

IMPLEMENTATION OF THE 2018 OHIO NURSING HOME AND RESIDENTIAL CARE FACILITY FAMILY SATISFACTION SURVEYS

March 2019

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A number of people assisted us in the 2018 implementation of the ninth Ohio Nursing Home Family Satisfaction Survey and the second Ohio Residential Care Facility Family Satisfaction Survey. Erin Pettegrew, our project manager in the State Ombudsman's Office at the Ohio Department of Aging (ODA), provided excellent project support, advice and problem-solving assistance. ODA's support for this work and the Ohio Long-Term Care Consumer Guide means a great deal to us, as researchers; to Ohioans, as consumers in need of information about long-term care facilities; and to the staff at Ohio's nursing homes and residential care facilities as they strive to improve their care based on input from families.

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EXECUTIVE SUMMARY

The Ohio Long-Term Care Consumer Guide (OLTCCG), a web-based guide to nursing homes and residential care facilities, was developed in 2000 in response to the passage of H.B. 403. The OLTCCG includes data on resident and family satisfaction with Ohio's nursing homes (NHs) and residential care facilities (RCFs) as well as inspection reports and quality measures which are useful to consumers. Ohio Revised Code 173.47 requires the collection of family and resident nursing home satisfaction data in alternating years, beginning with the family survey in 2006. In 2016, RCF families were included in the survey process for the first time.¹ This report presents information about the ninth implementation of the Ohio Nursing Home Family Satisfaction Survey and the second RCF Family Survey. The survey implementation was conducted by the Scripps Gerontology Center at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc.

The family surveys are a self-administered mailed questionnaire with an online survey option. Family participation requires Ohio facilities to provide contact information for the families and friends of their residents. For the first time, Scripps managed the process of requesting lists of family and friends from NHs and RCFs. After lists were received, both Scripps and Scantron made refinements to avoid sending survey packets to incorrect or duplicate addresses. This year Scantron created and mailed survey packets to over 50,000 (53,581) family members and friends of Ohio NH residents and over 28,000 (28,533) families of RCF residents.

Since the first administration of the family survey in 2001, the number of NHs participating has increased overall but has reached a plateau in recent years. In 2001, 687 facilities participated, 947 in 2012 and 2014, 945 in 2016, and 940 in 2018. The number of NH families responding has increased from 16,955 to a high of 29,873 in 2010 followed by 27,008 in 2012, 23,639 in 2014, 20,945 in 2016, and 20,716 in 2018. Six-hundred ninety-six RCFs and 13,856 families participated in the second RCF survey.

On average, in each NH, about four in 10 (39.4%) of family members who received surveys completed and returned their paper survey or completed it online. The characteristics of family survey respondents have remained consistent over time. The majority of those who respond are female (69.9%), adult children (47.1%, average age 64.1) of NH residents who are very involved with their residents. Over half (55.7%) visit several times per week or daily. Many also provide assistance to their residents in the NH; for example over two-thirds (67.1%) assist their resident with going to activities, and over half (58.5%) assist with eating. Almost 10% (8.6%) expect their resident's stay to be less than three months; nine in 10 (91.4%) say they expect their resident to stay longer than three months.

The RCF respondents are similar to the NH family and friends. The RCF response rate was more than 10 percentage points higher with over half (51.4%) of families responding to the survey. They are also female (66.6%), adult children (68.2%; average age 62.9) who visit often. Over half (53.4%) visit at least several times per week. These family members are also engaged in activities with their residents—70.6% participate in activities. Far fewer assist with care such as eating; about a third (33.2%) compared to nearly six in 10 in NHs. Almost all (98.1%) expect their resident to be in the RCF longer than three months.

Ohio is a leader in providing information to consumers and facilities that reflects both the views of residents and family members. Ohio's consumer guide website (www.ltc.ohio.gov) provides comprehensive information about Ohio NHs and RCFs as well as other aspects of long-term care. Family satisfaction is a valuable component to assist prospective residents and their caregivers in choosing a NH or an RCF. The survey results provide an important starting point for facilities to improve their care. The family satisfaction survey also provides an empowering opportunity for families to express their opinions and provide feedback. Since its inception, over 160,000 families, friends, and others have provided feedback about the NH or residential care facility where their resident receives care. Ohioans are fortunate to have access to this valuable resource.

Since its inception, over 160,000 families, friends, and others have provided feedback about the nursing home or residential care facility where their resident receives care.

BACKGROUND

The Ohio Long-Term Care Consumer Guide (OLTCCG, www.ltc.ohio.gov), a web-based guide to nursing homes (NHs) and residential care facilities (RCFs), was developed in 2000 in response to the passage of H.B. 403. Implemented in 2001, the OLTCCG includes data on resident and family satisfaction with Ohio's NHs and RCFs as well as inspection reports, quality measures, and other information useful to consumers. Ohio Revised Code 173.47 requires the collection of family and resident NH and RCF satisfaction data in alternating year, with resident interviews in odd years and mailed family surveys in even years. The consumer guide is managed by the Ohio State Ombudsman's office at the Ohio Department of Aging (ODA). Costs for survey implementation come from annual fees paid by Ohio's NHs and RCFs. Participation is mandated in state statute and most—but not all—facilities comply. This report presents information about the ninth implementation of the Ohio Nursing Home Family Satisfaction Survey in 2018 and the second implementation of the family residential care facility survey. The survey implementation was conducted by the Scripps Gerontology Center (Scripps) at Miami University, Oxford, Ohio with a sub-contract to Scantron, Inc.

THE SURVEYS

In 2015, Scripps contracted with ODA to develop a new survey for family members of residential care facility residents, and update the surveys for NH families and both RCF and NH residents. Previous surveys were developed in 2001, and ODA felt that consumer expectations had changed and a new emphasis on person-centered care practices was not adequately reflected in the items on the previous surveys. Their concerns were borne out as researchers at Scripps conducted a number of focus groups with residents, families, providers, and stakeholders during the summer of 2015. A suite of four surveys for residents and families in NHs and RCFs was developed with input from all of these groups. The questions include many common items across all the surveys with a few items unique to families, and a few items unique to NH or RCF residents. The surveys were administered for the first time in 2016.² No changes were made to the surveys for the 2018 implementation. A copy of the 2018 family survey forms with instructions and cover letters are included in Appendix A.

IMPLEMENTATION

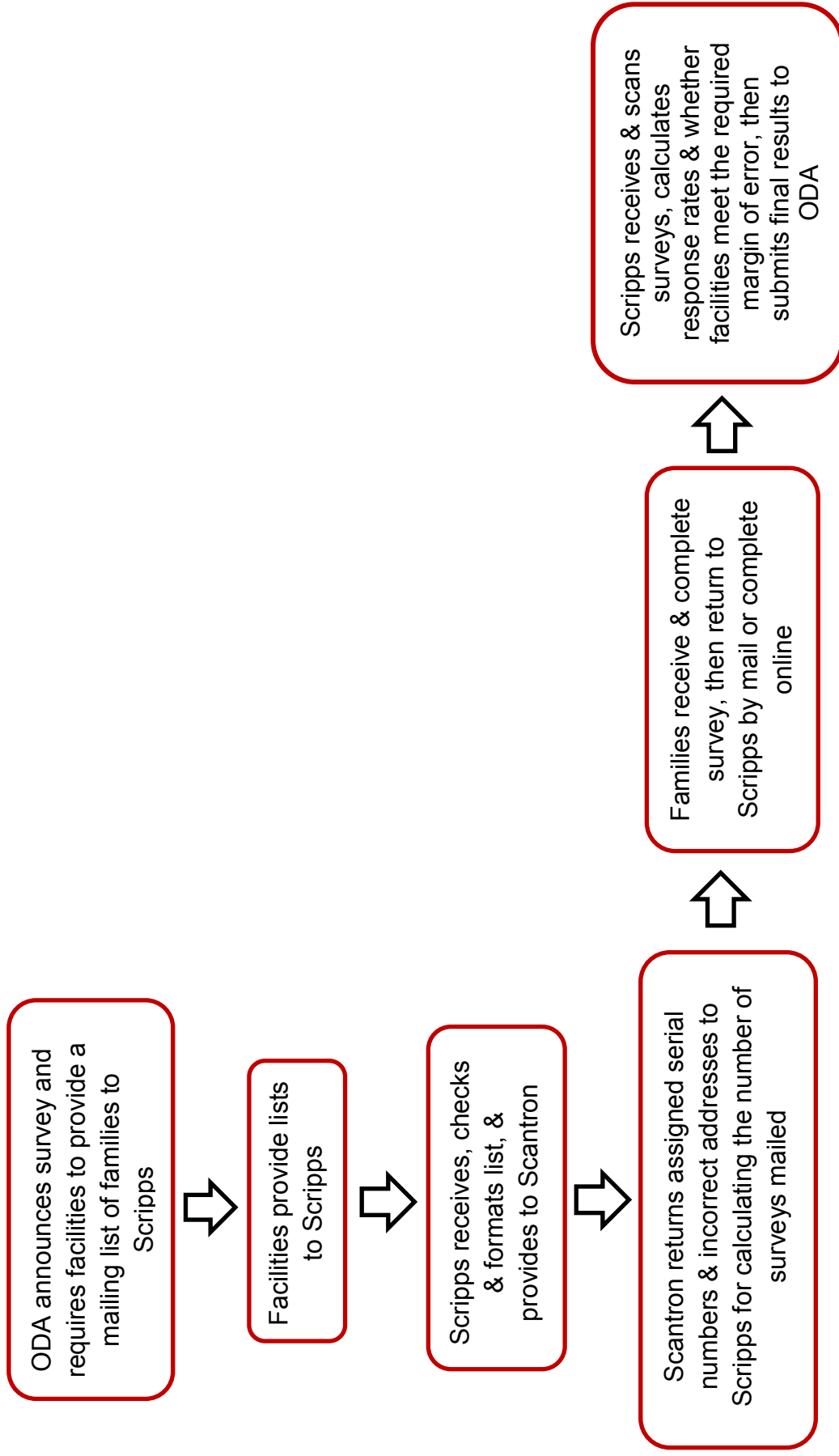
The Ohio Department of Aging provides guidance about the survey process to both Scripps and Ohio's facilities, and kicks off the process with a direct mailing sent to every facility in the state. ODA also provides a website of resources such as instructions for selecting family members to receive surveys, tips for facilities to increase their response rates, instructions on completing an Excel template, and other materials. Scripps contracts with Scantron, LLC, (a printing and mailing house) to print scannable survey forms and distribute survey packets to families and friends, while Scripps is responsible for gathering and analyzing data from both the returned mailed surveys and an online survey option.

