



**Special Topics Track:
Update on CAHPS Nursing Home Surveys**

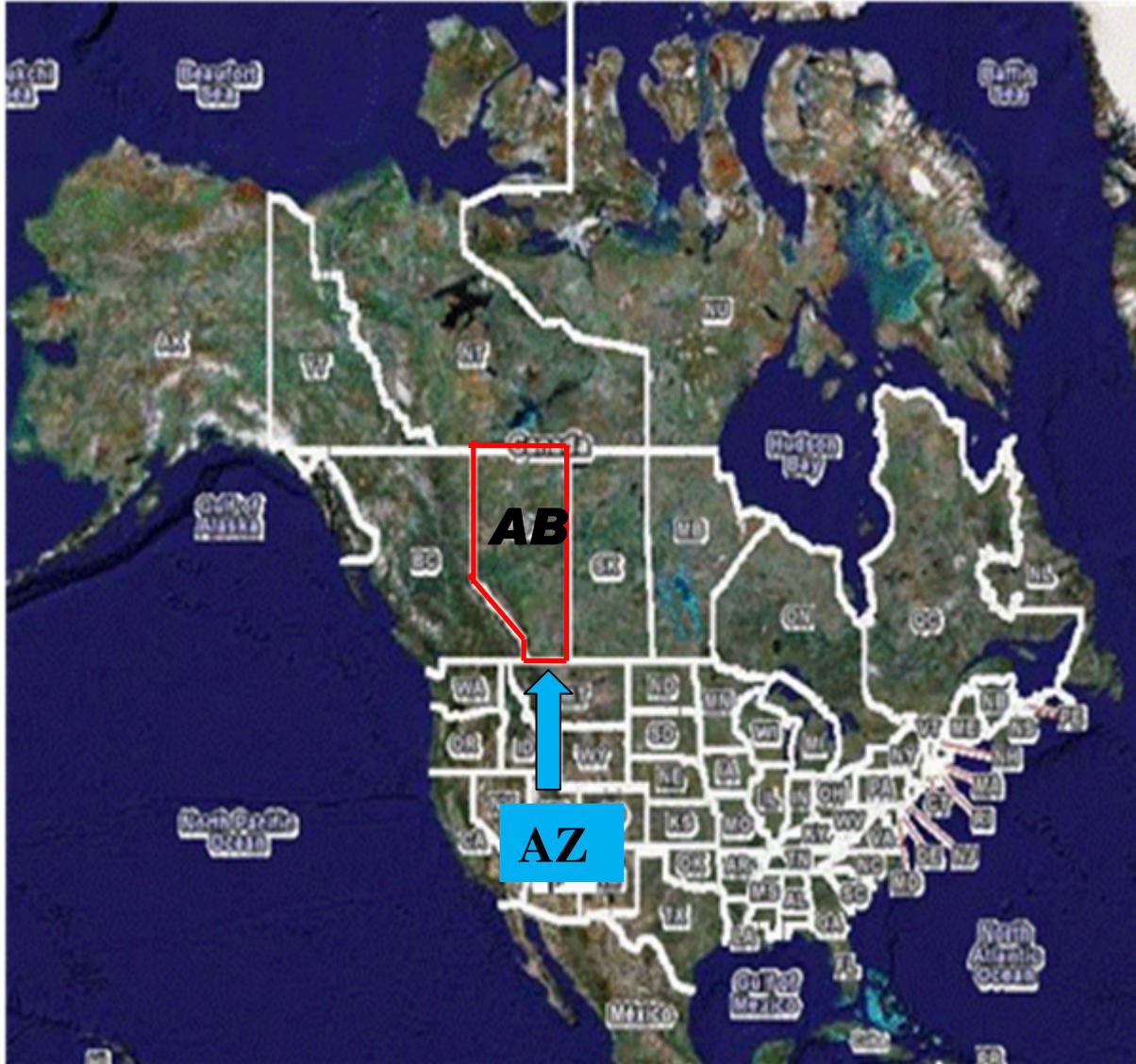
**Provincial Surveys of 173 nursing homes
Alberta, Canada**

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Province of Alberta (255,541 square miles)



Location:

1000 miles
straight north

Home of:

Banff and Waterton
National Parks
Great Skiing / Hiking

The Calgary Flames
The Edmonton Oilers

Wheat, wind energy
and oil



Who is HQCA?

