



Ohio's Nursing Home and Residential Care Facility Satisfaction: Survey Testing and Development for Residents and Families

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An Ohio Center of Excellence



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April, 2016

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ACKNOWLEDGMENTS

The authors would like to acknowledge the numerous nursing homes and residential care facilities that took time out of their busy days to help us recruit families and residents to participate in our focus groups and interviews, to host our groups, to participate in groups themselves, and to send us mailing lists for survey pretests. We truly couldn't do this without you.

We also want to thank all the families and residents who participated at all phases of our development work, from focus groups to interviews to giving us comments on our written surveys. Ohio's efforts to gather input from consumers could not be accomplished without your input and opinions.

And finally, we would like to thank the Ohio Department of Aging (ODA) for the opportunity to develop these new resident and family surveys. The mission at Scripps is to do work that makes a difference and engaging in efforts like this project couldn't be more important to us. We think that hearing feedback from consumers on these new questions will help nursing homes and residential care facilities understand more about the expectations of their consumers and the care they provide. And, as always, the guidance of Erin Pettegrew at ODA provided important assistance in our work.

BACKGROUND

Consumers are valuable judges about the products they use and the services they receive. They provide a unique and valuable perspective, often helping providers improve their products and services, while helping other consumers who want to know something about a product to make a better choice. The popularity of websites such as Yelp, and the hundreds of consumer reviews posted on websites such as Amazon attest to both the willingness of consumers to provide reports and reviews, and the usefulness of those reports and reviews for consumer decisions.

In 2001, Ohio became the first state to begin the process of gathering consumer input about nursing homes and residential care facilities. This input became part of a newly created consumer guide to report the results of these consumer surveys, along with other information such as facility surveys and deficiencies, quality measures based on the national Minimum Data Set for nursing home residents, and information added by facilities such as services available, costs, rules, and policies and special programs. The first nursing home consumer surveys were conducted in 2002 and after a brief hiatus from 2003-2005, gathering consumer input from nursing home residents and families became a regular process. A tool for residents in residential care facilities (RCFs, often known as assisted living) was added in 2007. Currently, interviews with nursing home and RCF residents are conducted in odd-numbered years, and mailed surveys with nursing home family members are completed in even-numbered years. Results from the interviews and surveys are posted on the consumer guide website (www.ltc.ohio.gov) that is widely used by families, discharge planners, and others to assist in making decisions about facilities for themselves or their loved ones. Providers also use the results from these surveys for quality improvement and overall facility scores were briefly included in the Medicaid facility reimbursement formula, although that is no longer the case. About 146,000 nursing home families and 175,000 nursing home and RCF residents have provided input about the facilities where they received care.

During the 15 years since our surveys were developed, changes in long-term services and supports have been dramatic. Increasingly, nursing homes are used for short rehabilitation stays, and things such as laundry service that were important to permanent residents 15 years ago are less important when families take over laundry for a loved one during their brief nursing home stay. Care is increasingly provided by universal workers, where nurse aides may prepare and serve food and activities are not conducted by a central activity staff, but by Certified Nursing Assistants (CNAs) on neighborhoods or in small houses. Questions about activity staff or central dining services are no longer applicable in some of these new models of care. Finally, as our population ages, expectations about how services should be provided have also evolved. Care is increasingly person-centered, reflecting an individual's values and preferences, and based on positive relationships among residents and staff. All of these new practices and care models change the things that are important to residents and families, and thus the things that providers need to learn about to provide services that are judged to be high quality by the consumers who receive them. This changing landscape of long-term care led to our current project.

PROJECT DESCRIPTION

Under a contract to the Ohio Department of Aging, the Scripps Gerontology Center developed a new survey for family members of RCF residents, and revised the other three surveys to reflect the new care and practice issues previously described. This process was guided by the following assumptions:

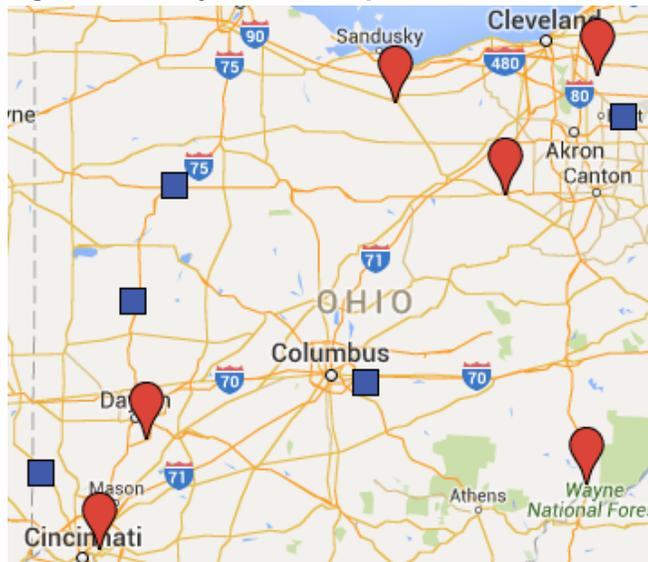
- 1) The resident and family perspectives, rather than input from professionals or providers, guide our work.
- 2) Where common issues emerge, the same items should be used across the four types of surveys.
- 3) Surveys should be as brief as possible to avoid respondent fatigue, while still covering the majority of issues that emerge repeatedly as concerns.
- 4) Survey items should differentiate low, good, and exceptional quality facilities. Where possible, items should “raise the bar” for what is considered a good facility.
- 5) Survey testing will focus on respondent comprehension as well as the extent to which items are viewed as important issues by respondents.

Our survey development and refinement involved three phases of work. The first involved **focus groups** with residents, families and providers. Second, items were developed based on the themes from the focus groups. Those items were tested in **cognitive interviews** with residents and families. Third, a **mailed pretest** of the RCF family survey was conducted. Results from these returned surveys were used for item analysis, to assist in determining the final group of survey items, and to make estimates about the likely number of RCF families to be surveyed statewide. All of the work taken together informs the development and refinement of these four survey tools. The tools that emerged from this process are significantly different than those that preceded them, reflecting the changing perspectives of residents and families that were expected. While significantly different tools result in a loss of comparability with previous years of data, our focus is on providing information that is currently most valuable to residents, families, and providers. Each phase of development work is described in greater detail in the following sections.

PHASE 1—FOCUS GROUPS

Family and resident focus groups were held in 11 facilities across Ohio. We chose a variety of facility types and focused on facilities that had scored well on previous resident and family satisfaction surveys as well as being judged high quality on the federal Nursing Home Compare website. We felt that at these facilities both residents and families would have high expectations based on their experiences, and that they would know what good care could be. These high-performing facilities set the bar for others in the state, and we wanted the resident and family experience to be reflected in the new tools that we were developing. The following map shows the nursing home locations in blue boxes, and the RCFs in red pointers.