The distribution process for family surveys is designed to assure the integrity of results and comparability among all facilities by ensuring that the same process is followed for all.

The distribution process for family surveys is designed to assure the integrity of results and comparability among all facilities by ensuring that the same process is followed for all. Nursing homes and RCFs compile and submit lists of name and address information for family members and friends using an Excel template. Scripps monitors the number of names submitted, and compares against facilities' provided census totals to ensure that at least 85% of residents have an involved

family member or friend. While some facilities cannot meet this due to the characteristics of their residents (e.g., almost all very short stay with families not involved) most can provide complete lists. Scantron prints and distributes surveys to families, and Scripps receives completed surveys, scans the data, and compiles statewide and individual facility reports. The survey process is completely anonymous; while Scripps has the lists of family names and the returned surveys, only Scantron knows which survey was sent to which address. Scantron has no access to the corresponding returned survey data. Figure 1 summarizes the process as implemented in 2018.

Figure 1. 2018 Survey Process



Modified from: E. Pettegrew, ODA

SURVEY DISTRIBUTION TO FAMILIES

In 2018, for the first time since the Family Satisfaction Survey project began in 2001, Scripps served as the first point of contact for facilities. Nursing homes and RCFs created lists of family and friend names and addresses and submitted them to Scripps using a password-protected Excel template. Scripps removed duplicates and incomplete addresses, and compared the number of names submitted against the facility's reported census to ensure that 85% or more of the residents had a family or friend name on the list. Lists of names were then uploaded to a secure platform, FileLocker, where they were retrieved by Scantron. Scantron printed and mailed individually printed surveys to families, and Scripps received the completed surveys, scanned the data, and compiled statewide data and individual facility reports.

Beginning in February 2018, ODA supplied lists of NHs and RCFs to Scripps to begin planning for eight batch mailings. ODA sent a paper letter to all NHs and RCFs on March 1, 2018 to announce the survey process and let facilities know when their family lists would be requested. Tips to increase family response rates and to check family address lists were provided. Due to the large volume of facilities across Ohio, 975 NHs and 725 RCFs were split into eight batches grouped by zip code. On the proper date for each batch, Scripps requested—via e-mail and paper letter- that facilities provide mailing lists of families and friends, or the “most involved” person for every resident. The e-mail included an Excel template for listing family names and addresses, instructions for completing the template, and an explanation of selection criteria to help facilities determine who to include in their lists. Facilities submitted password-protected lists of their residents' “most involved” person, which were reviewed for address completeness. Along with family and friend names and addresses, facilities included their own facility information and their current resident census on the information they sent to Scripps. Duplicate family names were removed and a check of the census and final list ensured that each facility submitted 85% of their census. If a facility had any errors, issues, or didn't meet 85% of their census, they were contacted by the Scripps project team. Once a list was accepted as complete, it was added to a final batch list for Scantron. Using a national address database, Scantron provided an additional filter on accuracy of addresses, which optimized costs of survey mailing by removing incorrect or incomplete addresses. Instructions to facilities and family list materials are included in Appendix B.

To maximize rates of facility participation, following the initial letter from ODA, facilities received multiple communications via postal mail and e-mail. For each batch of family names, an initial e-mail alerted administrators to the upcoming due date to submit name and address lists. Three days after the initial alert, a letter was mailed to each facility, which was approximately 10 days prior to the due date for list submission. Additionally, facilities were sent two e-mail reminders after the initial e-mail alert, at 10 days and 15 days after the initial alert. At the end of each batch, facilities who had not yet responded

were mailed letter reminders four weeks after the initial e-mail alert. There were 59,262 “most involved” names received from NH facility lists and 30,304 “most involved” names received from RCF facility lists. There were 58,960 names sent to Scantron from NH facility lists and 30,194 names sent to Scantron from RCF facility lists. Scantron removed about 9% of the names from the NH list and 7% of the names from the RCF list that were considered incorrect addresses. Finally, there were 53,552 NH surveys and 28,027 RCF surveys mailed out to families and friends by Scantron.

Despite multiple contacts with facilities regarding their lists and a fast-approaching deadline, 317 total facilities (174 NHs and 143 RCFs) had not submitted family lists by the final date. Facilities that did not respond by July 9th were placed into newly created “straggler” batches, which then received three additional e-mail reminders and one final letter reminder. Ultimately, all but 27 NHs and 26 RCFs provided lists for survey participation.

The frequency of leadership (as points of contact) change at facilities meant that new administrators may not have received original communications and list requirements. Our final deadline was extended five weeks to provide more time for facilities to respond, with the final submission deadline of September 4th, 2018. The Ohio Department of Aging mailed a postal letter to the remaining facilities and each remaining facility was telephoned to provide a reminder and offer guidance in participation. Beyond the September 4th deadline, Scripps handled four late facility lists, which consisted of creating 325 additional survey packets. Every NH and RCF is required to participate in the survey process; however, no penalties are assessed if they fail to comply. Several facilities closed during the survey preparation process. The final facility participation rates were 967 NHs and 696 RCFs.

Although our mailing process did not require the postal service to return surveys to the sender, undeliverable reminder postcards were returned to the Ohio Department of Aging. These were forwarded to Scripps and the family names on the postcards were subtracted from each facility list. We assumed that if the postcard was undeliverable it was likely that the survey had not been delivered either. Most of these were reported as having no forwarding information or a forwarding order expired. Table 1 illustrates the composition of the facility lists, as well as the extent to which the variety of address errors reduced the number of families surveyed. For every resident, there was the possibility that they had no available family, that the family had an incorrect address, or that the family had an address to which their surveys could not be delivered. While the average NH reported 85.4% of residents with family and the average RCF provided family names for 89.7%, only an average of 76.0% of NH residents and 82.0% of RCF residents had family members who were reached with a mailed survey. Despite ODA advance instructions to facilities encouraging them to update their mailing lists, an average of 9.5% of NH and 7.5% of RCF family names were deleted because the

addresses could not be verified or reconciled. Only 34 of the NHs had no bad addresses compared to 86 RCFs with completely accurate address lists. However, 500 NHs and 475 RCFs submitted lists that were at least 90% accurate. The more families that can be contacted, the greater the odds that a survey will be returned. Improving these lists would be one simple way for facilities to ensure they receive enough returned surveys to have reportable results.

Table 1. Determining Statewide Surveyable Population, 2018

	NHs	RCFs
Total facility census	69,806	33,986
Total number of family names provided (% of residents with family)	59,262 (85.4%)	30,304 (89.2%)
Number of duplicate and incomplete addresses removed by Scripps (% error rate)	266 (0.4%)	101 (0.3%)
Total number of incorrect addresses from national address file (% error rate)	5,415 (9.1%)	2,170 (7.2%)
Total number of surveys mailed	53,581	28,033
Total number of returned postcards	885	216
Total families reached (% of family names submitted who were surveyed)	52,696 (88.9%)	27,817 (91.8%)
Average percentage of residents with surveyable family or friends	76.0%	82.0%

SURVEY ASSISTANCE

In order to assist family members and facilities with questions or issues during the 2018 Ohio Nursing Home Family Satisfaction Survey process, a toll-free phone line and an entity e-mail account were established at Scripps. The phone line was staffed Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m. and had voice mail capability so callers could leave a message any time. In addition, families and facilities could request help or ask questions via e-mail. Families contacted surveyhelpline@MiamiOH.edu regarding questions or concerns about the survey process or the survey itself. Facilities were assisted with operational issues regarding the submission of family lists via the familysurvey@MiamiOH.edu e-mail account.

The helpline and e-mail account were managed by two doctoral associates who each worked 20 hours per week. Five undergraduate student workers and one Scripps support staff member assisted as needed for phone coverage. A training manual and a list of frequently asked questions were provided to the team in order to assist all staff in

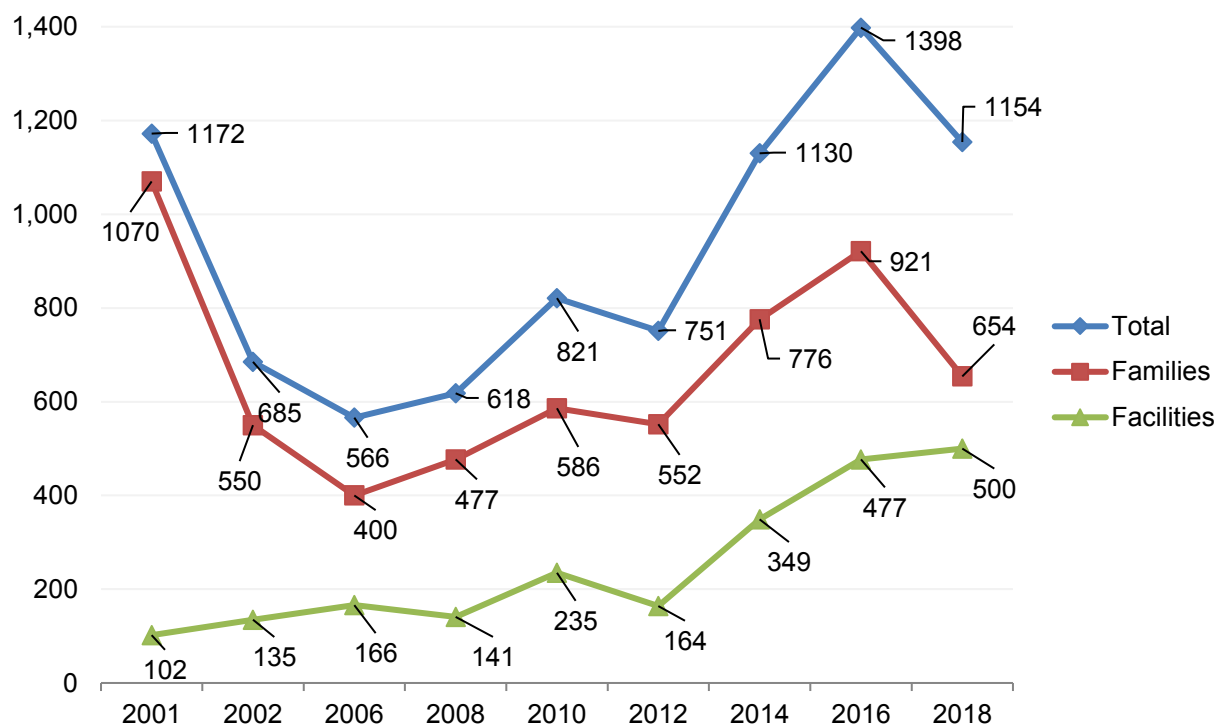
giving consistent and reliable answers. The phone line was regularly staffed from April 21, 2018 through October 31, 2018. Family members made 654 calls and facilities made 500 calls. Table 2 and Figure 2 show helpline volume during all years of survey administration. Table 3 shows monthly activity during 2018.

