therapist spend enough time with the resident?

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

Administration

29. Is the administration available to talk with you?

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

30. Does the administration treat you with respect?

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

31. Overall, are you satisfied with the administration here?

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

Meals and Dining

32. Does the resident think that the food is tasty?

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

33. Are foods served at the right temperature (cold foods cold, hot foods hot)?

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

34. Can the resident get the foods he/she likes?

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

35. Does the resident get enough to eat?

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

36. Overall, are you satisfied with the food in the facility?

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

Laundry

- | | Yes,
always | Yes,
sometimes | No, hardly
ever | No,
never | Don't
know
/Doesn't
apply to
resident |
|--|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 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

- | | Yes,
always | Yes,
sometimes | No, hardly
ever | No,
never | Don't
know
/Doesn't
apply to
resident |
|---|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 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? You are 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 | <input type="checkbox"/> |
| Medicaid | <input type="checkbox"/> |
| Private Pay (entire bill paid by resident, family funds) | <input type="checkbox"/> |
| Long Term Care Insurance | <input type="checkbox"/> |
| Other Insurance | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

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 | <input type="checkbox"/> |
| Hospital..... | <input type="checkbox"/> |
| Another nursing home..... | <input type="checkbox"/> |
| Other..... | <input type="checkbox"/> |

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**

SERIAL NUMBER

2010 FAMILY SATISFACTION SURVEY AUDIT FORM

This form **MUST** be completed and returned for your facility to receive valid survey results. You may also complete it online at:

<http://survey.muohio.edu/snaponline/surveylogin.asp?k=127048683220>. Use your state facility ID (beginning with OH) to login. Questions? Send an e-mail to familysurvey@muohio.edu.

1. Name of Facility: _____
2. Street Address: _____
3. City: _____ Zip Code: _____
4. Facility ID: _____
(This is your facility number beginning with OH. It was also provided to you via e-mail.)
5. Telephone: _____
6. Facility e-mail: _____
7. Name of person responsible for distributing survey: _____
8. E-mail of person responsible for distributing survey : _____

9. **Total number of licensed nursing home beds** in your facility _____
10. **Total number of nursing home residents** (census) on the day residents' family members were selected for the survey _____
11. **Total number of residents WITHOUT** involved family/friend/other interested party _____
12. **Number of surveys mailed** to most involved family/friend/other interested party _____
13. **Number of returned undeliverable** surveys for which no known address is available

14. **Date surveys** mailed _____

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

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

This form is due at Scripps Gerontology Center no later than September 1, 2010.