Figure 1. Facility Focus Group Locations



*Note: Boxes are Nursing Home Locations
Pointers are Residential Care Facility Locations*

Forty-seven families participated in six focus groups in urban and rural areas across the state. Thirty-three RCF families participated in four groups, along with 14 nursing home families in two groups. Thirty-three residents participated in five groups—17 nursing home residents in three groups, and 16 RCF residents in two groups. By design, one of the nursing home groups was comprised completely of short-stay residents. Finally, two provider groups were held in Columbus. One group was comprised of RCF administrators, and the second of nursing home administrators—in a few cases the same person participated in both groups as a representative of an organization providing both kinds of care.

Three-quarters (74.5%) of the family participants were women, and all but one were white. Almost two-thirds (63.8%) were adult children of residents. Two years was the median length of stay for their residents, and about 4 in 10 (42.6%) had experience with their resident living in another facility before their current one. None had lived in an institutional setting themselves.

As with families, a majority (84.1%) of residents were women, and all were white. The median length of stay in their facilities was three years. About one-fifth (21.2%) had lived in another facility prior to their current home.

Family focus groups lasted about 90 minutes and resident groups about 60. All groups were facilitated by the same leader with assistance from three different researchers during the course of the study. Groups began by asking participants to describe three or four things that were most important to them about long-term care facilities in general; the things most important to making them satisfied or dissatisfied. This approach was itself person-centered. We did not establish the domains a priori and instead provided a way for participants to tell us what was most important to them. When domains did not emerge naturally in the group, we probed for domains of interest to us from prior surveys, (e.g., choice, staff, environment). When time allowed, a discussion about

different response category option was also included. Resident and family groups proceeded in a similar fashion.

Focus groups were audio-recorded, transcribed, and the content was analyzed and grouped into broad general topics reflective of the domains on the current surveys, as well as specific areas of interest that had previously been found to be important to nursing home families on the earlier survey. New areas of interest were also noted. Topics mentioned most frequently guided the development of items, as well as new areas that we felt would assist in differentiating average facilities from exceptional ones. Our goal was to create questions that reflected some of the highest expectations espoused by these families.

Family findings

First, several notable overall findings should be mentioned. We were surprised by the extent to which issues of greatest concern were similar between nursing home and RCF families and often focused on issues that reflected their desire for their loved ones to have a place they could enjoy spending time and feeling at home. One surprising finding from RCF families was their interest in medical care and health. This is likely a reflection of the increasing impairment levels among RCF/assisted living residents and families talked about how medical needs were a driving factor in moving their family member to residential care.

Despite extensive agreement among the two types of families, there were areas of difference between the two groups. These included a greater interest in outings and getting out of the facility and maintaining wellness and independence among RCF families, and a greater interest in therapy and medical issues among nursing home families. As previously mentioned, both groups focused on choices, enjoyable ways of spending time, meaningful engagement with staff and others, pleasant facility environments, and some of the topics found in previous surveys such as meals and dining. Overall, the groups focused on expectations that were very person-centered, expressing a need for individual choice and decision-making, good relationships with staff, effective communication, and opportunities for meaningful activities in the facility for both residents and families. Our previous surveys focused on different categories of staff such as social workers or administrators, but these families were more focused on what and how things were done rather than the activities of particular staff members. In fact, uncertainty about staff titles appeared to lead to confusion and ambiguity in participant responses, a confusion we worked to avoid in the survey construction.

Family groups showed little consensus regarding response categories, with many indicating that “generally, yes” or “generally, no” were fine while others indicated a desire for answers between yes or no. More choices provide an opportunity to address situations where some staff behave a certain way but others do not, or where sometimes things happen, but other times they do not. Others indicated a preference for expressing things in terms of frequency, such as a range from never to always rather than in terms of yes or no, or agreement or disagreement. Because of the lack of consensus, additional work with response categories will be done in Phase 2 with cognitive interviews with families.

Resident findings

As with families, several notable findings emerged from the resident groups. First, the short-stay nursing home residents had very similar concerns to those of the other resident groups, with several notable exceptions. As expected, they accorded therapy a much greater importance than long-stay residents. They also mentioned wanting more of a hotel experience than a homelike one and had concerns about how their discharge to home would be managed. They suggested that a once-a-year survey didn't make sense for short-stay residents since the input of many residents would not be included. Among both types of residents, relationships with staff and other residents, meaningful use of time, and meaningful activities were all considered important. Medical issues and attentive care were also important to both groups. Food and cleanliness was important to everyone, as was having staff that were present, smiling, and appeared to enjoy their jobs. All the groups mentioned wanting staff to seem happy working there.

Residents in RCFs focused a little more on life outside the facility repeatedly mentioning things like outings and current events. Choice issues were a little less important, largely because choice is a hallmark of assisted living philosophy and care. All of our participating facilities had private rooms where residents made their own choices about rising and going to bed and carrying out their daily routine. RCF residents also mentioned wellness and maintaining their health more often than nursing home residents.

Nursing home residents mentioned privacy issues more often, largely because more of these facilities had semi-private rooms, or these residents required much more personal care. They also talked about titles being different depending on the facility, and a need to focus more on whether things were done, not which positions or departments were getting them done.

Both groups generally liked "yes" or "no" although the RCF residents mentioned wanting more options than the nursing home residents. There was also an issue of things happening some of the time, or things being done by some of the staff and how that nuance could be reflected in the answer categories.

The focus groups provided incredible insights into how these consumers thought about their facility experiences and the things that were valued in these facilities. They helped guide our work in several important ways. First, the idea of removing departmental questions and information about particular categories of people is important. As holistic care is more of a focus, in many facilities everyone pitches in to do whatever is needed. Administrators respond to call lights and aides help out with activities. The second is a focus on the person-centered aspects of care. Attention to preferences and individualized needs, respecting residents and families by responding to their concerns, including them in decisions and helping them feel included in the facility are all important. Finally, these consumers also had expectations of positive relationships with staff. Pleasant greetings, knowing the people who work there, and having the staff appear to enjoy their work were important to their feelings of satisfaction with a facility. These ideas guided much of our work in developing new items and determining others that could be changed or discarded.

Residential care facility and nursing home provider focus groups were held in Columbus after the completion of all the family and resident groups. Provider participants were recruited via the state provider associations, followed by personal appeals from the research staff to corporate offices as well as a convenience sample of providers who had participated in other nursing home studies conducted by Scripps. Five providers participated in the RCF group and 12 providers participated in the nursing home group. Some of the participants were the same in both groups since their organizations provided both nursing home and RCF care. Two of the RCF participants were from for-profit facilities and three were not-for-profit. Nine participants in the nursing home group were not-for-profit and three were from for-profit organizations. Each group lasted about 90 minutes.