Table 2. Calls and E-mails to the Toll-Free Help Line, 2001 - 2018									
Year	2001	2002	2006	2008	2010	2012	2014	2016	2018
Total	1,172	685	566	618	821	716	1,125	1,398	2,775
Families	1,070	550	400	477	588	552	776	921	654
Facilities	102	135	166	141	233	164	349	477	500

Note. In 2018, the e-mails were not counted according to their source of family or facility. Counts for families and facilities are phone calls only.

Source: Straker, et al., 2016.

Figure 2. Call Volume, 2001 - 2018



Source: Straker, et al., 2016.

Table 3. Number of 2018 Help Line Calls and E-mails by Month		
Month	Number of calls & e-mails	Percent
March	36	1.3
April	393	14.2
May	492	17.7
June	814	29.3
July	767	27.6
August	224	8.1
September	38	1.4
October	11	.04
Total	2,775	100

Note. Because mailings to families didn't begin until mid-May, almost all the calls in the first two months are facility calls with questions about creating and submitting their lists of family names.

CALLS FROM FACILITIES

The list submission process posed challenges for some facilities either because they were unable to work with the Excel family list template or they were unable to password protect their document prior to e-mailing it to Scripps. A number of facilities called to confirm the receipt of their family list submissions or to find out if they could still submit their family lists when it was past their due date. To identify recurring problems that might indicate a need to change instructions or processes, calls were logged and coded according to broad topic areas. Table 4 shows the distribution of facility calls among these topic areas. After consideration, e-mails were not logged in order to maintain an efficient helpline process. Examining the topics addressed in the e-mails was also not deemed to be cost-effective. Anecdotally, we believe that the topics addressed via e-mail were quite similar to those addressed via phone.

Table 4. Topics Covered in Calls from Facilities, 2018

Subject	Number of Calls	Percent
Questions on access/format/password protection issues with the family list template	355	66.3
Confirmations of the family list submission	65	12.2
Asking if they can still send in the family list	30	5.6
Questions on family lists (selection criteria for the list; how to submit the list)	42	7.8
Communication issues between ODA and the facilities (e.g., facilities received no information from ODA about survey)	8	1.5
General questions and concerns about survey	8	1.5
Guardianship issues	4	0.7
Reliability concerns because of small facility	2	0.4
Asking if the survey is mandatory	1	0.1
Miscellaneous	21	3.9
Total	536	100

Note. The number of topics totals more than the number of contacts from facilities since some calls addressed more than one issue.

CALLS FROM FAMILIES

Family calls were also coded; these are shown in Table 5. The majority of the calls from family members were requests for new surveys, usually in response to receiving a reminder postcard but not having received a survey. Some family calls were in response to the reminder postcards when a survey had already been returned. Despite the instruction to disregard the reminder if their survey had been returned, these families were inquiring whether their survey could be tracked to ensure its receipt.

As shown below, this year a number of families called with online survey questions. Most of them sought confirmation that their survey was received or reported issues with the online survey links not working. While we were not able to determine a cause for the non-working links, these problems were quickly addressed.

Table 5. Topics Covered in Calls from Families, 2018

Subject	Number of Calls & E-mails	Percent
Needed a replacement survey	387	41.4
Online survey questions	120	12.9
Needed referral to ODA	40	4.3
Needed to know if it is too late to return survey	30	3.2
Sampling issues (who is survey for, don't know anyone in nursing home)	26	2.8
Survey question wording and response category issues	29	3.1
Confidentiality concern	26	2.8
Received survey after relative's death	19	2.0
Requested confirmation of receiving the survey	16	1.7
More than one family member in a facility	12	1.3
Asking if the survey is mandatory	14	1.4
Refused to participate	14	1.4
Asking for a second survey	10	1.0
General questions and comments	9	0.9
Complaints about the facility	6	0.6
Questions about survey results	3	0.3
Want space/place for comments	2	0.2
Guardianship issues	1	0.1
Miscellaneous	178	19.0
Total	938	100

Note. The number of topics totals more than the number of contacts from families since some calls addressed more than one issue.

FACILITY PARTICIPATION

As described in the previous section, every facility in Ohio is provided with multiple notifications and opportunities to submit family names for the satisfaction surveys. Advance materials sent by ODA suggest ways in which facilities can prepare for the survey such as ensuring that family names and addresses are correct and engaging family interest in survey participation with information and announcements that the surveys will be coming. Despite these ideas for encouraging family respondents, many facilities don't receive enough returned surveys to have publicly reported data. Other facilities, due to such things as a change in ownership, do not pursue their opportunity to participate.

In order for facility data to be included in the consumer guide the number of returns for the facility must meet a plus or minus 10% margin of error (MOE). This number represents the probability that the actual responses, if every family responded, would fall between plus or minus 10% of the average score on the responses received. We used the number of families reached as illustrated in Table 2 to determine the surveyable population at each facility. This number excluded those families whose names and addresses were sent by the facilities for survey distribution but whose addresses could not be verified by the address update database at Scantron or who had their reminder postcard returned to ODA as undeliverable.

Rather than computing whether each item on the survey meets MOE, we base the MOE on the number of surveys returned for a facility since not all items are relevant to all residents. The following sections of the report will consider the continuing trends in NH participation and responses followed by the results for residential care facilities.

Improving response rates

Because the number and proportion of facilities meeting the MOE and response rates overall continue to decline with every round of survey administration, Scripps made an effort to learn from facilities with very high 2016 response rates in order to pass along information that could help all facilities improve. We conducted telephone interviews with 12 NHs and RCFs who had response rates over 75% in the 2016 surveys. Through our interviews, we learned that these facilities reach out to their families to let them know that the surveys are coming, make sure they understand how important their input is, and encourage them before, and during the survey timeframe to complete and return their surveys. Based on these findings, Scripps and ODA created a tip sheet that was distributed to facilities with the initial announcement of the family surveys. It was also provided as part of the materials on the family survey website at ODA. The tip sheet is included in Appendix C.

We learned that these facilities reach out to their families to let them know that the surveys are coming, make sure they understand how important their input is, and encourage them before, and during the survey timeframe to complete and return their surveys.

Nursing homes

This year's statewide NH response rate (39.4%) is second lowest proportion of families responding since the surveys began. Table 6 shows that the number of facilities participating is similar to previous years, suggesting the reduced numbers come from lower responses within facilities. A downward trend for family participation has continued since 2008, when, on average, over half (52.0%) of families responded.

Table 6. NH Participation Rates 2002 - 2018

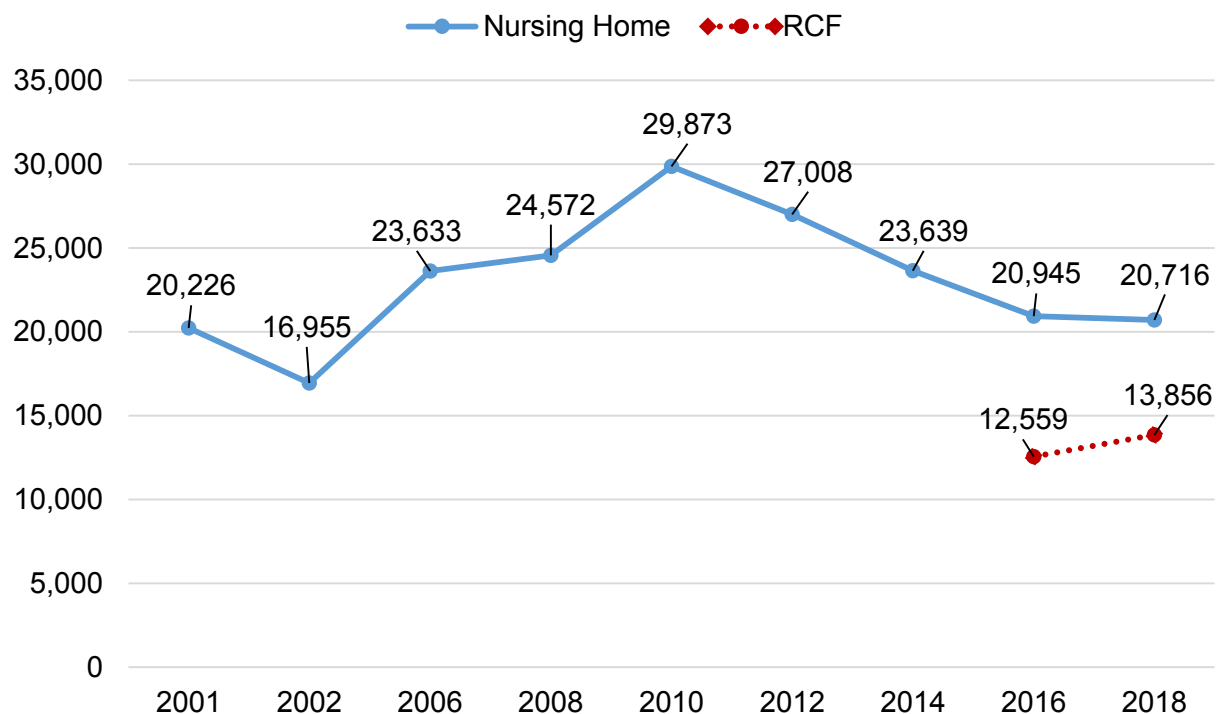
	2002	2006	2008	2010	2012	2014	2016	2018
Number of facilities on mailing list	970	972	965	961	954	964	968	967
Number of facilities with surveys returned (% of facilities)	736 (75.9%)	849 (87.3%)	904 (93.7%)	931 (96.9%)	947 (99.3%)	947 (98.2%)	943 (97.4%)	936 (96.8%)
Number of facilities meeting +/-10% (% of participants)	436 (59.2%)	605 (71.3%)	633 (70.0%)	711 (76.4%)	721 (76.1%)	595 (62.8%)	542 (57.5%)	496 (53.0%)
Average response rate in all participating facilities	44.0%	50.4%	52.0%	47.6%	45.2%	41.3%	40.4%	39.4 %
Number of facilities not participating (% non-participants)	222 (22.9%)	123 (12.7%)	61 (6.3%)	31 (3.2%)	6 (0.5%)	17 (1.7%)	25 (2.6%)	27 (2.8%)
Total number of families responding	16,955	23,633	24,572	29,873	27,008	23,639	20,945	20,716

Source: Straker, et al., 2016.