Health Quality Council of Alberta

“An independent government funded organization with a legislated mandate to promote and improve health service quality and safety across Alberta”



Alberta Nursing Home Environment



Population
3,385,000.

Population >70 years
167,000.

Nursing Home Beds
14,500.

Nursing Homes
200.



Nursing home care in Alberta

- Facility ownership and operation is a mix of:
 - Public
 - Private (for profit)
 - “Voluntary”
(Faith or charity run)
 - **Health Care is publicly funded in all facilities**
- Accommodation and meals are paid for by the resident or family
 - Standard rates
 - \$1,650. / month (Cdn.) for a private room (Nov 2008)
 - Social assistance is provided when a resident doesn't have resources
- Transitions in care delivery systems
 - Increased focus on aging in place (in the community)
 - Lower needs residents moving to DAL (Designated Assisted Living)
 - Increasing level of need for remaining Nursing Home Residents



Context of our survey initiative

- Auditor General's report on Seniors Care and Programs
- Member of Legislative Assembly (MLA) Task Force
- Continuing Care Health Service Standards (new standards)
- Mandatory province wide implementation of MDS data set
- Extensive research initiative examining Long Term Care and Assisted Living
- Selected by provider stakeholders as top priority for extensive site level survey of clients (residents and family)

➤ ***ATTENTION ON LONG TERM CARE (Nursing Homes)***



Survey Objectives

- **Provide actionable information for providers and facilities**
 - improve the quality of resident care and services
 - improve aspects of resident quality of life
 - identify areas and priorities for improvement
- **Help facilities to meet the**
Alberta Continuing Care Health Service Standards
 - Surveys required every 2 years
- **Obtain standardized and comparable data across the province**
- **Provide a baseline before implementation of new initiatives**



Overview of initiative

- Provincial working group
 - Represented a balance of expertise, experience and geographic regions
 - Evaluated scope of initiative
 - Selected instruments and advised on process
- Survey tools: CAHPS Nursing Home Survey Instruments
(Family Member and Resident Instruments)
- Pilot study:
 - Conducted in 2006 in 14 nursing homes from 6 health regions
 - Contributed to CAHPS field testing (comparable data)
- Data collection period for full survey:
 - Family - October 2007 to January 2008.
 - Resident – May to September 2007
- 173 Facilities participated / results being released Dec/07



Logistics:

How we completed this initiative



Challenges

- Resident survey requires face to face interview
 - High cost per interview
 - Only 30 % of residents capable (screening a challenge)
- Mix of facility sizes and types
 - Many very small – small sample sizes
 - Both urban and rural locations
 - Multiple owners and stakeholders
- Facilities lie within a huge geographic area
 - Travel and accommodation a significant factor and cost
- Electronic data not readily available
 - Patient characteristics and cognitive capacity rated by facilities
 - Contact information (family survey) collected on paper and entered
 - Data management and security issues



1. Comprehensive pilot study

- Tool validation and testing in our populations
- Evaluate and refine survey methods
- Develop training processes for interviewers
- Develop and refine management processes
- Project costs for full scale provincial survey

- Sufficient lead time with various stakeholders
- Assess acceptability and reporting sensitivities

VERY IMPORTANT STEP

- Added 1 year to the process

2. Student Interview Team

- Education backgrounds: healthcare, social work, social science
- 14 students total
 - 1 project manager with ad hoc admin assistance
 - 3 regional coordinators / interviewers
 - 10 interviewers (all have administrative work)
- Intensive 2 week training and orientation process
 - Carol Cosenza's training manual developed for CAHPS / AHRQ
 - Education about dementia and other conditions
 - Orientation to population and facilities
 - Interview instruction, practice, and coaching
 - Procedures training
 - Consolidated training and procedures manual