Participants in these groups were asked to provide answers to two broad questions. First, what things they strive for to provide high quality care, and second to address what things were important in distinguishing high performing facilities from poor or average facilities. With these questions leading the discussion, the 90-minute groups covered the topics most important to providers as they think about what consumers expect, and what they strive for to be an excellent facility.

Provider findings

We were encouraged by the extent to which the topics suggested by providers mirrored those that families and residents had mentioned in their groups. First, the congruence among all of our participant groups suggested a shared knowledge about what is important for high-quality care. Providers understand the expectations we heard from our consumers, and try to meet them. Second, when we discussed our goal of differentiating the excellent facilities from the average, they fully supported this strategy. We were encouraged to develop items that raised the bar, and omit items where almost every facility scored highly. For example, the items about staff treating residents and families with respect averaged over 90% of respondents answering “always” or “sometimes” in previous surveys. This is such a foundational element of facility care that with a goal of achieving a brief survey, using an item to assess this concept that most facilities meet is no longer warranted. The providers also supported a strategy of trying not to assess things via satisfaction surveys that consumers could view for themselves on a visit to a facility. Such things as whether the facility is homelike and the grounds are well maintained can, and should be, observed during facility visits. These providers supported the development of satisfaction surveys that were focused on activities and actions, not how specific departments or people performed. They focused on relationships, meaningful ways of spending time, and maximizing the potential of their residents. Person-centered practices were reflected in their responses and we were encouraged to provide survey items that reflected such.

Stakeholder input

A last group discussion was held in Columbus to inform stakeholders about the directions our work had taken and to gather input prior to moving towards testing the new tools with respondents. This group consisted of state agency representatives, ombudsman staff, and representatives from all of the industry associations. Participants were asked to respond to two broad questions, first to indicate what approach to the survey would assist us in differentiating the excellent facilities from the average, and what three areas or items they perceived as being most important to be included on the survey. Again, there was a general consensus that supported removing items where the majority of facilities performed highly in an effort to “raise the bar” for excellent performance. These industry and agency representatives also appreciated that there are also certain things that people want to know about—regardless of the fact that there might be little variance, such as mealtimes. This group generally confirmed the topics and approach we were suggesting.

PHASE 2—COGNITIVE INTERVIEWS

Based on input from the focus groups, a list of potential items was created for exploration via cognitive interviews. The interviews were customized to explore issues raised in the family groups and to determine what respondents were thinking about some of our proposed items. RCF families responded to 52 items, nursing home families responded to 45. Resident in RCFs were presented with 59 items, and nursing home residents with 55. The items were designed to first hear how a participant would respond to an item as well as to hear what they were thinking about as they chose an answer. Rather than using an unstructured “think aloud,” respondents were asked specific questions such as “What does meaningful mean to you?” after responding to the question about whether the resident had plenty of activities that were meaningful. Open-ended responses were sought, and a record of the responses was made. Interviewers could check “yes,” “no” or “other answer” and recorded the other answers.

The PI, a Scripps Research Associate, and a graduate assistant recruited 16 participants from three local facilities for cognitive interviews. The 16 participants were RCF family members, RCF residents, NH family members, or NH residents. The PI trained two interviewers in one in-person cognitive interview; they completed the remaining 15 interviews. All interviews were audiotaped and responses to each question were summarized. Each participant’s responses were recorded with a randomly assigned three-digit code that could be tracked across their answers to all questions. For example, all responses from participant 1 were recorded with the same number to enable us to compare responses across multiple questions.

Nursing home family items

In general, many items did not raise any important issues for our participants, so they are not described below. They elicited appropriate responses, and when participants were asked, they could describe the things they were considering to determine their answers.

Nursing home family members generally thought the resident had a good experience moving in; enjoyed the way they spent their time and had plenty of things to do; generally felt the resident received good care and services; felt the facility was clean and that the aides cared about the resident and checked on them. Overall, they also thought meals and menu varieties were adequate; they also felt good about the environment and security at the facility. A few family members had negative comments or concerns in regards to select questions, which are highlighted below.

Individual items

1. What does thorough mean to you? One participant commented that this means complete information, but a large amount of information upon move in is too much, it is overload. They would prefer a sit down meeting to go over things, then debrief later.
2. Does the resident have plenty to do here? Most participants agreed that the resident had plenty to do, but one participant wished the facility had a place for residents to go and watch movies from their era, because many don't enjoy today's TV.
3. Does the resident have something enjoyable to look forward to everyday? Participants agreed that residents do, but were asked if having enough to do is the same as not feeling bored. Three of the four participants thought that these questions mean different things. Participants said "you don't want your day filled with nonsense things, you want it to be filled with meaningful things." And "There are a lot of opportunities and things she can do, but she doesn't always feel like it and sometimes she says she's bored or lonely."
4. Does the resident have plenty of opportunities to do things that are meaningful? Participants talked about the number and types of activities offered at the facility and how they were ample, but weren't sure they were meaningful. When asked what meaningful meant, two participants talked about it meaning something deeper than the simple activities offered and one-on-one contact with the resident.
5. Does the resident have things they enjoy doing on the weekend? Two participants thought the resident had enough to do, in part because family members provide the activity or entertainment. Two participants thought the weekends were slow or dull.
6. Does the resident get a bath or shower often enough? Generally, participants thought the resident got a shower or bath often enough. But one participant commented, "It's only like twice a week. When she lived at home she was bathing every day, so I don't know."
7. Is the food good here? Answers ranged from "it's OK" to "it's very tasty!" When asked about what else is important mealtime, participants said nutrition, balanced meal and diet, the look of the food, and the residents being able to socialize.
8. Is the facility thoroughly cleaned? Participants agreed that the facilities were cleaned and there was no difference between shared and common spaces. When

asked what thorough meant to them, response included being meticulous, having the floors vacuumed, clean sheets, and clean bathrooms.

9. Are there things that are important to you, or that other families should know about when choosing a nursing facility? Comments included: the atmosphere, cleanliness, morale of the staff, and going with what your friends and family recommend.
10. If you wrote comments on a survey, would you or wouldn't you want us to give those comments to the nursing facility? All participants agreed that comments could be sent.

Nursing home resident items

In general, many items did not raise any important issues for our participants, so they are not highlighted below. They elicited appropriate responses, and when participants were asked, they could describe the things they were considering to determine their answers.

Nursing home residents generally thought they had a good experience moving in; enjoyed the way they spent their time and had plenty of things to do; generally felt they received good care and services; felt the facility was clean and that the aides cared about them and checked on them. Overall, they also thought meals and menu varieties were adequate; they also felt good about the environment and security at the facility. A few residents had negative comments or concerns in regards to select questions, which are highlighted below.