As shown in Figures 3 and 4, response rates and family participation continue to pose challenges for Ohio's NHs. We had a lower rate of facilities that met MOE than in 2016 (53.0% vs. 57.5%). In addition, about four in 10 of the 466 facilities not meeting the MOE needed three or fewer surveys. Fifty-nine (compared to 45 in 2016) needed only one more survey. When facilities don't meet the margin of error required for representative data they do not have results posted on the Ohio Consumer Guide which limits the usefulness of the guide for the public. Although we provide those facilities with a facility report, it may not be representative of family opinions as a whole, since there is not enough data.

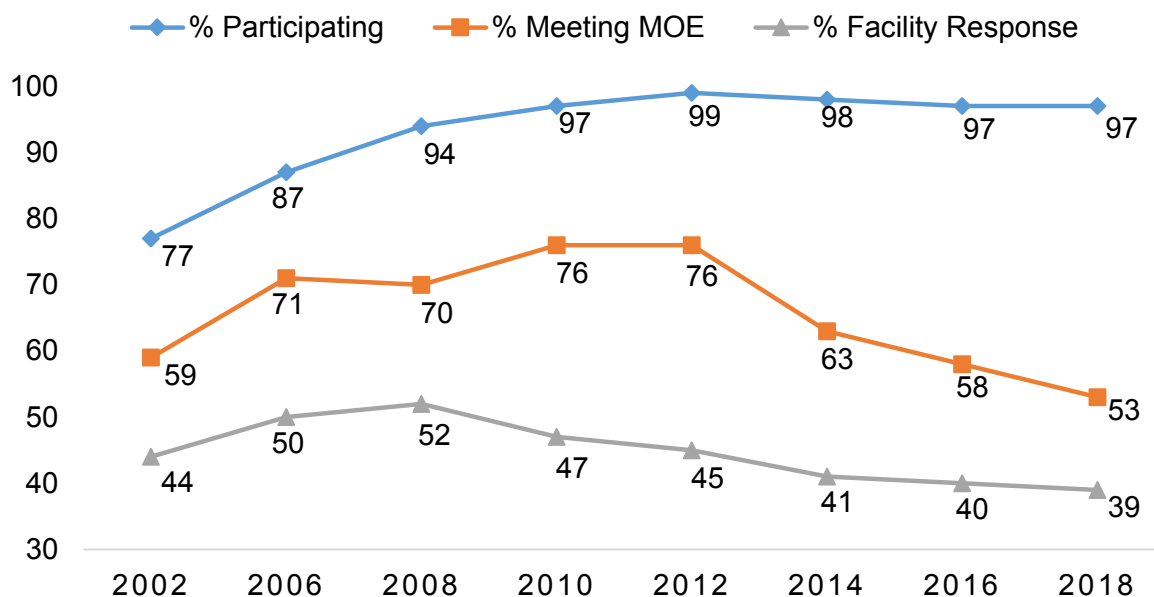
Data collection was extended into December this year and facilities that did not meet MOE had late surveys manually entered in order to ensure as many facilities as possible meet MOE. Most of the facilities that do not meet MOE are smaller, where a higher proportion of responses are required to assure representative data. As more facilities focus on sub-acute care for short-stay residents, more and more families do not feel invested in encouraging facility improvements by providing consumer feedback. Their family members may already have returned home by the time their survey is received.

Figure 3. Number of NH Families Participating, 2001 - 2018



Source: Straker, et al., 2016.

Figure 4. Proportion of NHs Participating, Meeting Margin of Error (MOE), and Average Facility Response Rate, 2002 - 2018



Source: Straker, et al., 2016.

RESIDENTIAL CARE FACILITIES

While the number of NHs has remained largely the same over the last few years, over 50 RCFs were added in the last two years. RCFs had a higher response rate than NHs, with an average of 51.4% of families responding, statewide (see Table 7). Interestingly, this rate is similar to the rates of 50.4% and 52.0% found in NHs in the early years of survey administration.

Table 7. RCF Participation, 2016 - 2018

	2016	2018
Number of facilities on mailing list	668	722
Number of facilities with surveys returned (% of facilities)	614 (91.9%)	693 (96.0%)
Number of facilities meeting MOE (% of participants)	453 (73.8%)	499 (72.0%)
Average response rate in all participating facilities	53.3%	51.4%
Number of facilities not participating (% non-participants)	54 (8.1%)	26 (3.6%)
Total number of families responding	12,559	13,856

Source: Straker, et al., 2016

In 2018, RCFs exceeded NFs in the number of facilities meeting MOE and the average response rate in all participating facilities. However, RCFs exhibited a lower proportion of facilities with surveys returned and a higher proportion of facilities not participating. Table 8 reflects 2018 NF and RCF participation. The higher family response rates in RCFs compared to NHs support our assumption that families whose residents stay longer are more invested in the facilities and may be more likely to return surveys.

Table 8. NH and RCF Participation, 2018		
	2018 NHs	2018 RCFs
Number of facilities on mailing list	967	722
Number of facilities with surveys returned (% of facilities)	936 (96.8%)	693 (96.0%)
Number of facilities meeting MOE (% of participating facilities)	496 (52.8%)	499 (72%)
Average response rate in all participating facilities	39.4%	51.4%
Number of facilities not participating (% non-participants)	27 (2.8%)	26 (3.6%)
Total number of families responding	20,716	13,856

RESULTS FROM THE 2018 FAMILY SURVEY

TECHNICAL PROCESSES

The survey was created using a software package, SNAP, developed by the Mercator Corporation of Great Britain. The final survey was sent to Scantron for printing, creation of the survey packets, and mailing to families. The survey was printed with a perforated binding edge, which allowed the binding to be easily removed for scanning.

Families were invited to provide comments on the back of the survey and a number of families did so. As returned survey packets were opened, survey pages with family comments were photocopied, marked with the facility ID and survey serial number, and scanned. Survey comments were uploaded weekly via a secure file transfer to the Ohio Ombudsman's office. Comments with specific questions or requests for assistance from families were uploaded immediately upon receipt for action from the ombudsmen.

Batches of surveys were scanned and filed according to scanning date. In order to maximize scanning accuracy and minimize manual data input, all questions were multiple-choice with check boxes (the most accurate format for scanning purposes). The

only manual input fields on the survey were the facility ID and the survey serial number. The scanner and associated software were located at Scripps and allowed Scripps staff to implement and fully monitor the scanning process.

We also created the online version of the survey, using Qualtrics survey software. The online survey required that respondents log in using the serial number and facility ID printed on the paper survey. This made it possible to identify the facility about which respondents were reporting. The web address for the online version was included in the instructions on the paper survey. Despite having an online survey process since 2010, there are still very few families who complete the tool online. This year, about the same number of NH families used the online survey as in 2016 (949 and 941 respectively). The RCF families increased their online survey participation from 776 in 2016 to 881 although the proportion participating is nearly the same; 6.2% increasing to 6.3%. Serial numbers from the online surveys were compared to scanned survey data to ensure that families completed either an online or paper survey, but not both.

In order to accommodate the high volume of returned surveys, Scripps operated three separate scanners running the same scanning program. At the completion of the survey, all four sources of data (the three scanners and one online data file) for each survey (NH and RCF) were combined into the final dataset for processing and analysis.

SURVEY PROCESSING: TESTING SCANNER ACCURACY AND CONSISTENCY

To test scanner calibration for accuracy and consistency, 50 surveys were scanned two times each. The scanned results were compared against the actual surveys to check for accuracy of scanning hardware and software. To test for consistency, the scanned data were analyzed using statistical software to ensure that the two separate scans of the same survey produced the same results. This was performed on both the NH and RCF surveys. The data analysis revealed that this calibration performed was sufficiently accurate to proceed without further adjustment.

SURVEY PROCESSING: THE PRODUCTION RUN

Scanning of surveys began in May, 2018 and continued through December. Late returned surveys were entered into the combined data files manually and those were completed by mid-January, 2019. Surveys were scanned primarily by student employees. Due to the design of the survey (using only multiple-choice questions) and the favorable results of the accuracy testing, the only data verification required at the time of scanning was for the facility ID and survey serial number fields.

The scanned results were exported to statistical analysis software and all electronic files associated with the scanning process were backed up to the Miami University network

server on a daily basis. The scanned surveys were boxed, labeled with the scan date, and placed in storage. At the peak of survey processing, about 600 surveys were scanned per day. At completion of scanning, an electronic image file was created which captured the scanned “picture” of each survey. These files were provided to ODA for record retention purposes. Scanned paper surveys were shredded per ODA instructions.

SURVEY DATA MANAGEMENT AND ANALYSIS

Survey data were exported to a spreadsheet application, where the data were cleaned (e.g., formatting of date variables, assignment of variable names, verification of survey serial numbers to the correct facility) and arranged in a form suitable for statistical analysis. A large part of the data cleaning process involved verification of facility IDs. Due to the fact that those IDs required hand-entering (made necessary by the SNAP software’s limitations in accurately scanning alphanumeric fields), errors in entering that field were inevitable. In cases where a survey’s facility ID did not match the master facility list, that survey’s scanned image was viewed and the facility ID was corrected in the SNAP software. The data were then run through SAS programs developed for the purpose of aggregating data at the facility level. A random sample of RCF and NH facility results were selected for checking numerical results. The cleaned survey data as well as facility information files were run on a SAS program that analyzed the data, formatted the output into individual facility reports, and saved each as a PDF file. A sample facility report is included in Appendix D. Again, a random sample of RCF and NH facilities were selected for checking, to verify that data results loaded in the proper locations on the facility reports. An Excel file of overall statewide results also provides information about statewide overall facility and item averages, and item highs and lows. That file was provided to ODA for the consumer guide website.

Data coding

Satisfaction question items were scored as follows:

- 1 = Definitely No
- 2 = Probably No
- 3 = Probably Yes
- 4 = Definitely Yes
- 5 = Don’t know/Not Applicable

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

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

Margin of error

A list of sample sizes needed to meet MOE in facilities with differing numbers of residents with involved family/friend/person was created in a lookup table in order to determine whether a facility met the plus or minus 10% MOE.³ Facilities that did not have enough returned surveys to meet the MOE were excluded from calculation of statewide average scores and counts of facilities having the highest and lowest statewide scores. However, every facility with three or more returned surveys receives a report of the data collected for their facility to use for quality improvement purposes. In an attempt to increase the number of facilities meeting the MOE a list of facilities that did not have any returned surveys was prepared and sent to ODA in October 2018. In order to increase the number of facilities meeting the MOE, late returned surveys were manually entered after scanning production had ended for facilities that had not met the MOE.

