

**Implementation of the 2012
Ohio Nursing Home Family
Satisfaction Survey**

Final Report

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March 31, 2013
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EXECUTIVE SUMMARY

The Ohio Long-Term Care Consumer Guide (OLTCCG), a web-based guide to nursing homes and residential care facilities, was developed in 2000 in response to the passage of H.B. 403. The OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes as well as inspection reports, quality measures and other information useful to consumers. Although funding was discontinued in 2003, a new bill and appropriation were passed in 2005. Ohio Revised Code 173.47 requires the collection of family and resident nursing home satisfaction data in alternating years, beginning with the family survey in 2006. This report presents information about the sixth implementation of the Ohio Nursing Home Family Satisfaction Survey in 2012. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc. (formerly Pearson Education).

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

Since the first administration of the family survey in 2001, the number of facilities participating and the number of families responding have shown dramatic increases. In 2001, 687 facilities participated, compared to 904 in 2008, 933 in 2010 and 947 in 2012. The number of families responding has increased from 20,226 to a high of 29,873 in 2010 and a close second of 27,008 in 2012. On average in each facility, nearly half (44.6%) of family members contacted completed a survey on paper or online. The characteristics of family respondents have remained consistent over time. The majority of those who respond are female, adult children of nursing home residents who are very involved with the residents. Over half (56.7%) visit several times per week or daily. Many also assist their residents in the nursing home; for example nearly two-thirds (62.6%) assist their family member with going to activities.

2012 continued our practice of updating the survey to address current issues or to make refinements based on the previous year's survey experience. 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, overall family satisfaction and some other items from the family survey are important components of Ohio's Medicaid nursing home reimbursement formula.

BACKGROUND

The Ohio Long-Term Care Consumer Guide (OLTCCG), a web-based guide to nursing homes and residential care facilities, was developed in 2000 in response to the passage of H.B. 403. The OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes as well as inspection reports, quality measures and other information useful to consumers. Although funding was discontinued in 2003, a new bill and appropriation were passed in 2005. Ohio Revised Code 173.47 requires the collection of family and resident nursing home satisfaction data in alternating years, beginning with the family survey in 2006. This report presents information about the sixth implementation of the Ohio Nursing Home Family Satisfaction Survey in 2012. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc. (formerly Pearson Education).

The process of implementing the mailed survey to family members of nursing home residents throughout Ohio began in late January 2012. Major changes were made to the survey distribution process; for the first time nursing homes were not directly involved in mailing surveys to family members. Extensive planning by ODA, Scantron and Scripps was required to develop a strategy for gathering family names and addresses and mailing survey packets directly to families from a mailing house. Estimates for survey mailing and distribution costs as well as planning a timeline for this new work process involved extensive background effort. The official contract work began on April 1, 2012. In addition to process changes, changes to the survey were also made this time, some of which reflect an increased interest in capturing consumer input related to person-centered care.

2012 UPDATES

Extensive psychometric work has been done with both the resident and family surveys. Some of this work is described elsewhere (Ejaz, Straker, Fox & Swami, 2003; Straker, Ejaz, McCarthy & Jones, 2007). Each survey implementation report also provides information about the performance of the instrument for that year. The 2012 survey includes new items, reworded versions of existing items and fewer total items after some items were deleted. The largest change was the removal of all of the "overall satisfaction" items. Originally, many of the domains included a final item such as "Overall, are you satisfied with the meals and dining here?" as a validation item to compare with the other items in the domain. After they were used for their original purpose in survey development and testing they could have been removed but many stakeholders found them useful. This year, to shorten the survey when adding some new items, they were removed. The 2010 54-question survey was reduced to 48 items. These changes were accompanied by a new cover letter to families from Director Kantor-Burman. Table 1 provides information regarding all item changes in the 2012 survey.

Table 1. 2012 Changes to the 2010 Survey

2010 Item	2012 Change
4. Overall, were you satisfied with the admission process?	Removed
7. Overall, are you satisfied with the quality of the social workers in the facility?	Removed
12. Overall, are you satisfied with the activities in the facility	Removed
	10. Can the resident get out of bed in the morning when he/she likes?
15. Can the resident bring in belongings that make his/her room feel homelike?	13. Can the resident fix up his/her room with personal items so it looks like home?
17. Does the staff let the resident do the things he/she is able to do for himself/herself?	15. Does the staff let the resident do the things he/she wants to do for himself/herself?
	16. Is the resident encouraged to make decisions about his/her personal care routine?
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)?	18. During the weekdays is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?
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)?	19. At other times, is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?
21. During the evening and night, is a staff person available to help the resident if he/she needs it (help with getting dressed, help getting things)?	Removed
25. Overall, are you satisfied with the nurse aides who care for the resident?	Removed
26. Overall, are you satisfied with the quality of the RNs and LPNs in the facility?	Removed
	Instructions added to therapy section: If the resident does not receive therapy, mark these items "Don't know/Doesn't apply to resident."
27. Does the physical therapist spend enough time with the resident?	23. Do the therapists spend enough time with the resident?
28. Does the occupational therapist spend enough time with the resident?	24. Does the therapy help the resident?
31. Overall, are you satisfied with the administration here?	Removed
36. Overall, are you satisfied with the food in the facility?	Removed
	Instructions added to laundry section: If the facility does not do resident's laundry, mark these items "Don't know/Doesn't apply to resident."
46. Are the resident's belongings safe in the facility?	40. Is the resident's personal property safe in the facility?

(A copy of the 2012 family survey form with instructions and cover letter is included in Appendix A).

IMPLEMENTATION

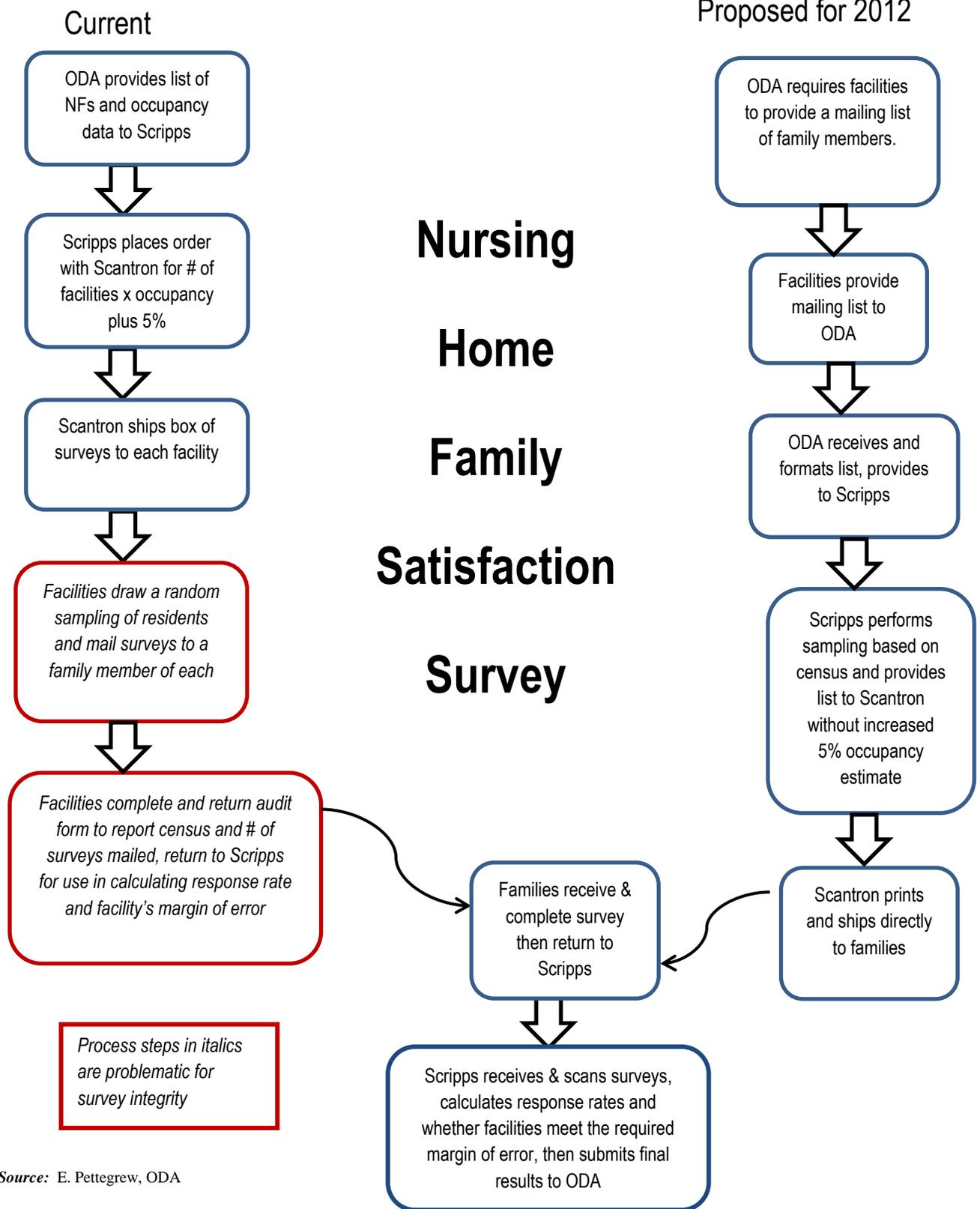
Ohio's nursing home Medicaid reimbursement formula includes a quality payment based, in part, on nursing home performance on the family satisfaction survey. Facilities must receive a set number of surveys to be eligible to receive the family survey quality point and to have their information included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

In previous years, the process consisted of estimating the number of surveys needed by each nursing home, printing and preparing survey packets for each family, and packaging survey packets and instructions into a survey kit that was shipped to each facility. Facilities drew samples of families, addressed the individual survey packets and mailed them. The nursing homes were required to submit audit forms after they had completed the mailing to report the number of surveys mailed to families. Those numbers provided the basis for calculating response rates and determining whether a facility received enough completed surveys to meet the 10% margin of error required for public reporting on the consumer guide website and to be eligible for the family satisfaction quality point (part of the Medicaid reimbursement formula). As previously mentioned, significant changes were made to the survey distribution and response process this year. When the survey was first implemented a decade ago, the prospect of compiling electronic lists of friends and family names and addresses was daunting for many nursing homes, and nearly impossible for one organization to compile nearly 1000 lists into usable electronic formats. However, over time facilities have been required to make other electronic submissions and do so successfully. The resident satisfaction surveys require facilities to electronically submit resident names for drawing random samples and ODA decided that a similar process could be used for the family survey. ODA devised a process to collect names, create lists and submit them to a mailing house for distribution directly to families instead of from nursing homes.