Individual items

1. Do you have enough to do here? All participants agreed that they had enough to do. When asked if having enough to do is the same as not being bored, all participants agreed they meant the same thing but liked "do you have enough to do here" better.
2. Are you given plenty of opportunities to do things that are meaningful? All participants agreed they had meaningful things to do. When asked what meaningful meant to them, responses included: something that gives you something to think about and enjoy, bingo, music, and art.
3. Are there things to do on the weekend that you enjoy? Many thought there were things to do, but felt the weekends were dull and activities were not prepared as well.
4. Do you feel confident the staff is knowledgeable about your medical condition(s) and treatment(s)? Participants all agreed that the staff is knowledgeable. When asked who they consider the staff to be, answers included: the one in charge of everything; the girls that come up and down the hall to help you; the main desk.
5. Do the people who work here ever get angry at you? All participants stated that no one gets angry at them. Two of the participants thought this question is very important to ask.

6. Does someone come quickly when you ask for help? All participants agreed that help comes quickly. When asked what quickly means to them, responses were: “within a very short time” and “2-3 minutes.”
7. Do you have input into the food that is served here? One participant wasn’t sure what we meant by input and was unable to answer, one said no, and one said “Well, we have a meeting once a month, we tell them what is going on and what we need but it don’t seem like it ever changes!”
8. Do they have really good food here? Participants agreed the food was good overall. When asked what makes the food good, participants mentioned the temperature of the food and plates, the taste and flavor of the food.
9. Is it extremely clean here? Two participants thought their facility was extremely clean, while one disagreed. He complained of the dirty carpets and silverware. All agreed that common areas and personal areas were equally as clean.
10. Are your belongings safe here? All agreed their belongings were safe. When asked “Do you ever worry about the safety of your things” one participant said, “Well, sometimes, we got some wandering old folks in here.”
11. Do you feel safe and secure here? All participants felt safe. When asked “What makes you feel safe here” one participant asked said “They’re very cautious about if you leave a light on and leave the room, or if you spill something and it’s dangerous, they take care if things right away.”
12. Is there enough space for you to get around in your room? Most participants thought there was, but wished they had bigger rooms. When asked what they were thinking about when answering this question they mentioned things like it’s not too crowded; they let us have our own things in our room; I can open up my chair and stretch out and I can get to my clothes.
13. Are your concerns addressed in a timely way? Two participants thought concerns were addressed timely, however one did not. When asked what timely meant to them they said “Well, being there on time. And if I need something fixed, in a day or two.”
14. Are there things that are important to you, or that other people should know about when choosing a nursing home? Participant responses included: “I could tell them how nice it is, how good the people are. They would be very welcomed and well treated”; “The dining room and the food, being able to move around and do what they want.”
15. If you wrote comments on a survey, would you or wouldn’t you want us to give those comments to the nursing home? Two participants said comments could be sent, one did not want comments sent.

Residential care family items

In general, many items did not raise any important issues for our participants, so they are not described below. They elicited appropriate responses, and when participants were asked, they could describe the things they were considering to determine their answers.

Residential care family members generally thought the resident had a good experience moving in; enjoyed the way they spent their time and had plenty of things to do; generally felt the resident received good care and services; felt the facility was clean and that the aides cared about the resident and checked on them. Overall, they also thought meals and menu varieties were adequate; they also felt good about the environment and security at the facility. A few family members had negative comments or concerns in regards to select questions, which are highlighted below.

Individual items

1. When the resident moved in, were you given thorough information to help you know what to expect? Generally, participants thought yes. But one thought the question was asking “What to expect in what the services provided, that’s what the question implies to me”; while another thought it meant efficiency.
2. Does the resident seem to enjoy the way they spend their time? Overall, participants did not think the resident enjoyed their time. One said at first she did but due to her condition she doesn’t enjoy her time as much anymore.
3. Does the resident have something enjoyable to look forward to everyday? One participant said no, not every day, one thought there was plenty to do, and another did not feel they could give a good answer. When asked if having enough to do is the same as not feeling bored, they did not think so. You can have a long list of activities, but if you don’t like them you will still be bored.
4. Does the resident have access to good transportation to go on errands as often as they choose? Many participants responded that the resident did but only because they took the resident on errands.
5. Does the facility do a good job keeping the resident connected to the world outside of the facility? Two participants had a hard time answering this question. They mentioned that there are TVs in the facility but they are in odd locations and they get the mail and newspaper. Another comment was that the resident’s disease makes it difficult for them to stay connected.
6. Do you think the staff cares about your resident? All participants thought so. One commented about how some residents are favorites but they still get equal treatment.
7. Do you feel confident that someone would come quickly if your resident needed help? One thought no and that quickly was within three minutes. Others thought someone would for sure come quickly.

8. Is the food good here? Two participants thought it was adequate and one did not think it was good. When asked what else about meals are important, she said people should be able to look forward to them and good food.
9. Are the resident's belongings safe here? A number of participants had difficulty answering this. They thought probably but there had been theft here and they had things go missing.
10. Do you feel safe and secure visiting here? Two participants responded yes and another said it depended on the time of day because things had changed and the building is not always secure.
11. Do the people who work here go above and beyond to give your resident a good life here? Participants had mixed responses. One said yes to the nursing staff but no to the management. Another said they didn't think it was above and beyond, it was just their usual activity and one person thought they did.
12. Are there things that are important to you, or that other families should know about when choosing an assisted living facility? Participants said things like looking at the facility as a whole and making sure it's a place where the spouse will be included in decisions.
13. If you wrote comments on a survey, would you or wouldn't you want us to give those comments to the assisted living facility? All participants agreed that comments could be sent.

Residential care resident items

In general, many items did not raise any important issues for our participants, so they are not highlighted below. They elicited appropriate responses, and when participants were asked, they could describe the things they were considering to determine their answers.

Residential care residents generally thought they had a good experience moving in; enjoyed the way they spent their time and had plenty of things to do; generally felt they received good care and services; felt the facility was clean and that the aides cared about them and checked on them. Overall, they also thought meals and menu varieties were adequate; they also felt good about the environment and security at the facility. A few residents had negative comments or concerns in regards to select questions, which are highlighted below.

Individual items

1. Do you have something enjoyable to look forward to every day? Participants responded with yes and no. Comments included that they usually do their own and one person looked forward to meals and games.
2. Do you have enough to do here? Participants had mixed responses here as well, some yes and some no. When asked if having enough to do is the same and not feeling bored, they did not think they were the same and liked the question "do you have enough to do here."