STATEWIDE AVERAGES

Statewide averages were computed on each item and on each domain. Facilities with two or fewer surveys and those not meeting MOE were excluded from these calculations. The same calculation decisions used in previous years were used in 2018. Averages are reported for each item and domain on facility reports. The averages are the average of each facility's average score on each item, rather than the average of all family responses among all facilities. Overall satisfaction is the average of all items in each facility.

SATISFACTION RESULTS

RESPONDENT AND RESIDENT CHARACTERISTICS

In order to build a profile of those who responded to the family satisfaction surveys, and the residents they were responding about, the following demographic questions were included: information about the respondent, respondent's relationship to the resident, some information about the resident, and the kinds of things the respondent does when visiting the facility. This information is provided in Tables 9 - 11. In general, the characteristics of the residents and respondents align with national data on NH

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

Respondent and resident characteristics in NHs have been quite stable over time. However, one of the more notable changes has been how families interact with staff. The proportion who always or sometimes talk to the administrator increased from 56.8% to 73.1% in 2010, from 73.1% to 81.9% in 2012 and an additional point to 82.9% in 2014. In 2016, that number declined to 74.9% but increased again to 79.3% in 2018. In 2012, we examined whether talking to the administrator is a positive or negative activity (e.g., families make a point of talking to the administrator because they have problems or concerns). We examined the association between frequency of speaking with the administrator and whether the family member would recommend the facility and whether they liked it overall. At that time it appeared that talking to the administrator is a positive point. Statistically, a significant relationship was shown between frequency of speaking with the administration and overall satisfaction, whether one liked the facility, and whether one would recommend the facility. About three in four of those who always spoke with the administrator in 2012 would always recommend the facility (74.7%).

Table 9. Demographic Characteristics of 2018 Respondents and their Residents

	NH Families	NH Residents	RCF Families	RCF Residents
Average Age	64.1 (9.6% missing)	80.9 (9.7% missing)	62.9 (3.3% missing)	86.3 (2.7% missing)
Race (Percent)				
Caucasian	90.0	96.7		
African American	7.6		2.1	
Asian	0.4		0.3	
Other	0.8		0.5	
Native American	0.5		0.2	
Hispanic	0.6		0.2	
	(2.5% missing)		(2.5% missing)	
Female (Percent)	69.9 (2.2% missing)	67.9 (1.3% missing)	66.6 (1.9% missing)	76.2 (1.3% missing)
Relationship to Resident (Percent)				
Child	47.1		68.2	
Spouse	14.4		4.6	
Sibling	12.2		6.3	
Guardian	4.6		1.3	
Parent	5.8		3.7	
Son/Daughter-in-law	4.4		5.4	
Niece/Nephew	4.4		5.4	
Other	3.8		2.3	
Friend	2.3		1.9	
Grandchild	1.1		0.9	
	(7.6% missing)		(6.1% missing)	
Education Level				
Less than high school	2.6		0.6	
Completed high school	50.3		34.5	
Completed college	32.4		41.1	
Master's or higher	14.7		23.8	
	(3.2% missing)		(2.6% missing)	

N = 20,716 NH families and 13,856 RCF families.

Note. Percentages are based on those who answered the questions. Family member ages below age 18 were considered recording errors and counted as missing.

The family surveys provide some interesting comparisons among respondents and residents in both kinds of facilities. While the average NH resident is younger, NH family respondents are slightly older (average age 64.7) than RCF families (63.8). RCF families are also more likely to be white and female. They are also more likely to have higher education with nearly two-thirds (64.3%) having a college education or higher, compared to less than half (46.2%) of NH families having similar education. These differences probably reflect the largely private pay clientele of RCFs; a more affluent resident population.

Table 10. Level of Family Activities, 2018		
	NH	RCF
Frequency of Visits (Percent)		
Daily	19.4	10.5
Several times a week	36.3	42.9
Once a week	20.4	25.7
Two or three times per month	11.4	10.5
Once a month	6.4	5.0
Few times per year	6.1	5.3
	Never	Sometimes
	NH	RCF
Helps with (Percent)		
Eating	41.5	66.8
Dressing	60.3	63.9
Toileting	71.9	75.5
Grooming	37.3	50.1
Going to Activities	32.9	29.4
Talks to (Percent)		
Nurse Aides	1.7	4.1
Nurses	1.5	3.8
Social Workers	10.0	43.0
Physician	50.8	51.3
Administrator	20.7	10.8
Other	22.5	19.2

N = 20,716 NH families and 13,856 RCF families.

Note. Percentages are based on those who answered the questions.

Nursing home families are also providing more help in facilities, with a lower proportion of RCF families saying they always provide assistance and a higher proportion saying they never provide assistance. Only in *going to activities* are RCF families less likely to say they never help, and more likely to say they always help. Interestingly, similar proportions of NH and RCF families (71.9 and 75.5) say they never help with toileting. Nursing home families have far more communication with nurse aides than do RCF

families, and NH families are also more frequent visitors. This may be due to the different relationships to the residents, with nearly two-thirds of RCF families being adult children, while the NH families are comprised of a greater proportion of spouses.

Table 11. Residents in NHs and RCFs, 2018				
Resident's Expected Length of Stay (Percent)	NH		RCF	
Less than 1 month	3.4		0.6	
From 1 to 3 months	5.2		1.3	
Greater than 3 months (2.9% missing)	91.4		98.1	
	No Help	Some	A Great Deal	Totally Dep.
NH Resident Needs Help With ADLs (Percent)				
Medication (1.7% missing)	8.9	24.1	22.2	44.8
Toileting (1.79% missing)	14.8	21.6	21.0	42.6
Dressing (1.6% missing)	11.0	26.2	24.8	38.1
Transferring (1.5% missing)	18.8	21.9	20.2	39.0
	No Help	Some	A Great Deal	Totally Dep.
RCF Resident Needs Help With ADLs (Percent)				
Eating (1.3% missing)	60.6	26.4	5.8	7.2
Toileting (1.4% missing)	49.6	25.8	11.2	13.4
Dressing (1.3% missing)	36.6	37.8	13.8	11.9
Transferring (1.3% missing)	57.1	21.8	8.9	12.2

N = 20,716 NH families and 13,856 RCF families.

Note. Percentages are based on those who answered the questions.

As shown in Table 11, these RCF and NH residents show quite different levels of impairment, with about four in 10 NH residents being totally dependent in all activities of daily living (ADLs), while fewer than 15% of RCF residents were totally dependent in any ADL. While there is a general perception that RCF residents are becoming more impaired, the ADL with the greatest impairment level is dressing, which still shows over one-third (36.6%) of residents needing no assistance. Another difference is in the length

of stay for these residents, with the RCF respondents reporting their residents are nearly all (98%) long-stayers.

SATISFACTION RESULTS

Table 12 shows the frequency of responses for each questionnaire item, along with the statewide means for each item.

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

Table 12. Item Frequencies and Averages for NH and RCF Family Survey Items, 2018

Items & Domains (RCF data are in bold)	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't Know/ Not Applicable	NH RCF Mean Scores
Moving In						79.7 88.1
When the resident moved in, were you given thorough information to help you know what to expect?	48 1.7	6.2 3.4	25.8 20.8	57.6 72.2	5.6 1.9	79.6 87.8
Was the resident given a thorough orientation to the nursing home/RCF?	6.4 2.3	11.0 6.3	25.4 24.4	42.1 59.8	15.1 7.3	72.4 83.4
Did you feel warmly welcomed as a new family member?	2.5 0.7	3.4 1.6	22.4 13.9	67.4 82.3	4.3 1.5	86.0 92.8
Spending Time						68.8 74.7
Does the resident have something enjoyable to look forward to most days?	5.6 2.3	15.9 10.3	39.4 39.6	31.2 43.9	7.9 3.9	67.0 75.4
Do the staff do a good job keeping the resident connected to the community?	5.5 2.5	13.7 8.7	34.4 35.0	33.0 46.6	13.4 7.2	68.1 77.2
Does the resident have plenty of opportunities to do things that are meaningful to them?	5.1 2.5	13.8 10.7	34.6 34.0	37.1 48.5	9.4 4.4	70.1 76.8

Items & Domains (RCF data are in bold)	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't Know/ Not Applicable	NH RCF Mean Scores
(RCF item only.) Does the residential care facility have enough opportunities for your resident to go on special outings and events?	3.4	9.4	27.9	49.4	9.9	75.7
Does the resident like the provided activities?	5.4 3.6	16.6 15.0	35.2 36.6	29.4 36.8	13.3 8.0	66.5 71.4
Does the nursing home/RCF provide things the resident enjoys doing on the weekend?	8.6 7.3	19.1 20.9	31.5 33.2	23.4 25.8	17.5 12.8	59.9 61.2
Do you have plenty of opportunities to be involved in the nursing home/RCF?	3.3 1.8	7.5 5.4	30.1 28.7	54.1 60.4	5.0 3.8	78.9 83.4
Care and Services						78.8 84.2
(RCF item only.) Does this living arrangement help the resident maintain their independence?	1.2	3.3	24.8	65.1	5.5	86.7
(NH item only.) Are the resident's preferences about daily routine carried out (e.g., time and place for meals and time and type of bath)?	4.5	8.5	36.5	45.1	5.4	75.4
Do you have enough opportunities for input into decisions about your resident's care?	3.0 2.2	7.0 6.7	27.3 25.6	61.5 63.9	1.2 1.6	81.5 83.9
Do you get enough information to make decisions with or about your resident?	4.1 2.7	8.5 8.2	27.3 26.2	59.0 61.4	1.1 1.6	79.3 82.0
Caregivers						75.4 82.7
Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	4.4 2.3	8.3 7.2	31.1 30.6	55.3 58.7	0.9 1.2	78.5 82.3