3. Management and business processes

- Student teams organized into 3 regional hubs
 - **Coordinator of each hub to:**
 - Supervise and evaluate interview quality
 - Schedule and communication with facilities
 - Collect survey forms and admin materials
 - **Collect family contact data (usually paper)**
 - Book travel and accommodation
 - Liaise with and direction from the project manager
 - Personnel issues arising
 - **Interviewers to**
 - Complete high quality interviews
 - Manage own interview list, data, and expenses



4. *Regional Health Authority and facility staff roles*

- Regional liaison (for each of 9 “regional health authorities”)
 - Support and communication at regional level
 - Communication with facilities
 - All regions made participation mandatory
 - Handled significant quality complaints

- Site liaison (each site)
 - Scheduling
 - Resident Data
 - Assessment of resident capacity to do interview
 - Risk issues
 - Family contact data
 - On site orientation and support for interview team
 - Trouble shooting

5. Data capture

- Data entry of family contact information
 - Ad Hoc admin assistance (HQCA office staff)
 - Continued after resident survey was complete
 - big job – most of data on paper
 - Update family contact information to reflect changes (phone / email)
 - Family survey undertaken after completion of resident survey
 - Resident survey finished before the family survey
 - interview team collected family contact information
- Data entry of survey data (Resident Survey)
 - Data recorded on scanned forms
 - RFP issued for data capture
 - Undertaken by survey vendor (winning proposal)



6. Family Survey Process

- RFP for mail survey
 - Protocol and expected response rates determined by pilot
 - RFP for mail survey, analysis, and reporting
 - Analysis and reporting collaborative with HQCA staff
- RFP for resident survey analysis and reporting
 - Added as additional component for consistency
 - Same Vendor
 - Collaborative process with HQCA staff



Two levels

- Reporting to the public
 - Focus is on high level results (snapshot of province)
 - Written for the public
 - Professional graphics and production
- Reporting to providers and managers
 - Detailed facility level reporting
 - Information to help providers improve quality
 - Made public - but not primary audience

Note: In the short term, especially for urgent need, families and residents do not usually have much choice over the nursing home.



Resident and family survey report sets (2) include:

- Full technical report contains:
 - Provincial level results.
 - Regional Health Authority (RHA) level results.
 - Full technical details

- Facility specific reports contain:
 - Results for each survey question compared to the regional and provincial average.
 - Results for each question by quartile.
 - Facility specific comments analysis.



Problems we experienced

- Family Contact Data
 - Paper based – had to be supported by interviewers
 - Delayed family survey (different time frame)
 - Should have hired full time admin support person
- Timely Reporting (1 year lag - not good enough)
 - Resolving analytical and reporting challenges
 - Probably should have refined this in the pilot
 - The scale of the full initiative was larger than expected
 - Producing 2 X 173 facility specific reports + technical reports
- Working with a third party vendor for analysis and reporting
 - Distance communication issues
 - Doing analysis and reporting internally would not have been much more work or cost.



Selected Results: Family Survey



Response Rate (Family Survey)

Total long term care beds in province at time of survey	14,500
Total beds participating in the survey	14,230
Total mailed surveys	11,311
Completed surveys (paper and on-line)	7,944
Response rate	70.2% (7,944/11,311)
Provincial margin of error	1.1%



Selected Results (Family Survey):