3. Do the people who work here do a good job keeping you connected to the outside world? Two participants thought yes, and two thought no and commented that they have to stay connected via family or on their own.
4. Do you have access to good transportation to go on errands as often as you choose? Most participants said they do but only because they have a family member or friend who takes them.
5. Are you given plenty of opportunities to do things that are meaningful? One participant did not know what was meant by this question and was unable to answer. Others thought it was up to them to find meaningful activities and others thought games or plays were meaningful.
6. Are there things to do on the weekend that you enjoy? Participants had very mixed responses. Some said no, they are very dull and boring, others said there was nothing special, while others said no. One person commented that they have to find their own things to do.
7. Are your preferences about daily routine carried out? Participants weren't sure how to answer this question. When the question was explained they said things like "Everything is scheduled and you have to make your routine around that"; "Well, I have to go to meals at certain times and outside of that I am on my own"; "It starts out that way, but they get rushed along the way, during the afternoon."
8. Do the people who work here ever get angry at you? All participants said no but thought this question was very important.
9. Do you have input into the food that is served here? Many participants said they did not have input and you just have to take what they give you.
10. Do you look forward to the mealtimes here? Some participants said yes and some said no. Those that said no, or it depends on if they are hungry.
11. Do you look forward to the food here? Many participants said yes and no because it depended on how they felt and what was being served.
12. Are there things that are important to you, or that other people should know about when choosing a nursing home? Participant responses included: "They need to ask questions and make sure they would be happy there"; "They should come to an open house"; "Well, they should know that you're safe, well cared for."
13. If you wrote comments on a survey, would you or wouldn't you want us to give those comments to the nursing home? Most participants said yes, the comments could be sent, while one said it would depend on what was written.

These cognitive interviews provided valuable input regarding preferences for wording, as well as providing information about items where everyone agreed and it seemed likely that little variance might occur in a larger sample of facilities. Regarding response choices, common spontaneous responses were overwhelmingly yes, or no. Sometimes the response was qualified with "I think so" or "sometimes," but in general most respondent's first inclination was to respond with yes or no.

PHASE 3—MAILED PRETEST

Based on input from the focus groups, the cognitive interviews, a report from the interviewers who conduct the resident interviews, and data from previous surveys, the research team considered each item that had been included on the cognitive interviews. Items that appeared on all four surveys were reviewed in the context of all four cognitive interview summaries. Because the RCF family survey was the only completely new survey, our original plan provided for a mailed pretest only to RCF families. Because many items were common across all four surveys, and particularly across the two family surveys, we felt that staying with this plan would provide helpful input in refining all of the final survey tools.

A list of testable items—considered to be very close to a final survey—was created. We intentionally included more items than we wanted to include on a final tool to examine how they performed with actual families in a test data collection mode.

A convenience sample of 26 RCFs was recruited to participate. Based on facility census information from the resident interviews in 2015, we anticipated that approximately 1200 residents lived in these facilities. Our goal was to mail surveys to 1000 residents. The process for facility participation was similar to what RCFs will be asked to do in the actual data collection process. That is, compile a list of family members of current residents using an Excel template. They also reported the number of their current residents so that we could examine the rates of residents with available family to be surveyed.

Despite several appeals to facilities for participation only 14 of the 26 facilities submitted their family lists. They submitted a total of 549 family names based on a reported census of 579 residents; surveys were mailed to all families on each list. The proportion of residents who had families on their lists was higher than we had anticipated. Six facilities provided family names for all of their residents, and five provided names for greater than 90% of their residents. One facility provided names for only 56% of their residents; across all facilities the average was 93.7%. Unfortunately our response rates were fairly low; we hope that is due to the fact that this was a testing effort, not actual data collection about these facilities. Rates ranged from 20% to 54.3% with an average of 33.7%. Thirteen surveys were returned by families who removed the facility identifier so we could not identify which facility they were responding about. A 30% response rate was used to project the statewide numbers of surveys needed for our planning purposes.

Frequencies from this test are shown in Table 1 below. These data assisted us in determining items to be dropped from the 53-item survey.

Table 1. Frequencies on Residential Care Facility Family Survey

| Item | Percent Yes | Percent DK/NA |
|--|--------------------|----------------------|
| Moving In | | |
| 1. When the resident moved in were you given thorough information to help you know what to expect? | 90.8 | 3.1 |
| 2. Was the resident given a thorough orientation to life here? | 83.5 | 9.8 |

| Item | Percent Yes | Percent DK/NA |
|--|--------------------|----------------------|
| 3. Did you feel warmly welcomed as a new family member? | 95.9 | 1.0 |
| Spending Time | | |
| 4. Does the resident have plenty to do? | 87.2 | 4.1 |
| 5. Does the resident usually have something to look forward to? | 82.6 | 6.2 |
| 6. Does the facility provide good transportation for your resident to go on errands as often as they choose? | 66.7 | 22.1 |
| 7. Does the facility have enough opportunities for your resident to go on special outings and events? | 84.1 | 9.7 |
| 8. Does the facility do a good job keeping the resident connected to the world outside of the facility? | 68.7 | 14.4 |
| 9. Does the resident have plenty of opportunities to do things that are meaningful? | 82.6 | 7.2 |
| 10. Does the resident like the provided activities? | 74.4 | 7.2 |
| 11. Do you have plenty of opportunities to be involved in the life of the facility? | 82.0 | 10.3 |
| 12. Does the resident have things they enjoy doing on the weekend? | 55.7 | 12.4 |
| Care and Services | | |
| 13. Does the resident get the kind of bath or shower they like? | 84.0 | 10.8 |
| 14. Does the resident get help with a bath or shower often enough? | 67.5 | 24.2 |
| 15. Does this living arrangement help the resident maintain their independence? | 90.8 | 5.6 |
| 16. Are the resident's preferences about daily routine carried out (e.g., times for meals and bath)? | 86.5 | 8.3 |
| 17. Do the staff expect you to provide more help than you want to or are able to provide? (<i>Generally no, is the positive response.</i>) | 81.3 | 5.7 |
| 18. Do you have enough opportunities for input into decisions about your resident's care? | 81.0 | 6.2 |
| Caregivers | | |
| 19. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)? | 92.8 | 2.6 |
| 20. Do the staff know what the resident likes and doesn't like? | 91.8 | 4.6 |
| 21. Do the staff regularly check to see if the resident needs anything? | 83.9 | 9.8 |
| 22. Do the staff encourage your resident to be as independent as they are able to be? | 89.7 | 7.2 |
| 23. Is your resident actively engaged in maintaining their health and wellness? | 74.2 | 4.6 |