Items & Domains (RCF data are in bold)	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't Know/ Not Applicable	NH RCF Mean Scores
Do the staff know what the resident likes and doesn't like?	2.4 1.2	8.6 5.5	35.9 36.1	50.7 54.6	2.5 2.6	78.7 82.8
Do the staff regularly check to see if the resident needs anything?	5.7 2.4	13.1 8.5	35.4 32.1	40.3 52.3	5.4 4.7	71.2 80.1
Have you gotten to know the staff who care for your resident?	2.4 1.7	6.7 6.1	14.6 25.4	36.3 65.3	1.2 1.5	82.9 85.7
(RCF item only.) Do the staff encourage your resident to be as independent as they are able to be?	0.8	3.5	29.4	60.8	5.6	86.1
Do the staff come quickly (RCF item--Do you feel confident the staff would come quickly) anytime your resident needs help?	10.3 4.1	14.6 8.2	36.3 27.9	32.0 58.5	6.8 1.4	64.5 80.7
Meals and Dining						73.2 78.7
Is there a lot of variety in the meals?	6.6 4.6	11.4 10.0	35.3 34.7	38.1 44.9	8.5 5.8	70.0 74.6
Are you included in mealtimes if you want to be?	3.6 1.5	4.4 2.4	25.3 20.0	55.2 70.7	11.4 5.4	80.9 87.8
Is the food good?	7.0 4.9	9.4 8.8	37.3 36.7	33.0 41.7	13.4 7.9	68.8 74
Environment						75.4 83
Is the nursing home (RCF) thoroughly clean?	4.0 1.4	7.4 4.6	31.4 24.8	56.4 68.7	0.8 0.4	78.7 86.2
Can the resident get outside often enough?	7.4 2.5	15.2 7.8	29.5 25.8	34.8 58.1	13.0 5.8	67.3 81.7
(NH item only.) Do you have a good place to visit privately?	3.8	5.9	24.8	63.8	1.6	82.1
Are the resident's belongings safe?	7.1 2.5	10.0 5.6	37.8 35.3	42.1 54.8	3.0 1.8	71.4 81.1
Facility Culture						76.4 81.4

Items & Domains (RCF data are in bold)	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't Know/ Not Applicable	NH RCF Mean Scores
Are you encouraged to speak up when you have a problem?	2.3 1.6	4.7 4.3	23.5 23.3	67.8 68.2	1.7 2.7	85.5 87.0
Are your concerns addressed in a timely way?	4.7 3.0	8.8 7.3	28.9 27.2	55.8 59.4	1.8 3.1	78.1 82.0
Are you kept well informed about how things are going with your resident?	4.7 3.6	8.7 9.3	26.6 27.3	59.3 58.2	0.7 1.7	78.5 80.4
Do the staff seem happy to work at the nursing home/RCF?	5.4 1.8	11.9 6.4	34.6 35.5	43.2 53.5	4.7 2.9	72.3 80.7
Do the staff go above and beyond to give your resident a good life?	5.6 2.4	11.9 8.6	34.6 31.9	43.2 53.5	4.7 3.6	72.2 79.9
Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g., things like completing paperwork, purchasing clothing)?	6.7 5.9	12.5 15.5	31.1 28.1	38.0 34.1	11.6 16.4	70.5 70.0
Do you have peace of mind about the care your resident is getting when you aren't at the nursing home?	5.6 2.2	8.3 4.9	29.3 25.1	55.7 67.3	1.1 0.6	77.4 85.9
Would you highly recommend this nursing home/RCF to a family member or friend?	7.3 3.1	9.4 6.5	26.7 22.3	53.8 66.4	2.9 1.6	74.3 83.7

Note. Frequencies are based on individual data statewide. $N = 20,716$ for NFs and 13,856 for RCFs. The top lines in each cell are NF numbers, RCF numbers are in bold. Means are based on the average among all facility's item averages.

Domain scores were computed by averaging the scores from all the items in the domain. In order for a respondent's data to be included in the domain average, he/she had to answer all but two of the domain items. For example, where six items are in a domain, respondents had to answer at least four. While this criteria is important in keeping respondents who did not know about many of the items from influencing the data, it did result in several cases where facilities did not have any respondents who answered enough domain items to compute a domain score.

FAMILY COMMENTS

In 2014, any comment that family members included on or with their surveys was recorded, counted, and coded. These comments were entered into an Excel spreadsheet, assigned a code corresponding to the topic(s) addressed in their comment, and then categorized into larger constructs, or themes. Scanned originals and the Excel files of comments were forwarded to ODA weekly since some families specifically requested interventions and assistance. Comments were not provided to the facilities.

Beginning in 2016 and again this year, families were instructed to place any additional comments on the back of the survey form, and were informed that the comments would be forwarded to facilities, unless otherwise instructed. Comments were scanned, and forwarded to ODA weekly. ODA kept the comments for each facility and at the end of the data collection period forwarded the summary files of family comments to the appropriate facilities. We no longer documented and coded each comment due to the time intensive nature of the task. However, the online survey forms provided an opportunity to examine family comments for this subgroup of respondents. Because their comments were typed into the online surveys and could be retrieved in their entirety as part of an Excel spreadsheet, it was a much smaller task to assign codes and analyze for themes than in previous years.

Despite the low percentage of online responses, the 1,068 available comments (559 from NHs, and 509 from RCFs) allowed us to identify several overarching themes. Each of these themes is discussed based on how often they showed up on survey responses. Because of the length of some submissions, there were multiple codes attached to the response, meaning multiple topics were brought up in the same comment. The distribution of comments across topic areas is shown in Table 13.

Table 13. Topics from Families Included in Online Surveys, 2018		
Topic	NH Percent (%)	RCF Percent (%)
Staff shortage/understaffed, long response time, staff turnover and lack of continuity	13.7	11.2
General positive comment or recommending the facility	12.9	18.8
Caring, helpful, well trained and knowledgeable staff	12.7	14.8
Poor attitudes, lack of care, and lack of knowledge from staff	6.5	4.8
Poor communication	6.3	6.3
Concerns about health, medical care, and hygiene of resident	5.8	5.4
Good medical care and hygiene of resident	5.8	1.7
General negative comment of facility or not recommending the facility	5.7	3.3
Recommendation for facility	5.6	3.8
Negative comments on amenities	4.6	8.7
Good communication	3.6	1.9
Concerns about safety and security of environment and resident	3.4	2.3
Well maintained facility	3.1	2.9
Poor maintenance of facility	2.7	2.5
Positive amenities and safety of facility	2.6	3.5
Inability or lack of knowing resident's experience (dementia)	1.8	2.4
Positive comment about staffing levels, response time, continuity and owners	0.4	0.9
Concern of high cost or raising cost	-	2.6
Miscellaneous	2.9	2.4
Total Number of Topics	1,606	1,136

Note. The above coded topics came from 559 NH and 509 RCF online family surveys.

The results in Table 13 show that the topics of staff shortage or being understaffed, long response time to requests for assistance, and staff turnover or lack of continuity were the leading issues of concern in our findings. Nearly 14% of the coded topics were related to staff shortages in NHs and 11.2% among families of RCF residents. One respondent said, “the wait for help when the call light is on is way too long, and that is a frequent problem,” while another added “nights, when she puts her call light on, needing a breathing treatment because of her CHF, the response is slow. This causes me great concern. It has happened on days as well but I was there...” Other respondents voiced similar concerns, one wrote, “there is constant turnover of both the care and nursing

staff and the office administrators, so much so, that it is chaotic.” Many of these responses indicated lack of continuity with the staff and the inability of staff members to quickly respond to issues.

Commenters also consistently recommended or positively commented on a facility. Nearly 20 percent (18.8) of the coded topics from RCFs and 12.9% from NHs were considered positive comments. One commenter wrote,

“[name of facility] has become an extension of our family. The entire staff is outstanding. We are very lucky and thankful to have our Mother there. They continue to raise the bar in terms of care and attention. Would not even think of using some other facility...”

The topics of staff shortage or being understaffed, long response time to requests for assistance and staff turnover or lack of continuity were the leading issues of concern in our findings.

Another commenter shared, “I feel confident in my resident’s stay there, and have no regrets with my decision to use this facility.” These survey comments imply that there was a great deal of positive response to how individuals felt leaving their family members in these facilities. It seems that our respondents are grateful for the opportunity to share how happy they are with the overall facility.

Other positive perceptions were also noted by families. Fifteen percent (14.8) of the RCF commenters mentioned the code of caring, helpful, well trained and knowledgeable staff as compared to 12.7% of NH commenters. “The staff members at the [name of facility] facility are kind, warm, and knowledgeable,” said one respondent. Another family member commented, “The staff is very friendly and knowledgeable.”

Despite the presence of positive responses, some family members also voiced concern about certain aspects of a facility, such as poor attitudes of, and lack of care from, the facility staff. For example, a family member wrote,

“The aides DO NOT seem to care. When my mother simply asked an aide to please hang up her dress that was on the floor, something my mom couldn’t do on her own, the aide nastily responded that wasn’t part of her job responsibilities. That kind of attitude seems to be pervasive with the aides at this nursing home.”

As in previous years, a concern voiced by family members was the lack of communication they received from facility staff members. Six percent of the coded topics from NH and RCF respondents indicated poor communication. One commenter wrote, “My family and I have all sat with unreturned calls or being met with rude comments by staff (administration),” while another explained that there was, “Absolutely

no follow up on concerns from DON or SSW. I am bringing up the same issues monthly.”

Positive comments about communication were less frequent, but there were some provided. Often, positive communication experiences were coupled with another code, such as level of care their family member received. “I receive calls on any changes in my mother’s condition; any changes in care and the facility seeks my input.”

Fewer positive comments may reflect a belief that positive communication is something they should automatically receive from facility staff, which means family members would only report a negative experience since they view it as a deviation from expected care.

Unlike our findings from previous years, the 2018 results indicated some concern with high cost or rising cost of RCFs. An RCF respondent wrote, “Families are viewed as ‘revenue sources’ vs consumers or customers,” and another one commented, “...they then document these incidents and blow them completely out of proportion to justify the increase in cost. This has been an ongoing problem here, and we find it bordering on unethical.” Two themes emerged from these comments. First, the comments suggest RCF respondents are concerned that the level of care their family member received was not reflective of the facility’s high cost. Second, unexpected price increases or hidden charges were surprising enough that RCF respondents took time to voice their apprehension. Because the majority of RCF residents in Ohio are private pay, cost issues are likely more relevant to this group than for NH families where the majority of residents’ care is paid by Medicaid.

As in previous years, the data revealed an interesting pattern regarding respondents whose family member passed away or left the facility before the survey was received. Even though their family member no longer had an association with the facility, some of the respondents still took the time to complete a survey and reflect on their experience. While some respondents offered praise for the NH or RCF, others suggested future residents should not go to a certain facility. One family member wrote that they “would not even think of using some other facility.” Another family member wrote, “I needed to be involved or else I’m afraid overall care would suffer.” These comments suggest that the family members feel a sense of social accountability for future families by assisting them in choosing the correct facility for their family member.

Respondent comments are helpful in a number of ways. They are a valuable addition to the reports provided to facilities and present an opportunity for facilities to focus their quality improvement efforts. They also provide researchers with a qualitative window into a quantitative data set, giving us a deeper understanding about family members’ experiences that may have otherwise been unknown. Comments that raised issues on construction of the survey will also help refine future surveys.