Resident profile as reported by family

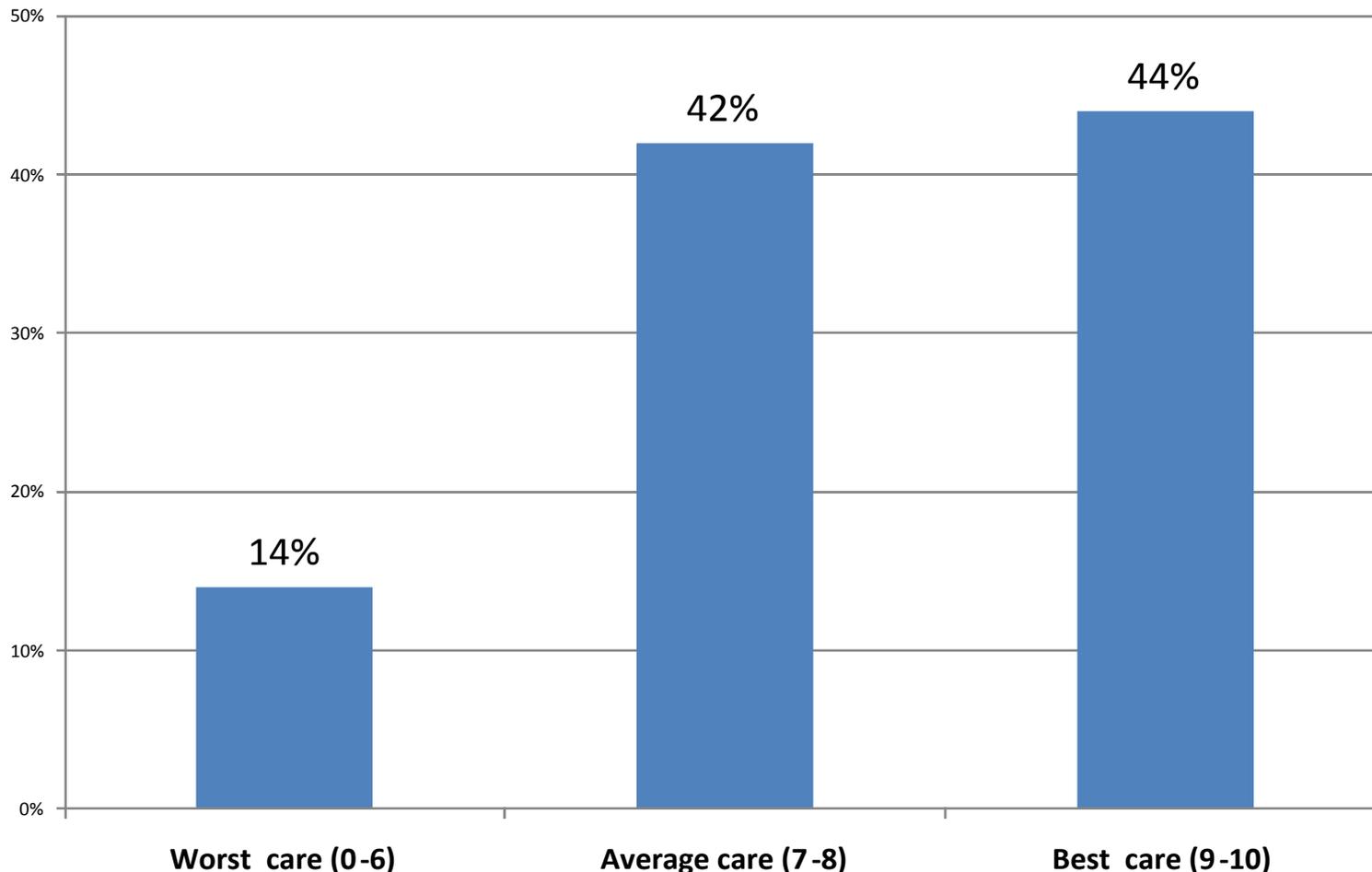
- **95%** of residents lived at least 6 months in facility
- **1 in 2** or **48%** of resident shared a room.
- **39%** of residents were capable of usually or always making decisions in his/her own daily life.
- **68%** of the residents were female.