| Item | Percent Yes | Percent DK/NA |
|---|--------------------|----------------------|
| 24. Have you gotten to know the staff who care for your resident? | 86.2 | 1.5 |
| 25. Is there too much staff turnover? (<i>Generally no, is the positive response.</i>) | 75.8 | 14.9 |
| 26. Do the staff treat you as a partner in your resident's care? | 87.7 | 4.6 |
| 27. Do you think the staff cares about your resident? | 96.4 | 2.1 |
| 28. Do you feel confident someone would come quickly if your resident needed help? | 94.8 | 1.5 |
| Meals and Dining | | |
| 29. Does the resident get foods they like? | 86.0 | 2.6 |
| 30. Is there a lot of variety on the menus? | 79.3 | 9.3 |
| 31. Are you included in mealtimes if you want to be? | 88.2 | 6.7 |
| 32. Is the food good? | 80.1 | 11.0 |
| Security | | |
| 33. Is the facility very clean? | 99.5 | 0.5 |
| 34. Are the resident's belongings safe? | 93.8 | 2.6 |
| 35. Do you feel safe and secure visiting your resident? | 99.0 | 1.0 |
| 36. Does the resident's clothing get lost or damaged in the laundry? (<i>Generally no, is the positive response.</i>) | 71.4 | 21.4 |
| Environment | | |
| 37. Can the resident get outside often enough? | 79.1 | 8.9 |
| 38. Is this a pleasant place to visit? | 99.0 | 1.0 |
| 39. Do you have a good place to visit privately? | 99.0 | 0.5 |
| 40. Does the facility do a good job making sure residents can hear during activities? | 65.3 | 31.6 |
| Facility Culture | | |
| 41. Are the rules here reasonable? | 96.9 | 1.5 |
| 42. Are you made to feel comfortable speaking up when you have a problem? | 91.1 | 4.7 |
| 43. Are your concerns addressed in a timely way? | 91.1 | 4.2 |
| 44. Do you feel confident that the staff will work to keep your resident in this facility as long as possible? | 93.8 | 2.6 |
| 45. Are you kept well informed about how things are going with your resident? | 86.1 | 3.6 |
| 46. Do you get the assistance you need to make decisions with or about the resident? | 85.5 | 8.8 |
| 47. Do some residents get preferential treatment? (<i>Generally no, is the positive response.</i>) | 51.0 | 45.9 |
| 48. Do the staff seem happy with their work? | 90.7 | 6.2 |
| 49. Do you feel warmly welcomed when you visit (e.g., staff greet you by name, smile)? | 95.9 | 1.0 |
| 50. Do the staff go above and beyond to give your resident a good life? | 87.0 | 7.8 |

| Item | Percent Yes | Percent DK/NA |
|---|--------------------|----------------------|
| 51. Do you feel confident that someone would help your resident with whatever they need if you could not (e.g., things like paperwork, purchasing clothing, making decisions about care)? | 70.5 | 17.6 |
| 52. Do you have peace of mind about the care your resident is getting when you aren't at the facility? | 97.4 | 0.5 |
| 53. Would you highly recommend this care facility to a family member or friend? | 93.3 | 3.6 |

Note: N=198. Answer categories were "Generally, yes" "Generally, No" "Don't Know/Not Applicable."

Many families also provided comments about other things that were important and the survey tool. All of the sources of information—previous family survey data from nursing homes, pretest data, cognitive interview results, focus group information, and interviewer input and resident data from Vital Research informed our decisions about which items to retain, drop, or change. For example, item 36 “Do the resident’s clothes get lost or damaged in the laundry?” is currently on the resident surveys and the nursing home family survey. However, in this survey over one-fifth of our respondents indicated that it didn’t apply. Data from the resident surveys indicated that this item was among the lowest priority for facility improvement given a low relationship with perceived overall facility quality. Lack of relevance from several perspectives—and a history of stagnant statewide performance suggested that this survey item no longer meet Ohio’s needs and should be dropped. A similar process was conducted for each of the items on each of the cognitive interviews.

The pretest data provided guidance for the family surveys in both RCFs and nursing homes, and our assumptions about determining whether items had relevance for all groups assisted in determining which items should be asked across all four surveys, when possible. Focus groups, cognitive interviews, and input from the resident interviewers about the resident interviews also provided guidance. A final meeting with the Ohio Department of Aging made additional final corrections. The final recommended list of items for all four surveys is shown in Table 2. Shaded items are those that appeared on the previous surveys.

The domains that appear in the table are conceptually created and have not been verified by data analysis. Statewide data will be used to examine domain structures and internal domain reliability before reporting statewide scores on the consumer guide.

Table 2. Domains and Items for All Facility Surveys

| NF Residents | NF Families | RCF Residents | RCF Families |
|---|---|--|---|
| Moving In | | | |
| 1. Do you remember what it was like when you first moved in here? (If no, skip to spending time.) | 1. When the resident moved in, were you given thorough information to help you know what to expect? | 1. Do you remember what it was like when you first moved in here? (If no, skip to spending time.) | 1. When the resident moved in, were you given thorough information to help you know what to expect? |
| 2. Were you given enough help to learn how things are done here? | 2. Was the resident given a thorough orientation to the nursing home? | 2. Were you given enough help to learn how things are done here? | 2. Was the resident given a thorough orientation to residential care? |
| 3. Did you feel warmly welcomed as a new resident? | 3. Did you feel warmly welcomed as a new family member? | 3. Did you feel warmly welcomed as a new resident? | 3. Did you feel warmly welcomed as a new family member? |
| Spending Time | | | |
| 4. Do you usually enjoy how you spend your time? (NCI topic) | | 4. Do you usually enjoy how you spend your time? (NCI topic) | |
| 5. Do you usually have something enjoyable to look forward to every day? | 4. Does the resident have something enjoyable to look forward to most days? | 5. Do you usually have something enjoyable to look forward to every day? | 4. Does the resident have something enjoyable to look forward to most days? |
| 6. Do the staff do a good job keeping you connected to the community? | 5. Do the staff do a good job keeping the resident connected to the community? | 6. Do the staff do a good job keeping you connected to the community? | 5. Do the staff do a good job keeping the resident connected to the community? |
| 7. Are you given plenty of opportunities to do things that are meaningful to you? | 6. Does the resident have plenty of opportunities to do things that are meaningful to them? | 7. Are you given plenty of opportunities to do things that are meaningful to you? | 6. Does the resident have plenty of opportunities to do things that are meaningful to them? |
| | | 8. Does this residential care facility provide enough opportunities to go on outings and special events? | 7. Does the residential care facility provide enough opportunities for your resident to go on special outings and events? |
| 8. Do you like the provided activities? | 7. Does the resident like the provided activities? | 9. Do you like the provided activities? | 8. Does the resident like the provided activities? |