The advantages to the new process are many. Removing nursing homes from the survey distribution ensures proper sampling of families and eliminates the time required for nursing homes to distribute the survey. This year, nursing homes submitted their name and address lists using an Excel template that was posted online by ODA. They were then emailed to a dedicated ODA inbox. ODA drew random samples when necessary.

Scantron, the mailing house, checked addresses through a national mailing database further ensuring an accurate mailing. They were also able to reduce the number of printed surveys from previous years, since printing was based on actual family lists, not estimates. In the past, many facilities did not report the actual number of surveys they had mailed so their response rates and the calculation for meeting the margin of error were based on estimates. Having the actual number of surveys mailed alleviates this problem. Finally, placing the process with a single mailing house ensures greater reliability of the method and integrity of the results. Figure 1 summarizes the changes between the old process and the new one implemented in 2012.

Figure 1. Summary of Process Changes in 2012



Source: E. Pettegrew, ODA

SURVEY DISTRIBUTION TO FAMILIES

A facility master list of 957 nursing homes was developed based on facility names from ODA. Facility census numbers from the 2011 resident survey were used to estimate the likely number of family surveys needed in each facility. Based on estimates from previous years, we estimated a total statewide mailing of 72,960 surveys. In actuality, 60,264 family and friend names were provided from facilities to ODA for printing and mailing survey packets. The facility list was sorted by zip code and facilities were grouped into six batches to allow Scantron to realize postage economies from geographically sorted mailings. Every two weeks, e-mails were sent to a batch of geographically sorted nursing homes. Administrators were given instructions for choosing the most involved family member or friend for each resident, and were provided with an Excel template for family lists to be submitted to ODA two weeks later. The number of facilities in the batch was determined based on the facility's estimated census with the goal of dividing each mailing into about 12,000 surveys. Eight survey mailings were eventually needed to complete survey distribution. The additional two mailings resulted from stragglers and one facility that had to be almost completely mailed again due to an improperly sorted address list that returned almost all surveys as undeliverable. The last mailing to families was sent October 11, with reminder postcards following on October 25th.

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

Every nursing home was required to participate in the survey process; however no penalties were assessed if they failed to comply. Two facilities were closed sometime during the early stages of the survey preparation process. The final number of facilities used to calculate participation rates was 954.

Where necessary (facilities with census greater than or equal to 84 residents) ODA drew random samples from the list of family names. ODA then submitted family name lists, sorted by zip code, to Scantron bi-weekly. At Scantron, each name on the list was assigned a serial number

according to the facility they were responding about and a unique 7-character login ID. Families could use the login ID and the serial number to complete an internet version of the survey instead of completing and returning the paper one. Each survey was printed with the facility name and address, the facility identifier and the unique serial number and login ID. Envelopes were printed for each family name and the survey with that family's serial number was placed in the proper envelope for mailing. After mailing, Scantron provided Scripps with an Excel file indicating the survey serial numbers and login passwords that were assigned to each facility. These were loaded into the online survey to allow family members to access the internet survey if they preferred. Families were directed to the online survey via a URL on the paper survey cover. They could then login to the online survey using the serial number and password printed on their paper survey. Table 2 summarizes the survey process changes.

The first survey lists were due from ODA to Scantron on June 1; surveys were mailed to families beginning June 15, and every two weeks thereafter, through August 10. As previously described two later mailings concluded distribution on October 15th. Each mailing list was checked against the National Change of Address system and family addresses were updated. Addresses that could not be reconciled were not mailed, eliminating unnecessary postage costs by preventing mailing of undeliverable surveys. Despite these efforts, more than 1,000 surveys were returned to ODA as undeliverable. Reminder postcards were mailed to each batch of families two weeks after the surveys were mailed. Nine facilities had 7 or more undeliverable surveys. For these facilities, additional names were sampled from the lists and a total of 71 additional surveys were mailed. Of these nine facilities, seven eventually received enough returned surveys to meet margin of error.

Table 2. 2012 Family Survey Changes

Change in Process/Instructions	Justification for Change
ODA requested lists of family & friend names from facilities	Survey packets mailed directly from printer/mailing house. No names given to Scripps to ensure anonymity.
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
Audit forms removed	Number of surveys based on mailing house printing and mailing numbers improves completeness since many facilities did not complete audit forms. Facilities reported census information along with their family mailing lists.
Sampling done at ODA	Samples drawn by ODA ensures that correct procedure is followed.
Administrator letter changed	New ODA Director, additional information.
Shortened URL for online survey printed on family survey cover	Simplified URL that had to be entered to access family survey
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.

SURVEY ASSISTANCE

In order to assist family members and facilities with questions or issues during the 2012 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. ODA maintained a familysurvey@age.state.oh.us email account to assist facilities with the operational issues in submitting their family lists.

The helpline and email account were managed by two doctoral associates who each worked 20 hours per week. Five undergraduate student workers and one Scripps support staff member assisted as needed for phone coverage. A training manual and a list of frequently asked questions was developed in 2010, and used again to assist in the reliability of answers given by all helpline staff. The phone line was regularly staffed from May 23 through November 15, 2012. Family members made 552 calls, 164 were from facilities and 35 were from ODA staff. Helpline staff were unable to resolve 20 calls due to insufficient or unclear information, including 10 hang up calls or no answer. Table 3 and Figure 2 show helpline volume during all years of survey administration.

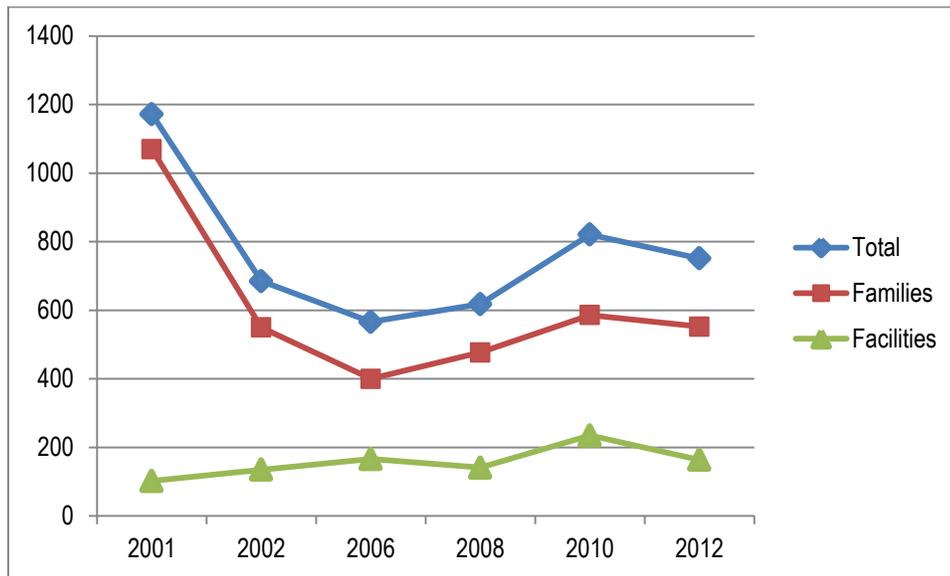
Table 3. Calls and E-mails to the Toll-Free Help Line 2001-2012

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

*Total includes 35 calls or e-mails from ODA staff.

Note: Dedicated helpline e-mail was added for the first time in 2010.

Figure 2. Call Volume, 2001-2012



In previous years, survey kits were mailed to nursing homes in a single distribution, and nursing homes were asked to mail to families within two weeks of receiving their survey kits.

This meant that almost all families received their surveys in the same two week period. In 2010 over half of the helpline calls occurred during July. As shown in Table 4, the continual distribution also spread the calls more evenly throughout the survey period.

Table 4. Number of 2012 Help Line Calls and E-mails by Month

Month	Numbers of calls & e-mails	Percent
May	16	2.1
June	70	9.3
July	263	36.0
August	226	29.7
September	107	14.7
October	66	23.3
November	2	0.3
Total	751	100

CALLS FROM FACILITIES

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

However, the number of calls raised by the challenge of the family list was much smaller than the problems generated in previous years when facilities had to receive their survey kits, prepare family lists, often request additional surveys, mail surveys to families and complete an online audit form. The new process seems to be less burdensome for facilities than the process that involved them in survey distribution. Table 5 shows the distribution of calls among broad topic areas. ODA staff also placed 35 calls or e-mails — the majority of these were requests to remail surveys to families.

Table 5. Topics Raised in Calls and E-mails from Facilities

Subjects		
Questions on access/format/encryption issues about the family list template	66	39.8
Questions on family lists (selection criteria for the list; how to submit the list)	38	22.9
Questions on deadline of family list submission	5	3.0
Confirmations about the family list submission	9	5.4
Requesting family surveys for family members	8	4.8
Guardianship issues (too many residents with one “most” involved person, small facilities with residents with no “most” involved persons)	9	5.4
Communication issues between ODA and the facilities (e.g., facilities received no info from ODA about FSS)	7	4.2
Confidentiality concerns	1	0.6
Other*	21	12.7
Total	164	100

Note: * Other includes hang-up, no voice-mail and no-answer phone calls.

There are 13 e-mails from the facilities, which have been included into the numbers of calls and percent.