Selected Results (Family Survey):

Overall Care Ratings – Provincial Aggregate

46. Using any number from 0 to 10 where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care at the nursing home? (Scale Collapsed)





Selected Results (Family Survey): Facility Quartiles - Overall Care Rating

- **99** of **173** facilities had statistically reliable sample sizes
- These facilities were grouped into 4 performance quartiles (according to their average overall rating of care)

Quartile	# Facilities	Average overall care rating
Upper	23	8.9
Middle +	27	8.3
Middle -	26	7.9
Lower	23	7.3



Selected Results (Family Survey):

Composite Variables

- Survey questions were grouped into the following 4 composites
 1. Nursing home staffing; care of resident and belongings; environment.
 2. Kindness and respect.
 3. Providing information and encouraging family involvement.
 4. Meeting basic needs.

- Composites (and items within) are presented in order of strength of relationship with the overall care rating



Selected Results (Family Survey):

1. Nursing Home Staffing, care of belongings and Environment

- Mean scores for this composite variable:
 - Upper quartile 76.6 / 100
 - Lower quartile 52.2 / 100
 - Significant difference of 24.4

Items Included:

How often there are enough nurses or aides

Resident's clothes lost

Can find a nurse or aide when you wanted one

Resident's room looks and smells clean

Resident's medical belongings lost

Resident looks and smells clean

Public areas look and smell clean



Selected Results (Family Survey):

2. Kindness and Respect

- Mean scores for this composite variable:
 - Upper quartile 88.3 / 100
 - Lower quartile 65.3 / 100
 - Significant difference of 23.0

Items Included:

Nurses and aides really cared about the resident

Nurses and aides treated resident with courtesy and respect

Nurses and aides were rude to residents

Nurses and aides were appropriate with difficult residents

Nurses and aides treated resident with kindness



Selected Results (Family Survey):

3. Providing information and encouraging family involvement

- Mean scores for this composite variable:
 - Upper quartile 84.3 / 100
 - Lower quartile 70.1 / 100

Significant difference of 13.7

Items Included:

Respondent stops self from complaining because they thought staff would take it out on the resident.

Respondent involved in decisions about care.

Got all the information requested about payments or expenses.



Selected Results (Family Survey):

4. Meeting basic needs

- Mean scores for this composite variable:
 - Upper quartile 90.7 / 100
 - Lower quartile 62.6 / 100
 - Significant difference of 28.1

Items Included:

Helped because resident waited too long for help with toileting.

Helped because resident waited too long for help with drinking.

Helped because resident waited too long for help with eating.



Individual Items: difference in proportions by quartiles of the overall care rating

Upper Quartile	Lower Quartile	Upper Less Lower	Upper Quartile	Lower Quartile	Upper Less Lower
19%	63%	-44%	29%	42%	-13%
9%	36%	-27%	97%	84%	13%
98%	75%	23%	97%	86%	11%
96%	74%	22%	94%	85%	9%
8%	30%	-22%	97%	90%	7%
96%	77%	19%	98%	91%	7%
95%	78%	17%	99%	95%	4%
93%	76%	17%	20%	31%	Not sig.
99%	85%	14%	96%	92%	Not sig.

Note: negatively worded items shown in red



Quartile comparisons

How will these be used

- Individual facility reports compare facility results with the top quartile results
 - Facilities will be able to compare their results to the top quartile on a question by question basis
 - Facilities performing poorly will be encouraged to seek out top performers and learn from them
 - HQCA will encourage and support collaborative quality improvement initiatives where feasible



Additional Findings:

Quartiles and Facility Size

- Nursing homes in upper quartile had . . .
 - two times **fewer** beds on average (than lower quartile facilities)