| <i>NF Residents</i> | <i>NF Families</i> | <i>RCF Residents</i> | <i>RCF Families</i> |
|--|--|---|---|
| 9. Do you spend too much time waiting for things (e.g., activities to begin, meals to be served)? | | 10. Do you spend too much time waiting for things (e.g., activities to begin, meals to be served)? | |
| 10. Does the nursing home provide things to do on the weekend that you enjoy? (MN) | 8. Does the facility provide things the resident enjoys doing on the weekend? | 11. Does the facility provide things to do on the weekend that you enjoy? (MN) | 9. Does the facility provide things the resident enjoys doing on the weekend? |
| | 9. Do you have plenty of opportunities to be involved in the nursing home? | | 10. Do you have plenty of opportunities to be involved in the residential care facility? |
| <i>Care and Services</i> | | | |
| 11. Does the staff give you enough time to do things you want to do for yourself (e.g., getting dressed, grooming, and walking)? | | | |
| 12. Are your preferences about daily routines carried out (e.g., time and place for meals and time and type of bath)? | 10. Are the resident's preferences about daily routine carried out (e.g., time and place for meals and time and type of bath)? | 12. Are your preferences about daily routines carried out (e.g., time and place for meals and time and type of bath)? | |
| | | 13. Does this living arrangement help you to be as independent as you want to be? | 11. Does this living arrangement help the resident maintain their independence? |
| | 11. Do you have enough opportunities for input into decisions about your resident's care? | | 12. Do you have enough opportunities for input into decisions about your resident's care? |
| | 12. Do you get enough information to make decisions with or about your resident? | | 13. Do you get enough information to make decisions with or about your resident? |

| NF Residents | NF Families | RCF Residents | RCF Families |
|---|--|--|--|
| 13. Have you gotten or are you getting special therapies, like physical therapy, occupational therapy or speech therapy, while living at this nursing home (if no, skip to caregivers)? | | 14. Have you gotten or are you getting special therapies, like physical therapy, occupational therapy or speech therapy, while living at this RCF (if no, skip to caregivers)? | |
| 14. Did the therapists help you set goals? | | 15. Did the therapists help you set goals? | |
| 15. Did the therapy help you meet your goals? | | 16. Did the therapy help you meet your goals? | |
| 16. Did (Do) you know who to speak to about your therapy progress? | | 17. Did (Do) you know who to speak to about your therapy progress? | |
| NEW DOMAIN--Caregivers | | | |
| 17. Do you feel confident the staff is knowledgeable about your medical conditions and treatments? | 13. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)? | 18. Do you feel confident the staff is knowledgeable about your medical condition(s) and treatment(s)? | 14. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)? |
| 18. Do the staff know what you like and don't like? (MN) | 14. Do the staff know what the resident likes and doesn't like? | 19. Do the staff know what you like and don't like? (MN) | 15. Do the staff know what the resident likes and doesn't like? |
| 19. Do the staff regularly check on you to see if you need anything?* | 15. Do the staff regularly check to see if the resident needs anything?* | 20. Do the staff regularly check on you to see if you need anything?* | 16. Do the staff regularly check to see if the resident needs anything?* |
| 20. Do the people who care for you treat you gently? (MN) | | | |
| | 16. Have you gotten to know the staff who care for your resident? | | 17. Have you gotten to know the staff who care for your resident? |
| | | 21. Do the staff encourage you to be as independent as you are able to be? | 18. Do the staff encourage your resident to be as independent as they are able to be? |
| 21. Do the people who care for you do things the way you want them done? (NCI) | | 22. Do the people who care for you do things the way you want them done? (NCI) | |

| NF Residents | NF Families | RCF Residents | RCF Families |
|---|---|---|---|
| | | 23. Are you given opportunities to actively engage in maintaining your health and wellness? | |
| 22. Does the staff come quickly anytime you call or ask for help? | 17. Does staff come quickly anytime your resident needs help? | 24. Do you feel confident staff would come quickly anytime you needed help? | 19. Do you feel confident staff would come quickly anytime your resident needed help? |
| 23. Do the staff ever get angry with you? (MN) | | 25. Do the staff ever get angry with you? (MN) | |
| 24. Do the people who care for you explain your care and services to you? | | 26. Do the people who care for you explain your care and services to you? | |
| 25. Do the same people take care of you most of the time? | | 27. Do the same people take care of you most of the time? | |
| Meals and Dining | | | |
| 26. Can you get the foods you like? | | 28. Can you get the foods you like? | |
| 27. Is there a lot of variety in the meals? | 18. Is there a lot of variety in the meals? | 29. Is there a lot of variety in the meals? | 20. Is there a lot of variety in the meals? |
| 28. Do you have input into the food that is served? | | 30. Do you have input into the food that is served? | |
| | 19. Are you included in mealtimes if you want to be? | | 21. Are you included in mealtimes if you want to be? |
| 29. Do they serve really good food here? | 20. Is the food good? | 31. Do they serve really good food here? | 22. Is the food good? |
| 30. Do you look forward to mealtimes? (MN) | | 32. Do you look forward to mealtimes? (MN) | |
| Environment | | | |
| 31. Is it thoroughly clean here? | 21. Is the nursing home thoroughly clean? | 33. Is it thoroughly clean here? | 23. Is the residential care facility thoroughly clean? |
| 32. Can you enjoy the outdoors when you want to? | 22. Can the resident get outside often enough? | 34. Can you enjoy the outdoors when you want to? | 24. Can the resident get outside often enough? |
| 33. Is there enough space for you to get around in your room? | | 35. Is there enough space for you to get around in your room or apartment? | |

| NF Residents | NF Families | RCF Residents | RCF Families |
|--|--|--|--|
| 34. Are your belongings safe? | 23. Are the resident's belongings safe? | 36. Are your belongings safe? | 25. Are the resident's belongings safe? |
| 35. Do you feel safe and secure? | | 37. Do you feel safe and secure? | |
| 36. Do you feel that you have enough privacy? | 24. Do you have a good place to visit privately? | 38. Do you feel that you have enough privacy? | |
| 37. Can you find a place to be alone when you want to be alone? | | 39. Can you find a place to be alone when you want to be alone? | |
| Facility Culture | | | |
| 38. Are you encouraged to speak up when you have a problem? | 25. Are you encouraged to speak up when you have a problem? | 40. Are you encouraged to speak up when you have a problem? | 26. Are you encouraged to speak up when you have a problem? |
| 39. Are your concerns addressed in a timely way? | 26. Are your concerns addressed in a timely way? | 41. Are your concerns addressed in a timely way? | 27. Are your concerns addressed in a timely way? |
| 40. Are you engaged in decisions about your care? | | 42. Are you engaged in decisions about your care? | |
| | 27. Are you kept well informed about how things are going with your resident? | | 28. Are you kept well informed about how things are going with your resident? |
| 41. Do the staff seem happy to work here? | 28. Do the staff seem happy to work at the nursing home? | 43. Do the staff seem happy to work here? | 29. Do the staff seem happy to work at the residential care facility? |
| 42. Do the people who work here know who you are as a person? (MN) | | 43. Do the people who work here know who you are as a person? (MN) | |
| 44. Do the people who work here go above and beyond to give you a good life? | 29. Do the staff go above and beyond to give your resident a good life? | 44. Do the people who work here go above and beyond to give you a good life? | 30. Do the staff go above and beyond to give your resident a good life? |
| | 30. Do you feel confident that staff would help your resident beyond their personal care needs if you could not? (e.g., things like paperwork, purchasing clothing)? | | 31. Do you feel confident that staff would help your resident beyond their personal care needs if you could not? (e.g., things like paperwork, purchasing clothing)? |
| 45. Do you feel included in life here? | | 45. Do you feel included in life here? | |