CALLS FROM FAMILIES

The breakdown of the calls made by families is reported in Table 6. Over half of the calls from family members were requests for new surveys, usually in response to receiving a reminder postcard but not having received a survey. Some family calls were in response to the reminder postcards when a survey had already been returned. Despite the instruction to disregard the reminder if their survey had been returned, these families were inquiring whether their survey could be tracked to ensure its receipt.

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

Table 6. Topics Covered in Calls and E-mails from Families

Subject	Number of calls & e-mails	Percent
Needed a replacement survey	309	56.0
Requested confirmation of receiving the survey	50	9.1
Needed password/facility ID to finish the survey	7	1.3
General comments or questions	14	2.5
Needed to know if it is too late to return survey	14	2.5
Not enough information to complete survey	15	2.7
Difficulties completing surveys and questions needing clarification	20	3.6
Refused to participate	7	1.3
Want space/place for comments	22	4.0
Sampling issues (who is survey for, don't know anyone in nursing home)	9	1.6
Confidentiality concerns	11	2.0
Guardianship issues	9	1.6
Complaints (general) about specific facility	4	0.7
Praise (general) about specific facility	1	0.2
Miscellaneous	60	10.8
Total	552	100

Note: There are 34 e-mails from family members, which have been included into the numbers of calls and percent.

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

Before the beginning of the survey process ODA sent a mailing to every nursing home in Ohio, informing them about the upcoming family survey. This year saw the largest number of facilities participating thus far. As shown in Table 7, almost all (99%) facilities participated. This is likely due to two factors — the reduced burden for facilities to participate since they no longer have to distribute surveys themselves, and the increased importance of the overall family satisfaction survey score and other survey elements to a facility's Medicaid reimbursement.

In order for facility data to be included on the consumer guide, the number of returns for the facility must 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 average score on the responses received. We used the number of surveys mailed by Scantron to determine the surveyed population at each facility. This number excluded those families whose names and addresses were sent for survey distribution but whose addresses could not be adjusted via the national address update system.

Rather than computing whether each item meets the margin of error, we base the margin of error on the number of surveys returned for a facility since not all residents receive all services. This year's statewide response rate of 45% is slightly lower than last year, when surveys were sent to a family member or friend for each resident, rather than drawing a random sample from larger facilities.

Figure 3. Number of Families Responding, 2001-2012

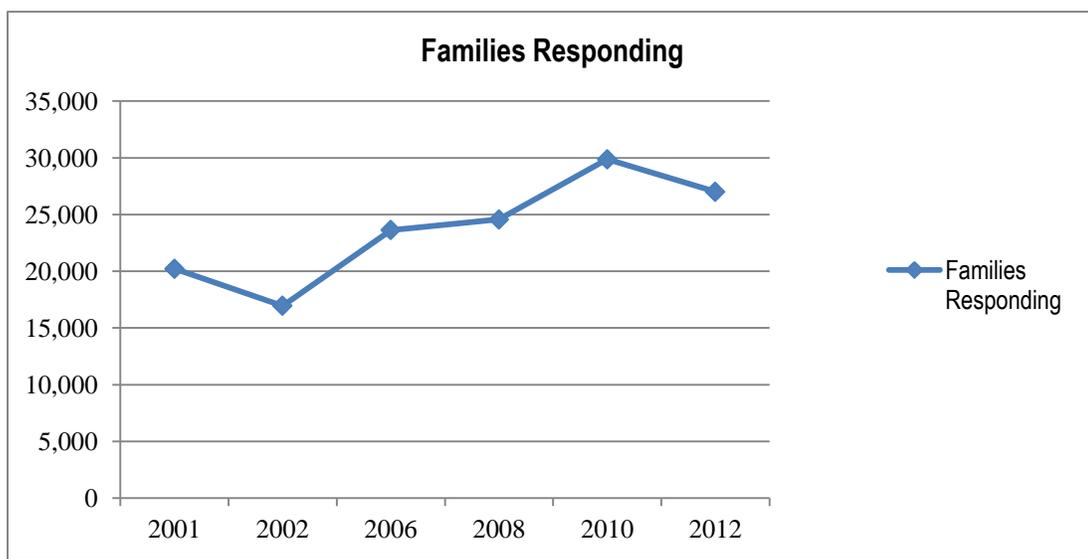
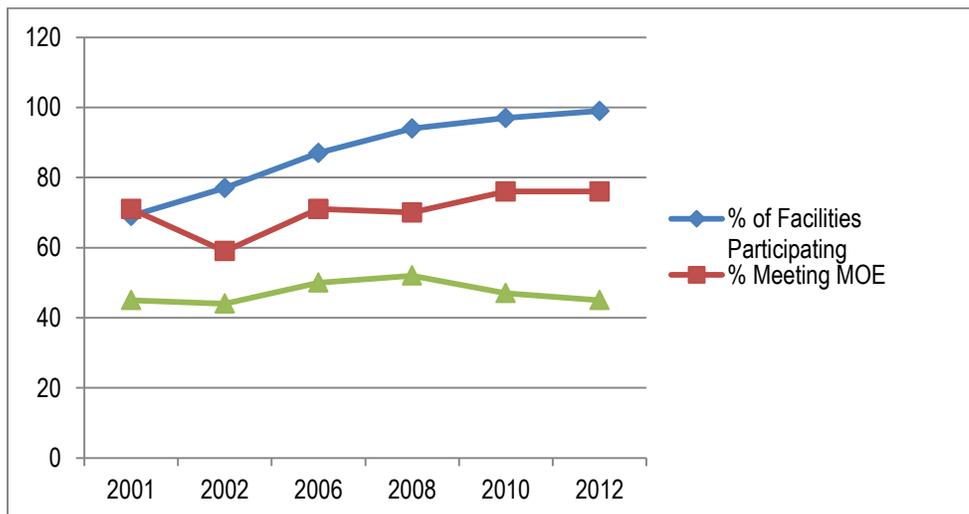


Table 7. Facility Participation Rates: 2002-2012

	2002	2006	2008	2010	2012
Number of facilities on mailing list	970	972	965	961	954
Number of facilities with surveys returned	736 (77%)	849 (87%)	904 (94%)	931 (97%)	947 (99%)
Number of facilities meeting +/-10%	436 (59% of participants)	605 (71% of participants)	633 (70% of participants)	711 (76% of participants)	721 (76% of participants)
Average response rate in all participating facilities	44%	50%	52%	47%	45%
Number of facilities not participating	222 (23%)	123 (13%)	61 (6%)	31 (3%)	6 (.5%)
Total number of families responding	16,955	23,633	24,572	29,873	27,008

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

Figure 4. Proportion of Facilities Participating, Meeting Margin of Error, and Average Facility Response Rate, 2001-2012



When we changed from random sampling to distribution to an involved person for each resident in 2010, the proportion of facilities meeting the margin of error increased from 70% to 76%. In 2012, we returned to random sampling, but by using the actual number of surveys mailed rather than numbers reported by facilities on audit forms, or relying on assumptions when facilities did not complete audit forms as in previous years, we maintained the 76% rate of participating facilities that met margin of error. Unfortunately, 138 facilities did not meet margin of error in either 2010 or 2012. Twelve facilities that did not participate in 2010 participated this year. In addition, 119 (52%) of the 227 facilities not meeting the margin of error needed only 3 or fewer additional surveys to meet this criterion compared to 35% in 2010 — over half of those facilities with response issues are coming very close. Thirty-five (15%) of the 227 needed only 1 more. A large number of facilities that are very close to meeting MOE would benefit from some additional work to increase family participation. To fully support facilities in meeting margin of error, Scripps searched surveys that were received after scanning had stopped. Two more surveys were entered by hand in order to assist two additional facilities in meeting margin of error.

RESULTS FROM THE 2012 FAMILY SURVEY

TECHNICAL PROCESSES

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

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

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

In 2012 we continued the online version of the survey, also created using SNAP software. The online survey required that respondents log in using their seven character login printed on

the paper survey. This made it possible to identify the facility respondents were reporting on. The web address for the online version was included in the instructions for the paper survey. The access page for the survey was moved from 2010, resulting in a shorter and easier to enter URL for survey access. Due to the fact that ODA directed Scantron to send out surveys in seven waves, separated by several weeks, seven versions of the online survey were created. Family members were directed to the correct version according to their serial numbers.

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 nine sources of scanned data (from the two scanners and the seven online versions) were combined into the final dataset for processing and analysis.

SURVEY PROCESSING: TESTING SCANNER ACCURACY AND CONSISTENCY

To test scanner accuracy and consistency, 50 surveys were scanned two times each. The scanned results were compared against the actual surveys to check for accuracy of scanning hardware and software. To test for consistency, the scanned data were analyzed using statistical software to ensure that the two separate scans of the same survey produced the same results. Scanner accuracy testing was critical since the survey had changed from the 2010 version.

The data analysis revealed that the calibration performed was sufficiently accurate to proceed without further adjustment. The scanning testing revealed an accuracy rate of 99.6% (3 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 2012 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 2012 and in spring 2013.

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.

As was the case in 2010, survey results were included for the previous survey (2010) for comparison purposes, in the final facility reports. This feature was again accomplished by incorporating facility data from 2010 and modifying the spreadsheet, along with the macros which generated the reports for each facility. A departure from 2010 was the creation of the final facility report pdf files (one for each facility) at Scripps, rather than at ODA. This was accomplished by student employees running the final Excel spreadsheet, taking the burden off of ODA in creating the final reports. The final facility reports were delivered to ODA in mid-January 2013.

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 +/-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 2012. Staff at ODA made calls to these facilities letting them know that they needed to make an effort to encourage families to complete and return their surveys.

STATEWIDE AVERAGES

Statewide averages were computed on each item and on each domain. Facilities with 2 or fewer surveys were excluded from these calculations. The same calculation decisions used in previous years were used in 2012. However, in calculating domain scores, SAS coding changes were required to accommodate the survey changes. Averages are reported for each item and domain on facility reports. The averages are the average of each facility's average score on each item, rather than the average of all family responses among all facilities. Overall satisfaction is the average of all items in each facility.

