



Maryland Nursing Home Family Survey

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User Group Meeting
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Maryland Nursing Home Family Survey

- I. Development and Evolution
- II. Content/format of survey
- III. Methodology
- IV. Results
- V. Lessons learned

Goals of Maryland Family Survey

- Subjective measurement of nursing home care and quality of life for public reporting
- Comparative performance information for consumers engaged in a due diligence review
- Identify facilities exhibiting good performance
- Identify facility-specific opportunities for improvement

I. Development and Evolution

Development Chronology

- Legislation authorized among other requirements
“soliciting performance information from family and residents...”
- In 2003 a study was funded to assess the nursing home satisfaction landscape. The report “Maryland Nursing Home Consumer Satisfaction- Recommendations” was released in March 2004
 - Literature Review
 - Identified core domains of interest to consumers
 - Identified several surveys under development or in early use
 - Identified criteria for selecting a tool

Development Chronology (cont)

- September - November 2005 – conducted a pilot survey
 - Utilized a survey instrument developed by Rutgers University
- March 2006 - statewide meeting held with nursing home administrators and industry representatives to distribute results to nursing homes, explain results, answer questions, and discuss implications for current and future public reports
- April 2006 - public report of statewide aggregate results released to the media and placed on the Commission website

Development Chronology (cont)

- July 2006 - comprehensive staff review of comments from the contractor, from respondents to the survey, and feedback from the nursing home provider meeting
- July 2006 – nursing home industry representatives offer to administer a survey on behalf of the Commission using their preferred proprietary survey instrument
- August 2006 - established a Long Term Care Advisory Committee to provide feedback on the family survey and a variety of other LTC issues

Diverse Advisory Committee Representation

20 members with expertise in Long Term Care

13 community representatives

- Assisted Living
- Consumer
- Family Caregivers
- Home Health Agency
- LifeSpan and Health Facilities Association of Maryland
- Prevention & treatment (Alzheimer's Association)
- Senior advocacy (AARP, United Seniors)

7 State agency representatives

- Aging
- Disabilities
- Health Department (Medicaid, Licensing, Survey and Certification)
- Housing & Community Development
- Transportation
- Social Services

Development Chronology (cont)

- Spring 2007 - convened a work group to consider revisions to the survey instrument based on results, recent experience, and feedback
 - nursing home administrator, nursing home industry representatives, CAHPS team, and a Commission board member
 - considered surveys in use or under development: NHCAHPS, proprietary surveys, Maryland pilot survey

- September-November 2007- survey administered using revised survey instrument

- January 2008 - facility specific results released to media and posted on the Commission website (*No statewide meeting requested or necessary*)

Development Chronology (cont)

- July 2008 - again convened work group to review each question for appropriateness and clarity
- July 2008 - external review by CAHPS team for potential proxy questions
- September 17 – November 14, 2008 – revised survey administered
- December 2008 – results due from contractor

Survey Instrument Revisions

Survey has been modified each year based on:

- Aggregate survey responses
- CAHPS Team feedback
- comments from end users:
 - families
 - nursing home industry representatives
 - advocates
 - state agencies
 - media

II. Content and Format of Survey

Domains Assessed

- Administrative and personal care staff
- Physical environment
- Activities
- Personal care services
- Food and meals
- Residents' personal rights
- Overall rating

Survey Format/Content

2006	2007	2008
Satisfaction-focused questions	Experience-focused questions	Experience-focused questions
	Screening questions/Skip patterns	Revised skip patterns to minimize confusion; combined screening questions
5 point scale	4 point scale; 10 point scale	4 point scale; 10 point scale
Response choices: negative →positive	Response choices: positive →negative	Response choices: positive →negative
Open ended comments	No open ended comments	No open ended comments
Comments to improve survey	Comments to improve survey	Comments to improve survey
Gender, age, race/ethnicity, education questions	Questions about power of attorney, legal guardianship	Removed questions about power of attorney, legal guardianship

Comparison - number of survey items					
	Maryland Survey			NHCAHPS	Proprietary
Number of Questions by Domain	2006	2007	2008	Family Member Survey	Industry developed
Domain					
Staff & administration	16	6	4	6	9
Physical environment	8	4	2	2	1
Activities	5	7	2	0	3
Personal care	5	16	12	13	3
Food & meals	4	9	2	4	2
Personal Rights	5	3	2	0	2
Overall rating	11	3	2	3	2
Open ended comments	yes	no	no	yes	no
About resident & respondent	10	8	5	18	6
Other	0	2	3	8	3
TOTAL	64	58	34	54	31

Current Survey in Use

- Reduction in number of questions (from 64 to 34)
- Experience focused questions
- Negatively worded questions eliminated
- Skip patterns eliminated
- Potential proxy questions removed
- Some screening questions collapsed into a rating question
- No open ended comments