| <i>NF Residents</i> | <i>NF Families</i> | <i>RCF Residents</i> | <i>RCF Families</i> |
|--|--|---|---|
| | 31. Do you have peace of mind about the care your resident is getting when you aren't at the nursing home? | | 32. Do you have peace of mind about the care your resident is getting when you aren't at the residential care facility? |
| 46. Do you think of anyone who lives here as a friend? | | 46. Do you think of anyone who lives here as a friend? | |
| 47. Would you highly recommend this nursing home to a family member or friend? | 32. Would you highly recommend this care facility to a family member or friend? | 47. Would you highly recommend this care facility to a family member or friend? | 33. Would you highly recommend this residential care facility to a family member or friend? |

Note: Shaded items appeared in a similar form on the previous family surveys.
 *Previously asked as "...check on the resident to see if he/she is comfortable?"
 Items labeled MN and NCI are comparable to items on the Minnesota and National Care Indicators Surveys.

RESPONSE CATEGORIES

Comments about the response categories of “generally, yes” and “generally, no” were common. Although family members in groups and cognitive interviews had indicated that the broad yes or no categories were acceptable, that was less true once families were responding on the written survey form. This brought up two areas of concern.

- 1) Concerns about compatible scoring strategies so that resident scores and family scores could be interpreted in a similar way.
- 2) Concerns about families feeling frustrated and recording non-usable answers. In the pretest some families wrote in “sometimes” or “usually” between the yes or no responses. Since this was not a reportable answer, their response was lost.

We considered several strategies to address this concern. The simplest was to leave the response categories at “Generally, yes” and “Generally, no” and emphasize in the instructions that they should choose the category closest to their opinion, and remind them that written in answers could not be counted. The second option was to consider other categories. Because we felt many survey respondents might ignore the instructions, we did not want to rely on that solution.

First, we re-examined response categories widely used in other similar satisfaction surveys. The nursing home Customer Assessment of Health Providers and Services—rigorously developed and tested—uses the response categories, “Never,” “Sometimes,” “Usually,” and “Always.” This solution is similar to our previous responses of “Always,” “Sometimes,” “Hardly Ever,” “Never,” and actually represents an improvement. Previous family respondents often indicated that they wanted a response that was greater than sometimes, but less than always—usually provides this solution. We also wanted to avoid a five-category response option because of tendencies to often opt to the middle or neutral ground when making a difficult assessment. Second, we looked at categories that closely mirror the “Yes” or “No” responses we had determined would be used in

the resident surveys. “Definitely yes,” “Probably yes,” “Probably no,” and “Definitely no” were a reasonable option.

We conducted small, informal polls among our colleagues at ODA and Scripps Gerontology Center asking several of the survey questions and asking them to choose answers from each of the two options, and then think about which was easiest for them. ODA staff preferred the “Never-Always” choices and Scripps Gerontology Center staff were split, with one staff member preferring the “Never-Always” and the three others preferring “Definitely yes-Definitely no.” Concerns about scoring and interpretation were generally what led to the preference for “Definitely yes-Definitely no.”

Next, we conducted a small interview study with five participants. We asked each of the 34 interview questions offering the “Never-Always” response choices. We repeated the interview offering the “Definitely no-Definitely yes” choices. Given that our previous surveys were skewed to the positive and often lacked variance, we felt that the preferable response categories would be those that showed more negative response choices, and increased variance.

From these few interviews we first examined responses to individual items with each set of response categories. “Always-Never” found 12 of 34 items with a standard deviation greater than one while “Definitely no-Definitely yes” found 18 items with a standard deviation greater than one. From the 34 items, eight were answered using the full range of response from “Always” to “Never.” Using “Definitely no-Definitely yes,” 14 items were answered using the full range of responses. Across all five respondents and 34 items, “Always” was chosen 477 times, and “Definitely yes” was chosen 470. While the least positive response was chosen far less often than the most positive, “Definitely no” was chosen 29 times and “Never” was chosen 22. It appears that the “Definitely no-Definitely yes” items provide more variance and the most positive response is chosen slightly less often and the most negative response is chosen slightly more often. To compare overall scores, the items were scored with a value of one given to “No, definitely” or “Never” and a four given to “Yes, definitely,” or “Always.” When survey items were summed to create a composite score, the mean score using “Never-Always” was 95.4 with a standard deviation of 14.9. Scores ranged from 69-104. “Definitely no-Definitely yes” responses resulted in a mean score of 94, with a range from 71-112; standard deviation 14.7. The “Definitely no-Definitely yes” responses provided slightly lower overall scores and greater variance.

In contradiction to the analytical evidence that makes a case for using “Definitely no-Definitely yes,” the respondents generally expressed a preference for the “Never-Always” responses. However, the interviewer noted that neither set of responses posed undue problems for the respondents. There are also several questions for which frequency responses are not appropriate and the “Definitely no-Definitely yes” answers might best be used for those sections anyway. Based on this final evidence, as well as greater comparability between the resident and family responses we recommend using the response categories “definitely no, probably no, probably yes, and definitely yes.” Answers to the probably yes and definitely yes can be summed or averaged to provide a family perspective that is comparable to the resident perspective of “Generally, yes.”

FINAL STEPS

Statewide administration will provide enough data to address the final steps remaining in tool development. The first step is considering different strategies for scoring. Examples include averaging the two “yes” categories or counting only the “definitely yes” category and calculating an overall facility score based on the number of yes responses out of all items answered.

Confirmatory factor analysis should be performed to examine the structure of the domains, and the items to be included in each. Internal reliability using Cronbach’s alpha should be examined for both family surveys, and where items appear problematic they may need to be dropped from calculations of overall facility scores.

Calls to the survey helpline will be logged and comments regarding items and the surveys overall will be used to refine the resident surveys prior to implementation in 2017. If the budget allows, a behavioral coding process of observing interviews with residents should be undertaken prior to survey administration. This process allows for wording to be refined so that interviewers find the questions easy to read, and residents hear the words and understand the questions.

One remaining area of concern is also what to call these surveys as we move forward. Since satisfaction is not being directly assessed, it seems that a better name for the process could be found. ODA staff expressed interest in considering new names. Some ideas to consider include Family Assessment of the Care Experience (FACE), Family Assessment of Care (FAC), Family Experience with RCF or Nursing Home Care, or other similar terms. This topic will be revisited as we move forward with reporting and making changes to the consumer guide.