FINAL STATISTICAL VALIDATION

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

SATISFACTION RESULTS

RESPONDENT AND RESIDENT CHARACTERISTICS

In order to build a profile of those who responded to the family satisfaction surveys, and the residents they were responding about, the following demographic questions were included: information about the family member/respondent, respondent's relationship to the resident, some information about the resident, and the kinds of things the family member/respondent does when visiting the nursing home. Demographic information is provided in Tables 8-10. In general, the characteristics of the residents and family members are in keeping with the literature. The majority of involved family members in the survey are adult children. They are 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 2010- to 2012 regards the staff that families talk to. The proportion who always or sometimes talk to the administrator increased from 56.8% to 73.1% in 2010, and from 73.1 to 81.9% in 2012. Unfortunately, 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 overall satisfaction, whether one liked the facility and whether one would recommend the facility. About 3 in 4 of those who always spoke with the administrator would always recommend the facility (74.7%) or always like the facility overall (75.3%), compared to 42.0% who would always recommend and 45.2% who overall like the facility among those who never speak with the administration.

Table 8. Demographic Characteristics of 2012 Respondents and their Residents

	Family	Resident
Average Age	62.7	81.3
(sd)	(11.5)	(13.1)
(3.6% missing-family)		
(4.3% missing-resident)		
Race (Percent)		
Caucasian	90.0	
African American	7.8	
Native American	.6	
Other	.6	
Hispanic	.5	
(2.5% missing)		
Female (Percent)	71.9	68.7
(2.3% missing-resident)		
(1.4% missing-family)		
Relationship to Resident (Percent)		
Child	48.5	
Spouse	13.1	
Sibling	9.4	
Guardian	7.0	
Parent	5.4	
Son/daughter-in-law	5.0	

Table 8. Demographic Characteristics of 2012 Respondents and their Residents

	Family	Resident
Niece/Nephew	4.9	
Other	3.3	
Friend	2.1	
Grandchild	1.3	
2.6% (missing)		
Educational Level	4.2	
Less than high school	53.4	
Completed high school	29.4	
Completed college	13.0	
Master's or higher		

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

Table 9. Level of Family Activities in the Nursing Home, 2012

Frequency of Visits (Percent)			
Daily	20.1		
Several Times a Week	36.6		
Once a Week	20.5		
Two or Three Times per Month	11.1		
Once a Month	6.2		
Few Times per Year	5.5		
(3.5% missing)			
	Always	Sometimes	Never
Helps with (Percent)			
Feeding (13.5% missing)	12.6	36.6	60.8
Dressing (18.1% missing)	3.7	29.8	66.5
Toileting (18.4% missing)	4.5	19.9	75.6
Grooming (11.2% missing)	14.8	45.7	39.6
Going to Activities (11.5% missing)	11.5	51.5	37.0
Talks to (Percent)			
Nurse aides (3.9% missing)	61.4	37.3	1.3
Nurses (3.6% missing)	59.8	39.1	1.0
Social Workers (7.4% missing)	26.0	63.6	10.4
Physician (10.4% missing)	9.7	41.9	48.5
Administrator (7.7% missing)	17.2	64.7	18.1
Other (51.8% missing)	19.0	55.8	25.2

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

Table 10. Residents in Nursing Homes, 2012

Resident Receives Nursing Home Payments from: (Percent ^a)			
Medicare		43.6	
Medicaid		65.7	
Private Pay		23.8	
LTC Insurance		4.1	
Other Insurance		10.2	
Don't Know		2.9	
(3.1% missing)			
Average Number of Payment Sources		1.5	
(sd)		.69	
Resident Came to Facility From:			
Own home		43.2	
Hospital		22.0	
Another NF		16.0	
Other		18.9	
(3.1% missing)			
Resident's Expected Length of Stay (Percent ^a)			
Less than 30 days		3.0	
31 – 90		6.0	
More than 90		91.0	
(2.7% missing)			
	Always	Sometimes	Never
Resident:			

Knows current season (30% missing)	49.0	35.2	15.8
Recognizes respondent (2.6% missing)	65.2	17.3	3.9
Knows they're in nursing home (4.2% missing)	65.2	23.9	11.0
	Some	A Great Deal	Totally Dep.
Resident Needs Help With:			
Eating (3.0% missing)	33.7	12.0	15.6
Toileting (2.6% missing)	24.3	21.8	36.9
Dressing (4.6% missing)	29.8	25.0	33.2
Transferring (4.6% missing)	24.5	20.3	36.2

N =27,008 ^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.

SATISFACTION RESULTS

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

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

**Table 11. Item Frequencies and Averages for Family Survey Items
for 2010 and 2012* Family Surveys**

Domain (2012 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply	Mean 2010 Mean 2012
Admissions						88.3
						85.2
1. Did the staff provide you with adequate information about the different services in the facility?	69.6 66.3	22.6 24.9	2.9 3.9	3.7 1.6	1.2 3.3	88.1 86.0
2. Did the staff give you clear information about the [daily rate] cost of care?	68.4 65.3	15.6 16.7	3.8 4.9	3.6 4.5	8.6 8.6	83.3 86.0
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?	71.3 68.7	15.6 16.6	3.1 4.1	2.8 3.3	7.3 7.3	85.2 86.0
Social Services						90.8
						89.9
4. Does the social worker follow- up and respond quickly to your concerns?	67.9 64.5	21.3 23.2	3.5 4.5	1.3 1.7	6.0 6.1	87.9 86.0
5. Does the social worker treat you with respect?	83.2 82.3	9.7 9.7	1.0 1.2	.6 .8	5.5 6.0	94.9 94.3
Activities						83.8
						81.6
6. Does the resident have enough to do in the facility?	48.6 46.9	32.9 33.2	6.5 7.3	1.4 1.8	10.7 10.8	80.7 79.1
7. Are the facility activities things the resident likes to do?	33.4 30.5	42.9 43.7	8.7 10.0	2.3 2.7	12.7 13.1	73.9 71.8
8. Is the resident satisfied with the spiritual activities in the facility?	48.2 46.4	24.2 24.1	3.7 4.3	1.4 1.9	22.5 23.4	83.3 81.9
9. Do the activities staff treat the resident with respect?	79.9 80.0	12.8 12.7	.6 .6	.3 .2	6.5 6.4	94.4 94.3

**Table 11. Item Frequencies and Averages for Family Survey Items
for 2010 and 2012* Family Surveys**

Domain (2012 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply	Mean 2010 Mean 2012
Choice						90.4 83.4
10. Can the resident get out of bed in the morning when he/she likes?	44.0	24.1	6.6	9.7	15.6	73.6
11. Can the resident go to bed when he/she likes?	62.7 54.6	23.7 24.5	3.6 3.6	4.9 4.9	9.5 12.3	88.0 82.2
12. Can the resident choose the clothes that he/she wears?	61.7 56.1	17.2 18.9	3.4 4.6	2.5 4.9	15.2 15.2	87.5 83.0
13. Can the resident fix his/her room with personal items so it looks like home? ¹	82.7 69.6	11.6 14.5	1.0 2.9	.7 4.0	4.0 9.0	94.3 87.3
14. Does the staff leave the resident alone if he/she doesn't want to do anything?	68.6 64.0	21.8 24.8	.8 1.1	.5 .8	8.3 9.3	90.8 88.8
15. Does the staff let the resident do the things he/she wants to do for himself/herself?	70.3 56.6	19.3 26.1	1.1 2.0	.4 1.3	8.8 14.0	91.6 86.5
16. Is the resident encouraged to make decisions about his/her personal care?	46.4	25.3	5.3	3.2	19.8	80.8
Direct Care & Nursing						88.2 86.0
17. Does a staff person check on the resident to see if he/she is comfortable? (need a drink, a blanket, a change in position)	52.6 50.3	34.3 35.7	5.8 7.1	.8 1.3	6.5 5.6	82.6 80.7
18. During the week days, is a staff person available to help the resident if he/she needs it (help	73.1 69.5	21.9 24.7	1.5 2.2	.2 .3	3.2 3.3	90.8 89.3

¹ This question was modified from the previous survey, which may have changed the meaning of the question. The comparison results should be interpreted with caution.

**Table 11. Item Frequencies and Averages for Family Survey Items
for 2010 and 2012* Family Surveys**

Domain (2012 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply	Mean 2010 Mean 2012
getting dressed, help getting things)?						
19. At other times, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?	64.9 62.7	27.1 29.8	3.2 3.4	.2 .4	4.4 3.7	87.6 86.6
20. Are the nurse aides gentle when they take care of the resident?	72.8 71.1	22.8 24.0	1.3 1.6	.3 .4	2.9 3.0	90.9 90.1
21. Do the nurse aides treat the resident with respect?	77.8 76.2	19.4 20.6	1.1 1.3	.2 .4	1.4 1.5	92.3 91.5
22. Do the nurse aides spend enough time with the resident?	57.0 44.9	33.1 38.1	5.2 9.7	.8 1.7	4.0 5.7	83.8 77.5
Therapy						81.1 80.2
23. Do the therapists spend enough time with the resident?*	37.1 33.2	16.7 16.0	5.1 3.9	1.8 1.4	39.3 45.4	81.4 82.0
24. Does the therapy help the resident?	N/A 33.6	N/A 14.9	N/A 4.7	N/A 2.0	N/A 44.8	N/A 79.4
Administration						91.0 90.2
25. Is the administration available to talk with you?	70.5 68.1	23.0 25.3	3.0 3.6	.8 1.0	2.7 2.0	88.8 87.2
26. Does the administration treat <u>you</u> with respect?	83.7 83.7	11.6 11.8	1.3 1.5	.6 .7	2.9 2.3	94.3 93.8
Meals and Dining						80.4 78.1
27. Does the resident think that the food is tasty?	30.8 27.2	47.1 48.5	11.2 12.0	3.0 4.2	7.9 8.1	71.3 68.6
28. Are foods served at the right temperature (cold foods cold, hot foods hot)?	49.4 47.2	34.5 35.1	5.2 6.0	1.3 1.8	9.6 9.4	81.7 80.3