Examples of Questions Deleted

- Staff get along and work well together” - *too subjective*
- “Is there enough staff on during all shifts to provide sufficient help?” – *visitors do not observe all shifts (potential proxy question)*
- How many times in the last 6 months were you unable to get requested information about the resident within 48 hours? - *negatively worded, infers that there were occurrences. Changed to: “Were there any times in the last six months.....?”*

III. Methodology

Methodology

All licensed nursing homes (237) are required to provide responsible party information

Respondent pool:

17,000 -21,000 potential respondents

Transitional units associated with acute care facilities do not have residents in respondent pool

Methodology (cont)

Exclusions:

- Resident stay of less than 30 days 2006
- Resident stay of less than 90 days 2007*
- Respondent own responsible party or responsible party address is a nursing home

*The change in resident exclusion criteria resulted in 4,000 fewer surveys mailed in 2007

Methodology (cont)

Administration Protocol:

- Request lists of responsible parties from nursing homes
- Mail survey to all eligible potential respondents
- Reminder postcard
- Second survey mailed
- Follow up phone call targeted to facilities with lowest response rates (4,954 calls) – 50% response rate minimum threshold (58% in 2007)
- Mail another survey if needed

Response time: 10 weeks from early– mid September to mid–November

Public report:

Statewide results reported in 2006

- Statewide meeting held to discuss results with industry and calm understandable concerns about the future

Facility-specific results reported in 2007

- Four week facility review period prior to public release
 - Less than 10 inquires for clarification-no complaints
- Press release announced availability of facility specific results and summarized overall aggregate performance
- Consumer phone requests for those without internet access are handled by staff
- Significant traffic increase on nursing home web site

IV. Results

Survey Results

Nursing Home Family Satisfaction Pilot 2006								
	Overall Satisfaction	Overall Rating of Care	Staff and Administration	Care Provided	Food & Meals	Activities Available	Autonomy & Resident Rights	Physical Aspects of the Home
Explanation of rating: higher numbers are better	1-5 scale	1-5 scale	1-5 scale	1-5 scale	1-5 scale	1-5 scale	1-5 scale	1-5 scale
Statewide Results	4.0	4.0	4.0	3.9	3.8	3.7	3.9	4.0

Survey Results

2007 Nursing Home Family Survey Results										
	Overall Satisfaction 1-10 Scale	Overall Rating of Care 1-10 Scale	Would you recommend	Staff and Administration	Care Provided to Residents	Assistance During Mealtime	Quality and Variety of Food	Activities Available to Residents	Autonomy & Resident Rights	Physical Aspects of the Nursing Home
Explanation of rating: higher numbers are better	1-10 scale	1-10 scale	% Yes	1-4 scale	1-4 scale	1-4 scale	1-4 scale	1-4 scale	1-4 scale	1-4 scale
Statewide Results	8.1	8.2	88%	3.5	3.4	3.5	3.0	3.2	3.1	3.3

Respondent Profile

Pilot Survey

Typical respondent
89% Family member

Reported visiting the resident
15% daily
35% several times a week
23% weekly
12% several times a month

2007 Survey

Typical respondent
83% family member

Visitation during the **past 6 months**
67% twenty times plus
12% eleven to twenty times
9% six to ten times
8% two to five times
3% did not visit or visited only once

Resident information

Pilot Survey

- 71% of residents resided in the nursing home more than one year
- 51% of the 71% resided in the nursing home more than 2 years

2007 Survey

- 79% of residents resided in the nursing home more than one year
- 53% of the 79% resided in the nursing home more than 2 years

Open ended comments 2007 survey

- 130 comments accounting for nearly 16% of written responses suggested “Add space for open ended comments about the nursing home”
- The remainder of the comments suggested adding questions in specific areas such as
 - staffing adequacy, staff responsiveness
 - specific staff type i.e. physician, PT

Maryland Survey Administration Cost

Cost of Survey Administration	2006 Pilot	2007	2008
Cost per nursing home	\$ 1,256	\$ 1,099	\$ 1,072
Cost per completed survey	\$ 26	\$ 26	

V. Lessons Learned

Lessons Learned

- Recognize the general fear of the unknown
- Operate under the principle of no surprises
- Communicate, communicate, communicate
- Involve all stakeholders from the beginning using a true collaborative approach
- Nursing Home industry associations can be willing and valuable partners in the development, evaluation and enhancement process

Lessons Learned (cont)

- CAHPS and AHRQ can be invaluable partners in development and subsequent review and feedback
- Be very articulate about the anonymity of responders
- Be sensitive to the variety of corporate structures determining who has information and who can release information and how long it might take
- HIPPA is complex and not well understood and is either perceived as a barrier or can be used as a potential barrier