SURVEY PSYCHOMETRICS

Because this is the second time this particular survey instrument was administered to NHs and RCFs, it continues to be important to examine the psychometric properties of the surveys overall. Table 14 shows the domain coefficient alphas for NHs and RCFs and item-total correlations for each item. To control for within-facility correlations, aggregated data from each NH and RCF were used for these analyses. The results show high reliability of the domains and stability of the instrument across both settings. George and Mallery⁴ suggest that alphas above .90 are excellent and above .80 are good. Alphas of .70 and above are acceptable with alphas of .60 and smaller being questionable and .50 and below unacceptable. All alphas from both the NF and RCF scales are good or excellent. For all the items combined into a single overall score, the alpha is .98 for NFs and .98 for RCFs.

The correlation of individual items with the other variables in the scale indicates how well all of them are measuring a similar construct. Gliem and Gliem⁵ suggest that these correlates should be at least .40 or above. This standard is met by all of the individual items in both surveys.

Table 14. Internal Reliability of Domains on NH and RCF Surveys, 2018

Domain	NH Item- Total Correlation	RCF Item- Total Correlation	NH Domain Alpha	RCF Domain Alpha
Moving In			.90	.88
When the resident moved in, were you given thorough information to help you know what to expect?	.85	.85		
Was the resident given a thorough orientation to the nursing home /RCF?	.82	.79		
Did you feel warmly welcomed as a new family member?	.79	.73		
Spending Time			.95	.94
Does the resident have something enjoyable to look forward to most days?	.88	.86		
Do the staff do a good job keeping the resident connected to the community?	.89	.87		
Does the resident have plenty of opportunities to do things that are meaningful to them?	.89	.88		

Domain	NH Item- Total Correlation	RCF Item- Total Correlation	NH Domain Alpha	RCF Domain Alpha
(RCF item only.) Does the residential care facility have enough opportunities for your resident to go on special outings and events?	.80	.75		Alpha would improve to .94 if this item dropped
Does the resident like the provided activities?	.80	.80		
Does the nursing home/RCF provide things the resident enjoys doing on the weekend?	.85	.84		Alpha would improve to .95 if this item dropped
Do you have plenty of opportunities to be involved in the nursing home/RCF?	.76	.74		
Care and Services			.88	.87
(RCF item only.) Does this living arrangement help the resident maintain their independence?		.60		Alpha would improve to .94 if this item dropped
(NH item only.) Are the resident's preferences about daily routine carried out (e.g., time and place for meals and time and type of bath)?	.64		Alpha would improve to .93 if this item dropped	
Do you have enough opportunities for input into decisions about your resident's care?	.81	.84		
Do you get enough information to make decisions with or about your resident?	.84	.85		
Caregivers			.92	.94
Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	.86	.86		
Do the staff know what the resident likes and doesn't like?	.82	.86		
Do the staff regularly check to see if the resident needs anything?	.88	.86	Alpha would improve to .93 if this item dropped	
Have you gotten to know the staff who care for your resident?	.70	.72		
(RCF item only.) Do the staff encourage your resident to be as independent as they are able to be?		.81		
Do the staff come quickly (RCF item--Do you feel confident the staff would come quickly) anytime your resident needs help?	.79	.83		

Domain	NH Item- Total Correlation	RCF Item- Total Correlation	NH Domain Alpha	RCF Domain Alpha
Meals and Dining			.85	.85
Is there a lot of variety in the meals?	.80	.82		
Are you included in mealtimes if you want to be?	.60	.56	Alpha would improve to .91 if this item dropped	Alpha would improve to .92 if this item dropped
Is the food good?	.80	.71		
Environment			.87	.81
Is the nursing home (RCF) thoroughly clean?	.76	.65		
Can the resident get outside often enough?	.66	.58		
(NH item only.) Do you have a good place to visit privately?	.71			
Are the resident's belongings safe?	.79	.74		
Facility Culture			.96	.96
Are you encouraged to speak up when you have a problem?	.76	.81	Alpha would improve to .97 if this item dropped	
Are your concerns addressed in a timely way?	.89	.90		
Are you kept well informed about how things are going with your resident?	.86	.84		
Do the staff seem happy to work at the nursing home/RCF?	.85	.88		
Do the staff go above and beyond to give your resident a good life?	.91	.91		
Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g., things like completing paperwork, purchasing clothing)?	.84	.79		
Do you have peace of mind about the care your resident is getting when you aren't at the nursing home?	.93	.91		
Would you highly recommend this nursing home/RCF to a family member or friend?	.90	.90		

Note. Alpha for all NH items is .98 RCF is .98.

As shown in Table 14, four items on both the NF survey and the RCF survey could be dropped from their domains to improve the alpha of the domain. Only one—“Are you included in mealtimes if you want to be?” appeared as an item to be dropped from the Meals & Dining domain across both surveys. The item “Does this living arrangement help the resident maintain their independence?” also shows the lowest item-total correlation of either survey, suggesting it might be considered for elimination from the survey altogether. In general, the few items that might be moved to another domain to improve an existing domain seem reasonable. For example, the item “Are you included in mealtimes if you want to be?” is conceptually not related to menus and food quality, but says more about how family members are treated by the facilities—both NHs and RCFs. Additional work on survey items could include confirmatory factor analysis to consider other domain structures. However, the results from these analyses do not suggest an immediate need to make revisions prior to the next administration of the resident surveys.

STATEWIDE QUALITY

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

Results from previous years had been tracked with a focus on examining which items were areas of concern for facilities, and which items showed areas of excellence. A score of 75 or lower indicated a problem item, while a score of 90 or higher showed an area of excellence. As shown in Table 15, 16 NH items and five RCF items show statewide average scores of 75 or below.

Table 15. Priority Areas for Improvement among NHs and RCFs, 2016 & 2018

	Domains Items	NHs		RCFs	
		2016	2018	2016	2018
Moving In	Was the resident given a thorough orientation to the nursing home?	73.3	72.4		
Spending Time	Does the resident have something enjoyable to look forward to most days?	66.9	67.0		
	Do the staff do a good job of keeping the resident connected to the community?	68.5	68.1		
	Does the resident have plenty of opportunities to do things that are meaningful to them?	70.1	70.1		
Caregivers	Does the resident like the provided activities?	66.0	66.5	70.9	71.4
	Does the nursing home/RCF provide things the resident enjoys doing on the weekend?	60.0	59.9	60.9	61.2
	Do the staff regularly check to see if the resident needs anything?	71.8	71.2		
Meals and Dining	Do the staff come quickly anytime your resident needs help?	65.7	64.5		
	Is there a lot of variety in the meals?	70.3	70.0	74.7	74.6
Environment	Is the food good?	69.5	68.8	73.4	74.0
	Can the resident get outside often enough?	68.1	67.3		
Facility Culture	Are the resident's belongings safe?	71.1	71.4		
	Do the staff seem happy to work at the nursing home?	73.3	72.3		
	Do the staff go above and beyond to give your resident a good life?	73.0	72.2		
Totals	Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g., things like completing paperwork, purchasing clothing)?	71.3	70.5	70.9	70.0
	Would you highly recommend this nursing home to a family member or friend?		74.3		
		15 Areas for Improvement	16 Areas for Improvement	5 Areas for Improvement	5 Areas for Improvement

Source: Straker, et al., 2016.

As shown in Table 15, all of the RCF problem areas are also problems in NHs and the change in both types of facilities since 2016 is negligible. Some of the problem areas may be intractable for facilities to address; food items have always appeared on the problem lists. Cooking in quantity and producing a variety of tasty foods for people on special diets is extremely difficult. However, when facilities undertake a culture change process the dining experience is often one of the first modifications made. We might hope that as more facilities offer a wider variety of menu options residents will find choices that they find “good food.”

In 2014, we reported 14 areas of NH excellence—items with statewide averages of 90 and over. With the revised surveys in 2016 we found only one item with a statewide average of 90 or above in the RCF survey and none among the NHs. In an effort to continue to focus on things facilities do well, we lowered the benchmark to 85 and above and report those items in Table 16.⁶ Similar to the priority areas for improvement, RCFs show better performance than NHs, with nine areas of excellence compared to two in NHs. Again, little change is noted from 2016 to 2018.

Table 16. Areas of Best Performance among NHs and RCFs, 2016 & 2018

Domains	Items	NHs		RCFs	
		2016	2018	2016	2018
Moving In	When the resident moved in, were you given thorough information to help you know what to expect?			88.6	87.8
	Did you feel warmly welcomed as a new family member?	86.5	86.0	93.0	92.8
Care and Services	Does this living arrangement help the resident maintain their independence? (RCF item only.)			87.7	86.7
Caregivers	Have you gotten to know the staff who care for your resident?			86.5	85.7
	Do the staff encourage your resident to be as independent as they are able to be?			86.3	86.1
Meals and Dining	Are you included in mealtimes if you want to be?			88.3	87.8
Environment	Is the residential care facility thoroughly clean?			86.5	86.2
Facility Culture	Are you encouraged to speak up when you have a problem?	85.9	85.5	87.2	87.0
	Do you have peace of mind about the care your resident is getting when you aren't at the nursing home/residential care facility?			86.7	85.9
Totals		2 Areas of Excellence	2 Areas of Excellence	9 Areas of Excellence	9 Areas of Excellence

Changes over time

In 2016 the survey revisions were so extensive, that we elected to stop showing comparisons with previous years. However, as we continue to monitor quality in Ohio's NHs and RCFs it may be useful to observe longitudinal changes as they occur. Statewide averages for NHs and RCFs for the recent two years of survey administration are shown in Table 17.⁷ Across all measures the changes are very small, with only the overall state average for RCFs showing improvement. Some of the changes may be due only to the smaller proportion of facilities meeting MOE this year than in 2016; only facilities who meet MOE are included in the statewide overall average. Other facilities may meet MOE but not have a score in every domain. The requirement for a respondent to be included in the overall score only requires an answer of 20% or more of the questions, while a domain score is calculated only from respondents who answer all except two items in a domain.