**Table 11. Item Frequencies and Averages for Family Survey Items
for 2010 and 2012* Family Surveys**

Domain (2012 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply	Mean 2010 Mean 2012
29. Can the resident get the foods he/she likes?	39.2 35.6	39.9 41.5	7.7 8.7	2.2 3.0	11.0 11.2	76.2 73.6
30. Does the resident get enough to eat? ²	72.6 71.6	20.0 20.0	2.1 2.5	.8 1.0	4.5 4.9	90.3 89.6
Laundry						84.2 84.2
31. Does the resident get their clothes back from the laundry?	44.0 44.7	30.4 30.0	3.8 2.9	.6 .7	19.1 21.8	82.9 83.0
32. Does the resident's clothes come back from the laundry in good condition?	51.5 50.5	25.9 24.3	2.7 2.6	.7 .7	19.3 21.9	85.6 85.6
Resident Environment						86.0 84.5
33. Can the resident get outside when he/she wants to, either with help or on their own?	46.2 42.3	26.2 28.2	8.4 9.8	3.3 4.9	15.9 14.8	78.5 74.6
34. Can you find places to talk with the resident in private?	74.3 73.8	18.0 19.1	3.3 3.0	1.2 1.1	3.2 3.0	89.8 89.7
35. Is the resident's room quiet enough?	68.8 65.8	26.1 28.5	3.7 3.6	.8 1.0	.8 1.0	87.5 86.7
36. Are you satisfied with the resident's room?	69.2 65.7	24.7 26.6	4.4 4.8	1.5 2.5	.3 .5	86.9 84.8
Facility Environment						85.9 83.8
37. Are the public areas (dining room, halls) quiet enough?	61.1 57.3	31.5 34.3	3.6 4.1	.7 1.0	3.1 3.4	85.5 83.9
38. Does the facility seem homelike?	58.9 53.4	30.4 32.8	7.3 9.1	2.3 3.5	1.0 1.2	81.7 78.3
39. Is the facility clean enough?	72.3 68.9	24.3 26.7	2.3 2.8	.9 1.3	.2 .3	88.9 87.0

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

**Table 11. Item Frequencies and Averages for Family Survey Items
for 2010 and 2012* Family Surveys**

Domain (2012 responses are in bold)	Always	Sometimes	Hardly Ever	Never	Doesn't Apply	Mean 2010 Mean 2012
40. Is the resident's personal property safe in the facility?	60.5 57.0	29.9 30.8	4.8 5.7	2.1 3.1	2.7 3.4	84.0 81.6
41. Are you satisfied with the safety and security of this facility?	74.2 72.7	21.8 22.5	2.3 2.5	1.0 1.5	.7 .8	89.6 88.5
General						89.1 86.9
42. Are your telephone calls handled in an efficient manner?	70.2 67.1	21.2 23.9	2.3 2.8	.5 .8	5.8 5.3	89.9 89.3
43. Do residents look well-groomed and cared for?	64.1 60.6	32.2 34.7	2.8 3.6	.5 .7	.4 .5	86.5 84.2
44. Is the staff here friendly?	80.6 77.9	18.3 20.6	.9 1.2	.2 .3	.1 .1	86.5 84.8
45. Do you get adequate information from the staff about the resident's medical condition and treatment?	73.3 80.2	21.6 23.6	3.7 4.6	.9 1.2	.4 .6	83.8 83.4
46. Are you satisfied with the medical care in this facility?	70.8 66.1	24.8 27.7	2.9 4.0	.9 1.7	.5 .6	88.4 85.8
47. Would you recommend this facility to a family member or friend?	75.5 69.9	17.3 19.8	3.0 4.2	3.1 4.7	1.2 1.4	87.9 84.3
48. Overall, do you like this facility?	75.8 70.6	20.1 23.2	2.3 3.2	1.5 2.5	.3 .4	89.4 86.6

Note: The items above are not presented in the order they appear on the questionnaire, but rather according to their domains. Frequencies are based on individual data statewide. N= 29,873 in 2010 and 27,008 in 2012. Means are based on the average of each facility's item average.

Domain scores were computed by averaging the scores on all the items in the domain. In order for a respondent to be included in the domain average, he/she had to answer at least all but two of the domain items. For example, where six items are in a domain, respondents had to

answer at least four. While this criteria is important in 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 12 shows mean scores for each of the 2012 domains, along with standard deviations and a comparison with the domain means from the 2002, 2006, 2008, and 2010 family surveys. Comparisons across surveys are not identical - the deletion and addition of items on the family survey results in many domains have changed from 2002 to 2012. Overall, the family scores this year were lower than last in a number of ways. Domain means were lower and on almost every item the proportion of respondents answering “always” decreased 2-3%.

Table 12. Statewide Average Domain Scores

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

Note: Changes from the 2002 to 2012 in family survey items may explain a portion of the differences in domain scores across years. These averages derive from the individual data, not aggregated by facility. These differ slightly from results reported on facility reports which are the average of all facility domains.

FAMILY COMMENTS

In previous years, any comment that family members included on their surveys was documented, counted, and coded. This process was extremely time-consuming and based on experience over multiple years, yielded little new information. This year, scanning and coding of comments was limited to those included on a separate sheet of paper or providing general information on the survey overall. Compared to over 3,000 brief comments last year, two hundred ninety-four families included some form of extended 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 294. Some comments received multiple codes (82) because they addressed several topics. The distribution of comments across topic areas is shown in Table 13.

The results in Table 13 show that praise for the facility/staff was the most common type of comment provided (19.0 % of the comments). This includes comments that include: "I don't know what I will do without them as they took care of my mother excellently," "the staff made me feel like family and treated me wonderfully," "it is like a home to us," "the love and care of each worker has made my mother better," "I have all the faith in this facility and they are all wonderful people," "they are friendly and have a nice set of programs," "there is this human kindness one feels upon entering this facility," and "they take a personal interest in my mom." Many of the comments suggest that the respondents were satisfied with the services their family members received from the respective nursing homes.

There were occasions when respondents would raise some issues about the survey. These include survey items like: "there are things the survey did not ask," "Why even ask for someone to fill out your survey when you don't really want honest feedback? You need to ask real questions no place for comments or explaining," "most of these questions do not apply to her condition/wants/likes and etc.," "the five evaluation choices should be redesigned," "I found the background checklist somewhat offensive. What does my background have to do with my

mother's care?", and "I would like to know that someone has heard our concerns. The survey only hits on a few subjects. Some of the questions are not specific enough. There is no real answer." These survey comments imply that respondents care about the implications of the survey. They took time to reflect about the survey itself as it is instrumental in informing others about their experiences. It seems that our respondents are hopeful for change to happen upon their careful participation in the survey.

There were instances when respondents made comments such as "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 chose 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."

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 in term of food were the most prevalent type of complaint (8.1%). Other comments on complaints about specific services include: doctors/nurses (5.1%), resident care (4.8%), and laundry (3.7%). As the family members identified these things, it suggests that they make sure that these things are addressed accordingly.

Complaints on food (8.1%) include: "would like better snacks," "everything is frozen," "needs more creative planning", "serving cold food", "food portions were cut," and "lack of taste."

Complaints on doctors/nurses (5.1%) include: "lack of care," and "I talk to the physician only twice," "communication seems lacking and they do not know what is happening," "I am disappointed in the employment of nurses," and "They have very bad staff training and supervision. They don't follow up with plans that was put in place for my mom. Nurses and aides need more training."

Complaints on resident care (4.8%) included such items: "takes a while to get bathroom assistance sometimes," "there are a lot of falls," "her clothes aren't always changed," "he only gets a shower once a week" and "they don't even make the bed with sheets. He should not have the lie on the plastic mattress," and "we often go to see him and can tell that he needs to have his "disposable" underwear changed."

Table 13. Constructs Identified in Written Family Comments

Construct	Number of Comments	Percentage
Praise for Facility/Staff	56	19.0
Sampling issues	37	12.6
Complaints/comments about specific services: food	24	8.1
Complaints/comments about staffing: understaffing	21	7.1
Blank survey	17	5.8
Complaints/comments about specific services: doctors/nurses	15	5.1
Complaints/comments about resident care (general care and specific care practices)	14	4.8
Complaints/comments about specific services: laundry	11	3.7
Refused to complete survey	10	3.4
Complaints/comments about physical structure of the building: stolen items/security	9	3.1
Miscellaneous (can't be determined; filled out by the resident himself; suggested to correct one's information)	8	2.7
Complaints/comments about physical structure of the building: environment (temp., smoke, etc.)	8	2.7
Complaints/comments about physical structure of the building: cleanliness	8	2.7
Concerns about not having enough information to complete survey	8	2.7

Complaints on laundry (3.7%) include: “has rips and tears on her laundry,” and “lots of clothes are missing or mixed up.” Complaints about the respective facility being understaffed (7%) include: “there are never enough nurse aides,” and “needs more aides in each floor.” These complaints were mostly on the direct care staff. Staffing levels or overworked nurse aides were the bulk of these comments. “I feel that there is not enough help for all the patients that have to be cared for. Short on help,” “I feel that there should be 3 aides working, so there is always someone to take care of the patient — the aides are kind and caring — but cannot be everywhere.”

While many families would recommend their facilities, others note: “There is no way I would recommend any poor elderly person to go there!”, and “(name of Nursing Home facility) is a very poor facility in most areas. I personally would not recommend it to anyone. I can write a book about the reasons why.”