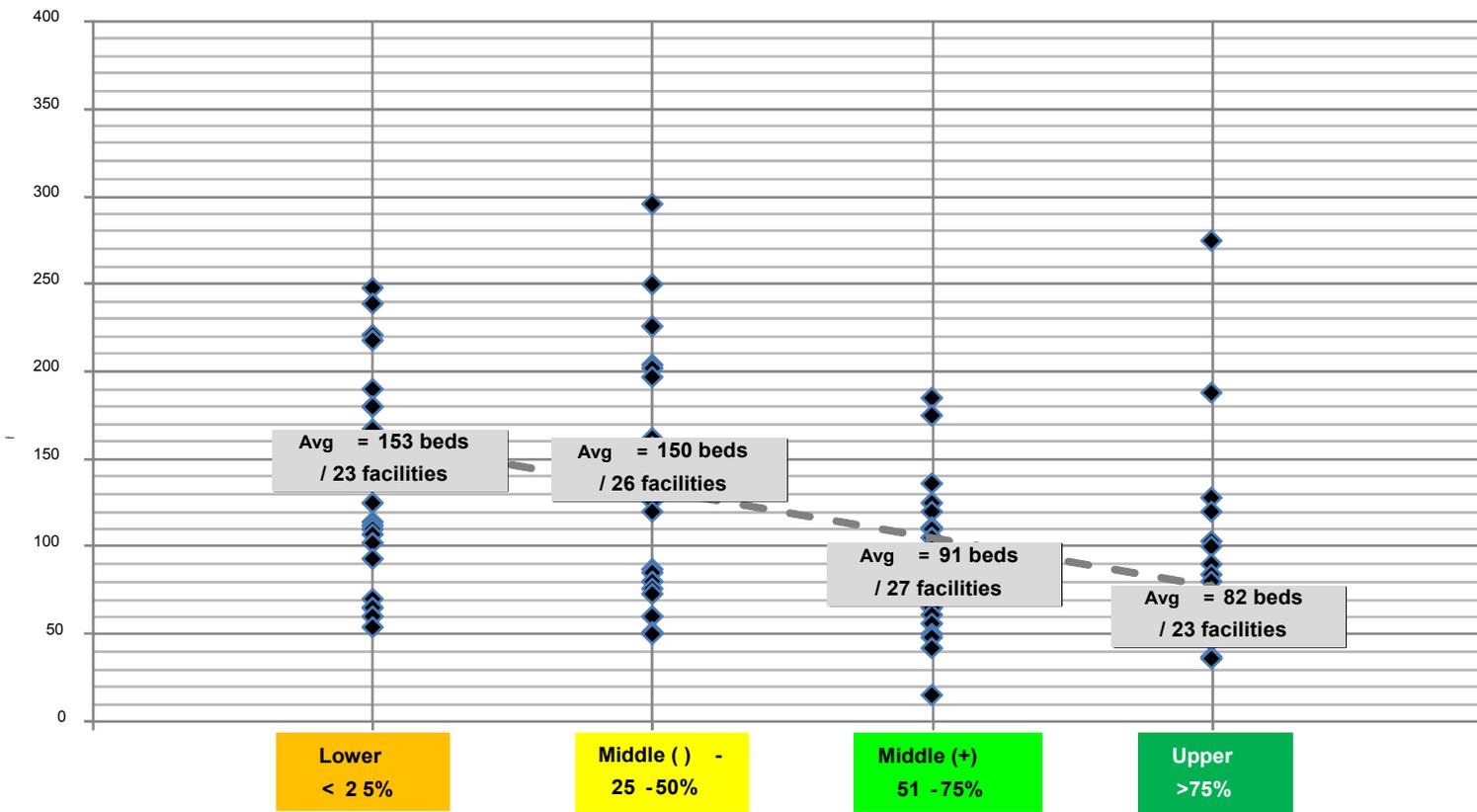
Average number of beds (upper)	100
Average number of beds (lower)	238



Additional Findings: Quartiles and Facility Size

99 Facilities with Large Samples (> 25 Respondents)

Number of beds X Care Ratings Quartiles



Quartiles based on normalised average care ratings



Additional Findings:

Facility Ownership Models

- **Sensitive and politicized issue**
 - Advocates of well funded public care
versus
 - Advocates of private care, choice, and competition
- Our data shows differences between public, private and voluntary ownership models
... HOWEVER
 - Adjustment for confounding factors such as facility size reduces these differences to almost nothing



Additional Findings:

Respondent Comments

59% of survey respondents provided at least one comment

- **80%** of comments negative:
 - resident not getting care quickly enough; lack of personnel; quality of care; environment
- **16%** of comments were other/suggestions:
 - add more staff; provide more timely basic needs
- **5%** of comments were positive:
 - compliments for the quality of care



How were comments used?