Also, there were instances when respondents noted that changes in management caused a change in the services that their family members received: “This survey is very difficult to accurately answer since there have many changes in the administrative personnel and the staff since admitting my loved one. In the beginning, I was extremely impressed...However, when the original administrative personnel went to another facility things went downhill.”

Complaints about the environment included things from the physical structure to the security of resident’s belongings. Further such comments as, “the carpeting is bad,” “the temperature is too cold or warm,” “the sofa needs to be cleaned or replaced,” “the in room facilities were nasty and looked to be moldy,” and “very dissatisfied with the cleanliness of the facilities.” Resident room issues included “not enough space in her room,” and “there is no privacy in the room.” These all 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. “We are very happy with the care he is getting at (name of nursing home) except for the fact that it is deleting our savings fast,” and “Overall, I think this facility is beautiful and the building is clean, but I give them an F for my mother’s care and I would not recommend this facility to anyone. I liken it to a wolf in a sheep’s clothing.”

Others could not say enough good things about the facility where their family member resided and the staff members who provided the care. “His condition and hygiene have improved immensely through balanced meals and supervision. The staff to me has always been informative and caring — although they do have planned activities maybe more would be beneficial to this patient,” “My dad was in the nursing home 20 years. They were always good to him was kept clean. In all these years he never had a bed sore. Dad always bragged of how good they were to him. It is a comfort knowing he is in their care. They always keep me informed on any change. He really liked it,” “I would like to commend this facility for their wonderful Activities Staff who make a great effort to have exceptional entertainment for the residents. The musical guests are so enjoyable. It is a pleasure and a convenience to have a Chapel onsite for the residents to worship...This facility has been a needed a blessing for our family,” and I cannot praise that facility and its staff enough. Their service is superlative. Everyone there always goes the “extra mile” and shows genuine caring and respect.”

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

facilities, despite knowing that any changes or improvements will not benefit their own family members.

Compared to 2010, our results from the family comments are quite similar. The same comments and issues are continually raised by family members. Surprisingly, some of the family members identified these same things and pointed out that the survey didn't do much as things remain the same. Others expressed their thoughts that the survey didn't allow for examples on specific cases of the nature of their complaints. Often some respondents would say that the survey touches on superficial things rather than on the "serious" issues needing to be investigated. Some respondents expressed their frustration on how the survey was constructed, "I am somewhat frustrated with your survey selections. For example: There is a great deal of difference between "Yes, Always" and Yes, sometimes," as well between "No hardly ever" and "No, never." There were times when my answer would have been somewhere between the two." This implies that respondents are not merely passive recipients of care and services but are indeed thinking about the kind of services that their family members in nursing facilities get.

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

A number of survey items changed between 2010 and 2012, making it important to continue to conduct psychometric work on the internal reliability of the instrument and its domain structures. Table 14 shows the domain coefficient alphas from 2006 to 2012 and the 2012 item-total correlations for each item. To control for within-facility correlations, aggregated data from each nursing home was used for these analyses. The results show continued high reliability of the domains and a great deal of stability in the instrument over time. 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. None of the domain alphas would be improved by removing any of the items. In addition, the alpha for all of the items into one scale is .98. This very high internal reliability suggests good validity, as well as extreme confidence in our ability to report a single overall satisfaction score. In regards to construct validity, the highest correlations between individual items and the overall total scale were for whether a family member would recommend the

facility (.90) and whether the family member overall liked the facility (.91). The use of these single measures on the website and in statewide reporting continues to be supported by their strong relationship to the total of all the items reported about a facility.

Table 14. Confirmatory Reliability Analyses of 2006 - 2012 Survey Domains

Table 14. Confirmatory Reliability Analyses of 2006 – 2012 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2012 Corrected item – Total Correlations
Admissions	.92	.93	.92	.91	
1. Did the staff provide you with adequate information about the different services in the facility?					.78
2. Did the staff give you clear information about the daily rate? [cost of care]					.85
3. Did the staff adequately address your questions about how to pay for care (private pay, Medicare, Medicaid)?					.87
Social Services	.91	.91	.91	.87	
4. Does the social worker follow-up and respond quickly to your concerns?					.77
5. Does the social worker treat you with respect?					.77
Activities	.88	.88	.90	.88	
6. Does the resident have enough to do at the facility?					.79
7. Are the facility's activities things the resident likes to do?					.77
8. Is the resident satisfied with the spiritual activities in the facility?					.72
9. Do the activities staff treat the resident with respect?					.67

Table 14. Confirmatory Reliability Analyses of 2006 – 2012 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2012 Corrected item – Total Correlations
Choice	.79	.81	.83	.89	
10. Can the resident get out of bed in the morning when he/she likes?					.74
11. Can the resident go to bed when he/she likes?					.76
12. Can the resident choose the clothes that he/she wears?					.72
13. Can the resident fix up his/her room with personal items so it looks like home?					.64
14. Does the staff leave the resident alone if he/she doesn't want to do anything?					.53
15. Does the staff let the resident do the things he/she wants to do for himself/herself?					.73
16. Is the resident encouraged to make decisions about his/her personal routine?					.74
Direct Care/Nurse Aides	.96	.96	.96	.95	
17. Does the staff person check on the resident to see if he/she is comfortable? (need a drink, a blanket, a change in position)					.78
18. During the week days, is a staff person available to help with the resident if he/she needs it (help getting dressed, help					.77

Table 14. Confirmatory Reliability Analyses of 2006 – 2012 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2012 Corrected item – Total Correlations
getting things?					
19. At other times, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?					.78
20. Are the nurse aides gentle when they take care of the resident?					.76
21. Do the nurse aides treat the resident with respect?					.77
22. Do the nurse aides spend enough time taking care of the resident?					.76
Therapy	.96	.96	.95	.86	
23. Do the therapists spend enough time with the resident?					.76
24. Does the therapy help the resident?					.76
Administration	.96	.95	.92	.86	
25. Is the administration available to talk with you?					.75
26. Does the administration treat you with respect?					.75
Meals and Dining	.93	.93	.95	.92	
27. Does the resident think that the food is tasty?					.84
28. Are foods served at the right temperature (cold foods cold, hot foods hot)?					.78

Table 14. Confirmatory Reliability Analyses of 2006 – 2012 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2012 Corrected item – Total Correlations
29. Can the resident get the foods he/she likes?					.83
30. Does the resident get enough to eat?					.80
Laundry	.89	.90	.90	.90	
31. Does the resident get their clothes back from the laundry?					.67
32. Does the resident's clothes come back from the laundry in good condition?					.83
Resident Environment	.79	.81	.85	.83	
33. Can the resident get outdoors when he/she wants to, either with help or on their own?					.46
34. Can you find places to talk to the resident in private?					.71
35. Is the resident's room quiet enough?					.69
36. Are you satisfied with the resident's room?					.68
Facility Environment	.87	.90	.90	.93	
37. Are the public areas (dining room, halls) quiet enough?					.76
38. Does the facility seem homelike?					.83
39. Is the facility clean enough?					.83
40. Is the resident's property					.70

Table 14. Confirmatory Reliability Analyses of 2006 – 2012 Survey Domains

Domain	2006 Alpha	2008 Alpha	2010 Alpha	2012 Alpha	2012 Corrected item – Total Correlations
safe in the facility?					
41. Are you satisfied with the safety and security of this facility?					.75
General	.95	.94	.95	.96	
42. Are your telephone calls handled in an efficient manner?					.78
43. Do the residents look well-groomed and cared for?					.80
44. Is the staff here friendly?					.83
45. Do you get adequate information from the staff about the resident's medical condition and treatment?					.83
46. Are you satisfied with the medical care in this facility?					.90
47. Would you recommend this facility to a family member or friend?					.91
48. Overall, do you like this facility?					.92

STATEWIDE COMPARISONS: 2006, 2008, 2010 & 2012

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

After the first year of the family survey, a number of facilities requested information from Scripps, MBRI and ODA regarding how their consumer satisfaction information could be used. ODA and Scripps developed a brief document of FAQs for facilities interested in learning more about the survey. Along with describing how the scores are compiled and reported, a section is included on how facilities may improve their scores with suggestions on joining the Advancing Excellence in America’s Nursing Homes campaign, the Ohio Person-Centered Care Coalition, and seeking input from families, ombudsmen, the Ohio Dept. of Health Technical Assistance Program, Ohio KePro and other stakeholders. Table 15 provides a comparison between the lowest scoring items for 2006, 2008, 2010 and 2012. 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 15. Facility Areas of Concern (State Average 75 and Below)

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

As shown in the table above, statewide, nursing homes had been reducing the number of “areas of concern” with six areas of concern in 2006 (laundry items were problematic in 2006) to three in 2008, and two in 2010. Unfortunately, one of the new choice items appears as an area of concern, and food and getting residents outdoors have returned to previous low scores. It appears that some of the problem areas may be intractable for facilities to address. Cooking in quantity and producing a variety of tasty foods for people on special diets is notoriously difficult. However, when facilities undertake the culture change process the dining experience is one of the first modifications made. We might hope that as more facilities offer a range of menu choices, more residents can find a meal option that is something they like and that they find tasty.

Getting residents outdoors can be staff-intensive as residents may need assistance navigating long distances to exterior sitting areas. It is also likely that some facilities do not have secure areas for residents to visit outdoors, and in some cases it is likely there is no space to add such an amenity. For some facilities, staff and space will always pose a problem.

Table 16 includes items of “excellence” — those with statewide averages of 90 or above. Scores in 2010 were almost identical to those in 2008 but in 2012 the number of excellence items declined from 19 in 2010 to seven. A great deal of this change is due to changes in the survey. For example, five of the “overall” domain satisfaction items were areas of excellence. Removing these items from the survey resulted in fewer areas where facilities excelled. In addition the numerous items where small reductions were noted earlier resulted in a number of items that were close to the 90 mark, but not at or above. The decrease in the number of areas of excellence can be expected given overall item score declines and the reported decrease in state overall satisfaction scores.

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

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

*NA- Statewide mean below 90

It is unclear what may be driving these changes. Twelve new facilities participated in 2012; these were not poor performers as their overall satisfaction scores were almost identical to the state average.

Demographic characteristics of our respondents are quite similar to those of years past — we do not have a new type of respondent that we have not had before.

As noted, a number of item changes were made to the survey this year — specifically, a number of items were dropped and several new ones were added. In order to determine whether this influenced overall scores (particularly since so many of the positive “overall” items were removed) we conducted an additional analysis. We calculated overall state satisfaction scores for the 2010 data with the same items removed that were removed in 2012. The recalculated 2010

overall satisfaction score was 86.8—a decline from the reported 87.9. And, we calculated the 2012 satisfaction score without two new choice items — the overall state satisfaction score improved from 85.6 to 85.7 without the two new items suggesting that declines are not completely due to survey modifications either since the difference between the 2010 86.8 and the 2012 85.7 is still over one point. However, this may account for part of the difference.

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

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

RECOMMENDATIONS FOR 2014

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 2014.

1. Continue to use mailings from ODA to prepare facilities for survey participation in advance of survey implementation dates. Include promotional materials such as high-quality posters, pre-printed bill stuffers, news releases or other materials to encourage family participation. Consider a statewide ad campaign or public service announcements directly to families to encourage them to participate.
2. Continue to use advance notices from ODA regarding preparation for family list compilation and list uploads.
3. Work with trade associations to place reminders in their regular newsletters and e-newsletters. Facilities that have not received a request for family list submission should be alerted to timing for survey participation.
4. Reinforce confidentiality issues in the cover letter to families stating that no one at the nursing home will ever see individual results.
5. Encourage short-term families and families who are not knowledgeable about certain issues to complete as much of the survey as possible.
6. Add the importance of survey completion to family letters. Explain that the facility has the opportunity to receive additional reimbursement if enough families participate.
7. Continue to invite families to send comments on a separate sheet of paper. Ask them not to write on the surveys.

8. Interview administrators from facilities with high response rates and create a list of *Best Practices to Encourage Family Participation*.
9. Continue the use of the Family Survey web page for facilities and families on the ODA web site. This would increase the transparency of the process and encourage facilities and families who have questions about the process to participate.
10. 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.

CONCLUSIONS

A number of changes this year provided new challenges for the family survey process. Collection of family mailing lists from facilities created new implementation tasks, but ultimately resulted in an improved process with the largest number of facilities participating. Several new items tapped additional aspects of culture change and provide valuable information for overall facility quality. Additionally, while our survey 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 sixth family survey implementation provides guidance for further refinements to the family satisfaction survey process in future years. Ohio leads the nation in providing the most comprehensive consumer satisfaction information about nursing homes. Work conducted with Ohio's data in relationship to Nursing Home Compare has illustrated the importance of family and resident information as a distinct aspect of overall facility quality (Williams, 2012). We continue to implement a rigorous survey process that results in robust survey data for important consumer decision-making.

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APPENDIX A
SURVEY MATERIALS

2012 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, even if you were only involved with a nursing home resident for a short stay. 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.

Type the URL <http://www.scripps.muohio.edu/content/2012-family-satisfaction-survey> into the address line of your Internet browser. Choose the link from that page based on the serial number printed on the bottom of this page. 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 password from the upper right corner when you login to the survey. The first two characters of the password are letters; the rest are numbers. Do NOT complete and return this paper survey if you complete the survey online.

If you have questions or concerns after reading the letter from ODA on the next page, please call the **toll-free survey helpline at 1-888-300-6911** 9:00-4:00, M-F or send e-mail to **familysurvey@muohio.edu**. You may leave a message and a phone number any time and your call will be returned the next business day.

PLEASE DO NOT FOLD YOUR SURVEY.



Department of Aging

John Kasich, Governor
Bonnie Kantor-Burman, Director

Dear Family Member or Friend of an Ohio Nursing Home Resident:

To help ensure that Ohioans have access to high-quality, person-centered services and support, the Ohio Department of Aging has contracted with the Scripps Gerontology Center at Miami University to survey family members and friends of residents of nursing homes and hospital sub-acute units to gather *your* opinions about the nursing home where your relative or friend is staying.

The results of this Family Satisfaction Survey will be posted on the Ohio Long-term Care Consumer Guide Web site (www.ltcoho.org) in January 2013. The Consumer Guide assists people in selecting a nursing home by offering comparative information and also helps homes improve their services through the information gathered in this and other surveys. The results may also be used to calculate Medicaid payments to your resident's nursing home.

Your participation is voluntary, but critical. More than 29,000 family members and friends participated in the 2010 survey, 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 that follows.
- 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 under "don't know/doesn't apply to resident."
- If your family member has received care in several places, please answer for the home that sent the survey to you (printed on the survey form).
- If you have additional comments or concerns, please contact the Ohio Long-term Care Ombudsman at **1-800-282-1206** for assistance. Nursing homes will not see your written comments.

The information that you provide in this survey will remain anonymous. Nothing on the survey itself identifies you. 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.

Please call the Family Satisfaction Survey toll-free helpline at **1-888-300-6911** or e-mail familysurvey@muohio.edu if you have any questions about the survey.

I hope you will help us by responding to this important survey. Your participation can help nursing homes improve their quality, and will help others select the best home for their loved one. **Please complete your survey online within the next two weeks or complete this survey booklet and return it to the Scripps Gerontology Center in the enclosed postage-paid envelope.**

Sincerely,



Bonnie Kantor-Burman, Director

Ohio Department of Aging Family Satisfaction Survey 2012



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"/>

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>
4. 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"/>
5. Does the social worker treat you with respect?	<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>
6. 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"/>
7. 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"/>
8. 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"/>
9. Does the activities staff treat the resident with respect?	<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>
10. Can the resident get out of bed in the morning when he/she likes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>
12. 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"/>
13. Can the resident fix up his/her room with personal items so it looks like home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. 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"/>
15. Does the staff let the resident do the things he/she wants to do for himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the resident encouraged to make decisions about his/her personal care routine?	<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>
17. 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"/>
18. During the weekdays, 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"/>
19. At other times, 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. 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"/>
21. Do the nurse aides treat the resident with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Do the nurse aides spend enough time with the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapy

If the resident does not receive therapy (e.g. physical, speech, occupational therapy), mark items 23 and 24 "Don't know/Doesn't apply to 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>
23. Do the therapists spend enough time with the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does the therapy help the resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administration

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
25. Is the administration available to talk with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the administration treat you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meals and Dining

	<i>Yes, always</i>	<i>Yes, sometimes</i>	<i>No, hardly ever</i>	<i>No, never</i>	<i>Don't know /Doesn't apply to resident</i>
27. Does the resident think that the food is tasty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are foods served at the right temperature (cold foods cold, hot foods hot)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Can the resident get the foods he/she likes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the resident get enough to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laundry

If the facility does not do resident's laundry, mark items 31 and 32 "Don't know/Doesn't apply to 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> |
|--|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 31. 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"/> |
| 32. Does the resident's clothing come back from the laundry in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Environment

- | | <i>Yes,
always</i> | <i>Yes,
sometimes</i> | <i>No, hardly
ever</i> | <i>No,
never</i> | <i>Don't
know
/Doesn't
apply to
resident</i> |
|---|--------------------------|---------------------------|----------------------------|--------------------------|--|
| 33. 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"/> |
| 34. 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"/> |
| 35. Is the resident's room quiet enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Are you satisfied with the resident's room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Are the public areas (dining room, halls) quiet enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Does the facility seem homelike? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Is the facility clean enough? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Is the resident's personal property safe in the facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. 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>
42. Are your telephone calls handled in an efficient manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Do residents look well-groomed and cared for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is the staff here friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. 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"/>
46. 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"/>
47. 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"/>
48. 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. Administrator(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 1-48. 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**



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APPENDIX B

FACILITY INFORMATION AND INSTRUCTIONS

Ohio Department of Aging 2012 Family Satisfaction Survey

Family List Instructions

How to complete the 2012 Family List Template

Enter the name of the facility, the facility's contact person and email address. The name and email address will be used for follow-up questions or clarification and to send updates to the family survey process.

Enter the current facility census.

Enter a first name, last name, street address, city, state and ZIP code for a family member or friend of each current resident of the nursing home.