- **Comments were de-identified and included with each facility level report**
 - “Make real” the aggregate survey data
 - Re-enforce the quantitative data
 - Largely about the same issues
- **Comments gave a constrained outlet for respondents to go into more detail**
 - Even so, some respondents attached pages of detailed concerns and suggestions



Resident Experience Survey

Selected Results



Selected Results (Resident Survey):

Resident interviews

- 3415 interviews – 172 facilities
- Margin of error - 2.7% to 9.4% at RHA (old) level
- Only about 25% of residents complete (mostly due to cognitive issues)
- Larger margin of error at facility level



Resident Survey Results - Overview

- Similar approach taken with analysis and reporting
- Resident instrument also performs well from our perspective
- Principle limitation is small proportion of residents who can complete the interview, and high cost per interview



Family versus Resident Surveys:

- Similar to Family survey results
 - Higher global ratings for smaller facilities
 - Differences between owner type
(very small after adjustment for confounders)
- Slightly less difference between top and bottom quartiles as compared with family results



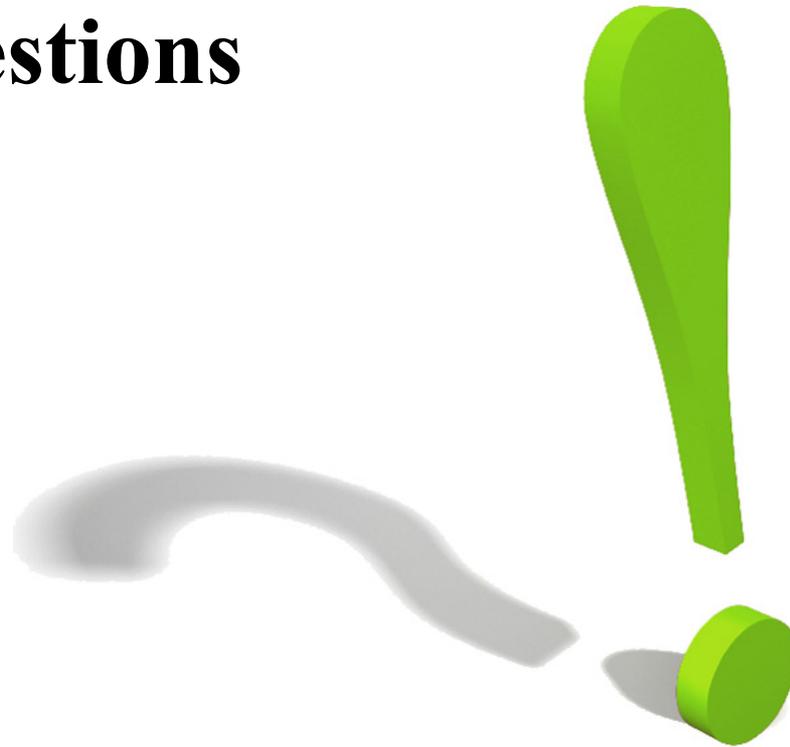
Family versus Resident Surveys:

- Specific results not directly comparable

**Overall facility performance can be compared
(overall rating quartile membership)**

- For reliable samples in both family and resident:
 - 60% facilities same quartile
 - 26% differ by 1 quartile
- For small samples in both family and resident:
 - 57% facilities same quartile
 - 24% differ by 1 quartile

Questions



Full results from this initiative will be released in December 2008

www.hqca.ca

Other information about Long Term Care in Alberta

www.seniors.gov.ab.ca/housing/continuingcare/

http://www.health.alberta.ca/resources/publications/standards_continuing-care.pdf

For further information please contact:

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