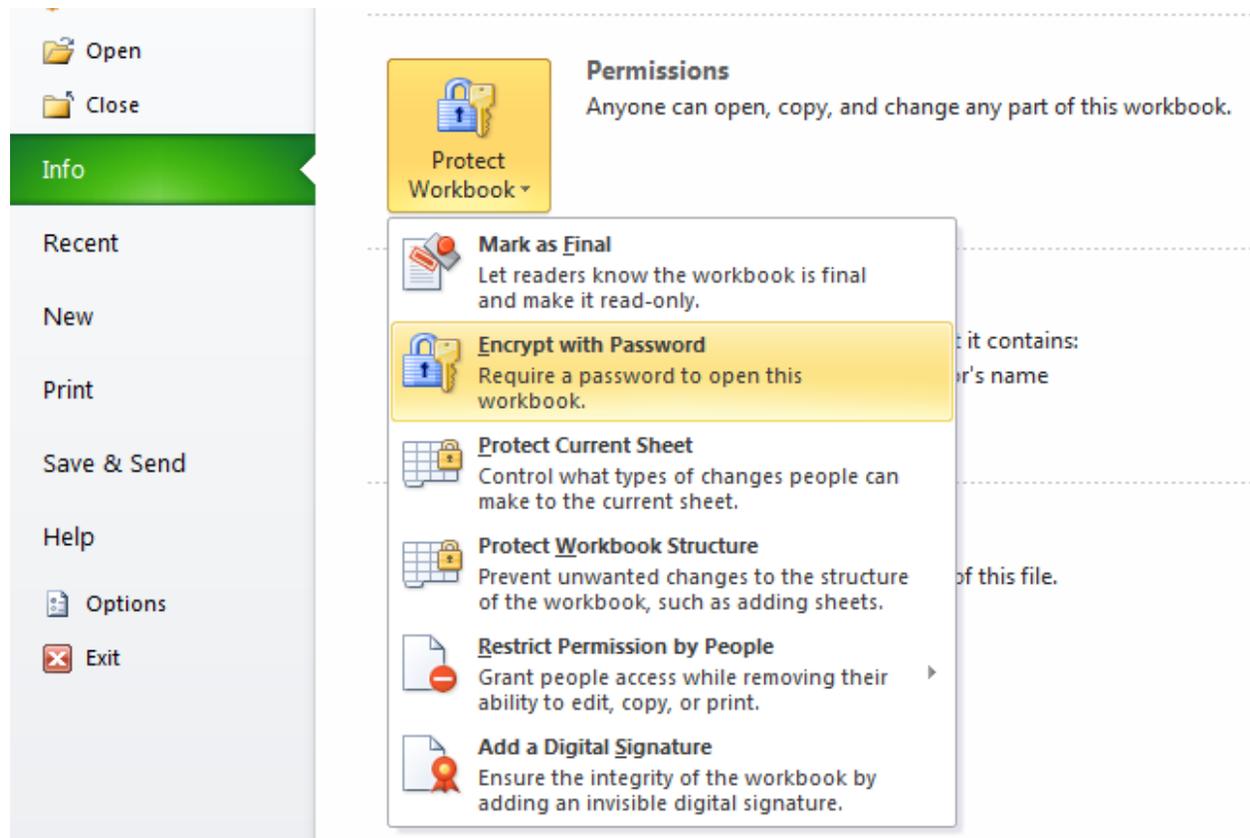
2012 Family Satisfaction Survey Family List Template					
Name of Facility:	Happy Hills Nursing Home (example)				
Facility contact person:	Jane Smith				
Email address:	jsmith@fakeemail.com				
Current facility census:	100				
First Name	Last Name	Street Address	City	State	ZIP Code
John	Doe	123 Main St	Anytown	OH	12345

Next, protect the document with the password assigned by ODA and save the document with the file name assigned by ODA. If you do not have the ODA letter addressed to the administrator (sent approximately two weeks in advance of the due date), please call 1-800-282-1206.

See instructions on the next pages for 2010 and 2007 and 2003 versions of Excel.

How to Password Protect and Save Excel 2010 Workbooks

Open the **File** menu then click **Info**

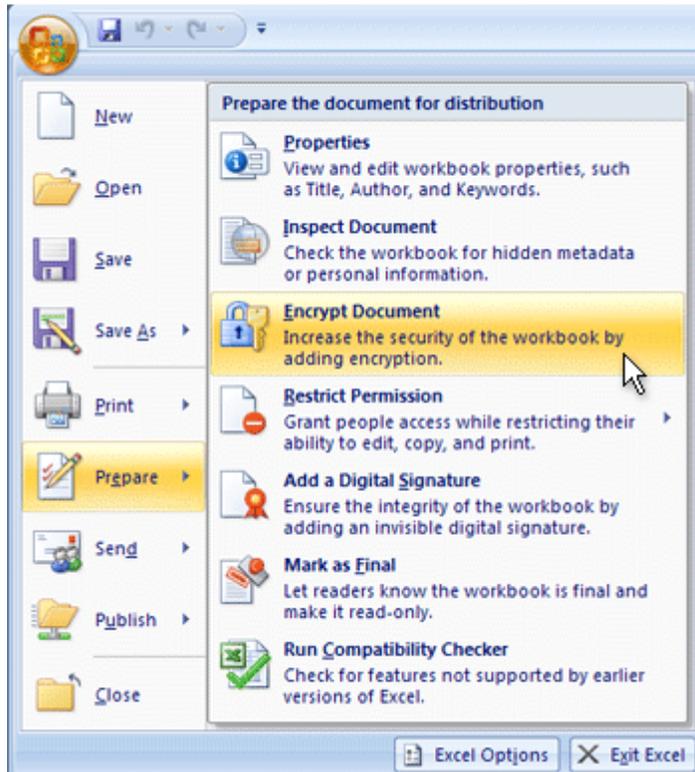


Click **Protect Workbook** then **Encrypt with Password**. Use the password assigned by ODA. The password will be included in the letter sent to the Administrator approximately two weeks prior to the facility's list due date.

Finally, save the document. Open the **File** menu then click **Save As**. Save the file with the file name assigned by ODA. The file name will be in the format (OH999999.xls) and will be included in the letter sent to the Administrator approximately two weeks prior to the facility's list due date.

How to Password Protect and Save Excel 2007 Workbooks

Click the Microsoft Office button , point to **Prepare**, and then click **Encrypt Document**.



In the **Password** box, use the password assigned by ODA, then click **OK**. The password will be included in the letter sent to the Administrator approximately two weeks prior to the facility's list due date.

In the **Reenter Password** box, type the password again, then click **OK**.

Finally, save the document. Click the Microsoft Office button , then click **Save**. Save the file with the file name assigned by ODA. The file name will be in the format (OH999999.xls) and will be included in the letter sent to the Administrator approximately two weeks prior to the facility's list due date.

How to Password Protect and Save Excel 2003 Workbooks

Open the **File** menu then click **Save As**.

From the **Tools** menu, click **Options**.

Click on the **Security** tab in the upper section of the Options menu box.

Type the password assigned by ODA into the **Password to Open** box.

Type the password assigned by ODA into the **Password to Modify** box.

Click **OK**.

Wait to be prompted and then retype your password to confirm.

Click **Save**.

Wait to be prompted and click **Yes** to replace the existing workbook.

<http://www.wikihow.com/Password-Protect-a-Microsoft-Excel-2003-Document>

2012 Family Satisfaction Survey Family List Template

Name of Facility

Facility contact person:

Email address:

Current facility census:

First Name	Last Name	Street Address	City	State	ZIP Code
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IMPORTANT TIPS:

Do not enter any resident information in this family member list!

Review "Criteria for Selecting the Most Involved Person" available at
<http://www.aging.ohio.gov/services/ombudsman/2012familysurvey.aspx>

Enter a family member or friend's name and address for *each* resident in your nursing home. Do not exclude any current residents unless they do not have any family members, friends or other most involved person (e.g. guardian).

Password protect the file using the password assigned in the letter sent by ODA. Save this template with the file name assigned in the letter sent by ODA. For assistance with password protection and file names, review Census List Instructions at
<http://www.aging.ohio.gov/services/ombudsman/2012familysurvey.aspx>

Email the file to: familysurvey@age.state.oh.us

If you have questions or formatting problems after reviewing the instructions and FAQs at the above website, please call 1-800-282-1206.



Department of
Aging

John Kasich, Governor
Bonnie Kantor-Burman, Director

June 14, 2012

Administrator
AUTUMN HEALTHCARE OF ZANESVILLE
1420 AUTUMN DRIVE
ZANESVILLE, OH 43701

Dear Nursing Home Administrator:

It's time for the 2012 Nursing Home Family Satisfaction Survey! The Ohio Department of Aging (ODA), contracting with Scripps Gerontology Center at Miami University, will send a satisfaction survey to your residents' family members or friends for participation in this year's survey. The primary difference between the 2012 survey and prior years is that ODA, rather than the nursing home, will distribute the surveys to families.

In preparation for this satisfaction survey, ODA will need receipt of names and mailing addresses of the most involved family member or friend, in the approved format, no later than **June 27, 2012**. Please follow these instructions so your facility receives sufficient responses to be included in the 2012 Nursing Home Family Satisfaction Survey results:

- **Selection Criteria:** Use the selection criteria on the reverse of this letter to select the most involved family member or friend for each resident. One, and only one, family member or friend for each resident should be included. Please ensure that surveys are not sent to families of discharged or deceased residents.
- **Electronic File:** Create an electronic list of the most involved family members or friends. The file must include the information indicated on the attached selection criteria on the reverse of this letter. Excel templates (the preferred format) are available on the family survey web page, below.
- **File Name:** Save the file using **OH00708.xls** as the name of the file.
- **Password Protection:** Password protect the file with **PWDA2489** as the password. Please see instructions for how to password protect a document on the family survey web page.
- **Deadline:** Submit no later than **June 27, 2012** in order to be included in the survey. The file should be sent to familysurvey@age.state.oh.us.

Please contact familysurvey@age.state.oh.us for assistance with formatting the document or submission. The Family Satisfaction Survey Helpline at [1-888-300-6911](tel:1-888-300-6911) is available between 9:00 a.m. and 4:00 p.m., Monday - Friday for general questions about the Family Satisfaction Survey. Please see the family survey web page for the family survey template, instructions, a sample survey form and a list of Frequently Asked Questions:

<http://www.aging.ohio.gov/services/ombudsman/2012familysurvey.aspx>.

Sincerely,

Erin Pettegrew, Elder Rights Division

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

Main: (614) 466-5500
Fax: (614) 466-5741
TTY: Dial 711

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 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.

If there is more than one family member, friend, or other interested person that meets the above criteria for a resident:

- 1st Add the name of 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. You must choose one to receive the survey however.

If more than one resident shares the same involved guardian or family member, provide that name for only one resident to whom it applies. A single person should not fill out more than one survey for each nursing home.

If the resident does not have an involved family member, friend, or other interested person, do not provide any names for that resident.

STEP 2: Create an electronic file with the contact information for the 'most involved' individuals identified in Step 1. The file must include:

- The name, street address, city, state and zip code of each most involved person. Only one family member or friend for each resident should be included.
- The contact information for the person completing the family list.
- The current facility census. This count enables us to correctly calculate a response rate for your facility.

The preferred format is Microsoft Excel. A sample Excel template may be found at <http://www.aging.ohio.gov/services/ombudsman/2012familysurvey.aspx>. Please contact familysurvey@age.state.oh.us for assistance with other formats.