Table 17. Statewide Overall and Domain Averages, 2016 & 2018

Domain	NH		RCF	
	2016	2018	2016	2018
Statewide Average (SD)	77.9 (7.4) range 48.0-96.7	77.8 (7.4) range 45.5-97.0	82.2 (6.9) range 57.1-96.7	82.6 (10.8) range 16.5-100.0
Moving In	80.5	79.6	88.6	88.1
Spending Time	68.5	68.5	74.8	74.7
Care and Services	79.1	78.7	84.9	84.2
Caregivers	75.9	75.2	83.6	82.7
Meals and Dining	73.7	73.1	78.9	78.7
Environment	75.8	75.3	83.5	83.0
Facility Culture	77.0	76.3	82.3	81.4

One of the goals for the 2016 revisions to the resident and family surveys was to raise the bar for Ohio nursing homes—to identify the areas of care that distinguish great facilities from average ones, and poor ones from average. In addition, we wanted to also tap into new areas that focused on person-centered practices where facilities may be early in the process of embracing culture change. It appears that both of these goals were achieved with the new tool. We learned from focus groups that informed the survey revisions and from the family comments on the surveys that respondents are increasingly savvy consumers with heightened expectations. Ohio families often have experience with numerous facilities and know what facilities can and should be. The higher performance of RCFs in a number of areas shows that facility settings can provide care of which families highly approve. However, findings from previous work show that residents (and families of those) with greater impairments are generally less satisfied regardless of the setting (Roberts & Straker, 2015).⁸ This phenomenon may be one reason for the disparate scores between NHs and RCFs.

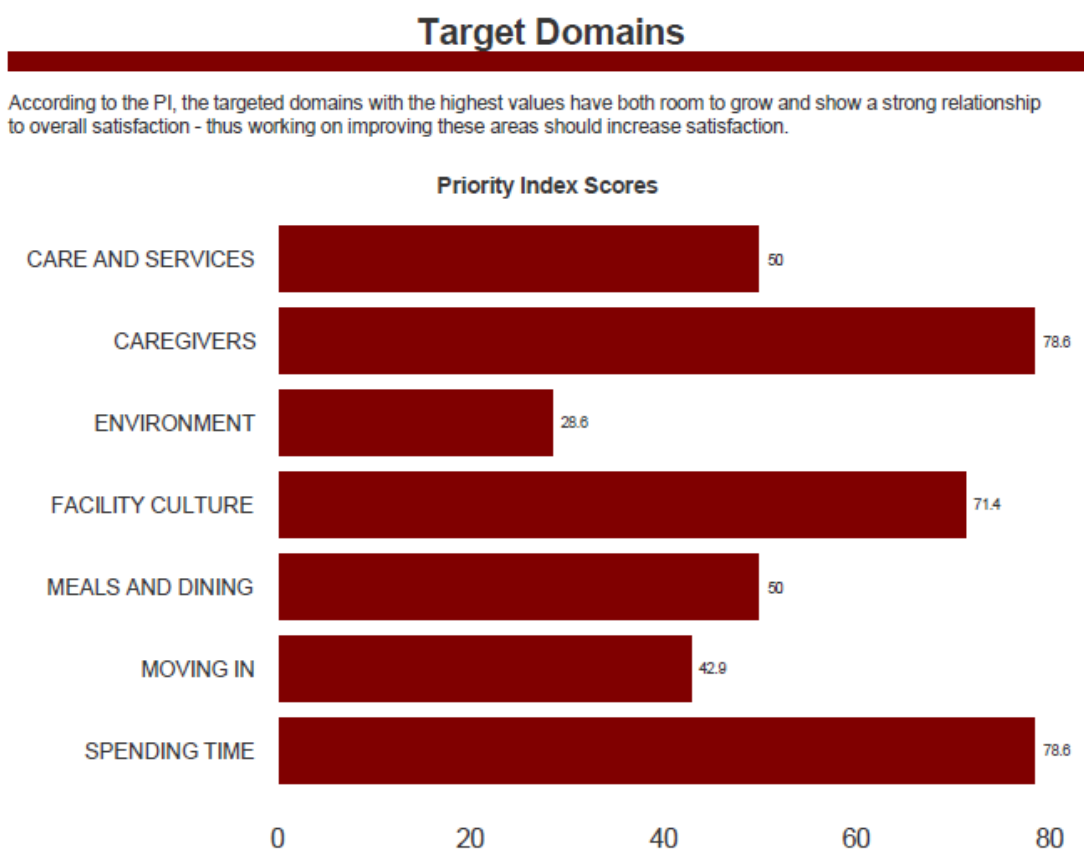
We learned... respondents are increasingly savvy consumers with heightened expectations. Ohio families often have experience with numerous facilities and know what facilities can and should be.

MAKING QUALITY IMPROVEMENTS

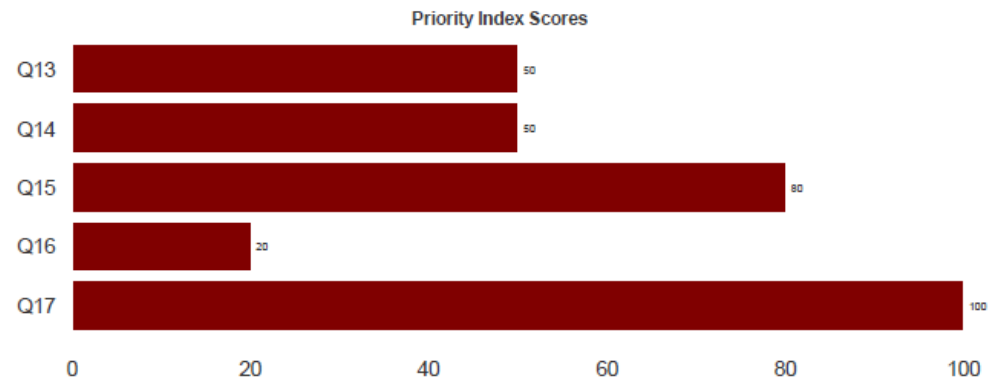
In 2016 a priority index was added to the facility reports; the 2018 version is shown below. To calculate the priority index for a facility, we correlated each domain with the item on whether someone would recommend the facility. The domains most highly correlated and having the lowest scores in a facility provide the greatest opportunities for facilities to make improvements.

After indicating priority scores for all domains, individual items within each of the top two domains were shown, with the highest scores on each indicating areas of greatest priority for improvement. An example of a facility priority index is shown in Figure 5.

Figure 5. 2018 Priority Index Report



Priority Domain 1: CAREGIVERS



Question Lookup

Question	Question Text
Q13	Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?
Q14	Do the staff know what the resident likes and doesn't like?
Q15	Do the staff regularly check to see if the resident needs anything?
Q16	Have you gotten to know the staff who care for your resident?
Q17	Do the staff come quickly anytime your resident needs help?

RECOMMENDATIONS FOR 2020

The Ohio Long-Term Care Consumer Guide is a “work in progress” by mandate. While Scripps experience with survey production and scanning and helpline assistance to facilities and families has developed over nearly two decades, the 2018 survey added the new tasks of obtaining and processing family name lists from facilities, and redesigning the facility reports. In addition to the visual redesign, the report process was automated so that analysis, output into a visually pleasing report, and PDF production is combined into one step. The new report production process will result in much greater efficiency in future years. The lower number of facilities meeting the MOE and overall statewide response rate reductions continue to cause concern and suggest some areas for improvements.

Project debrief meetings with students and Scripps staff were held at the conclusion of the data collection process and again with research staff at the completion of the analysis and facility report production. The recommendations for 2020 based on helpline issues as well as the debriefing meetings are provided below.

The lower number of facilities meeting the margin of error and overall statewide response rate reductions continue to cause concern and suggest some additional ideas for improvements.

Recommendations for working with facilities

1. Continue to use mailings from ODA to introduce the family survey, well in advance of survey implementation dates. Include promotional materials such as high-quality posters, flyers that can be included with bills or other mailing to families, news releases, or other materials that facilities can use to encourage family participation.
2. Implement a second mailing from ODA midway through the process. With frequent administrator changes, some facilities completely miss the early notifications. Response to calls and letters from ODA are usually higher than from Scripps.
3. Since all families should be included in the surveys, a statewide ad campaign or public service announcements could be made directly to families to encourage them to participate.
4. Consider providing information about family list errors from 2018 directly to facilities when requesting their 2020 lists. They may not be aware of the extent to which their family name and address lists are faulty.
5. Work with trade associations to place reminders in their regular newsletters and e-newsletters. Associations can provide early encouragement to facilities to use the strategies outlined in the tip sheets for improving response rates.

6. Make follow-up late facility calls earlier in the process instead of waiting until the end.
7. Provide a screen-shot step-by-step video of instructions for password protecting and attaching Excel templates.

Recommendations for working with families

8. Reinforce confidentiality issues in the cover letter to families stating that no one at the nursing home or the residential care facility will ever see individual results.
9. Encourage short-term families and families who are not knowledgeable about certain issues to complete as much of the survey as possible.
10. Continue the use of the Family Survey web page for facilities and families on the ODA web site. This would increase the transparency of the process and encourage facilities and families who have questions about the process to participate.
11. Include a list of Frequently Asked Questions for families on the ODA website.

Recommendations for Scripps

12. Explore strategies to assist smaller facilities in meeting margin of error.
13. Continue to explore scoring changes that provide a valid description that will be accurately interpreted by facilities and families.
14. Incorporate a data manager into project planning, implementation, and student training.
15. Continue to evolve the research mentorship model of student employment on the project team.
16. Engage doctoral associates and some students earlier in the process.
17. Plan group visit to local NHs and RCFs to ensure all project team members have similar perceptions of facilities. This will provide context to assist in understanding helpline issues raised by families.

CONCLUSIONS

This report on the ninth family survey implementation provides guidance for further refinements to the family satisfaction survey process in future years. Ohio leads the nation in providing the most comprehensive consumer satisfaction information about nursing homes and residential care facilities. Work conducted with Ohio's data in relationship to Nursing Home Compare has illustrated the importance of family and resident information as a distinct aspect of overall facility quality.⁹ Other research using these data provides a rich resource for examining aspects of nursing home quality.¹⁰ We continue to implement a rigorous survey process that results in robust survey data for important consumer decision-making and quality improvement by facilities.

Ohio is a leader in providing information to consumers and facilities that reflects both the views of residents and family members. Ohio's Consumer Guide website (www.ltc.ohio.gov) provides comprehensive information about Ohio NHs and RCFs as well as other aspects of long-term care. Family satisfaction is one important component to assist prospective residents and their caregivers in choosing a NH or a RCF. Family

Ohio is a leader in providing information to consumers and facilities that reflects both the views of residents and family.

Satisfaction also provides an important starting point for facilities to improve their care. The family satisfaction survey provides an important avenue for families to express their opinions and provide feedback about the nursing home or residential care facility where their resident receives care. Ohioans are fortunate to have access to this valuable resource.

APPENDIX A. FAMILY SURVEY FORMS AND INSTRUCTIONS

Facility ID:

2018 Ohio Nursing Home Family Satisfaction Survey

Thank you for taking the time to complete the Ohio Nursing Home Family Satisfaction Survey. It is for family members and other people involved in the lives of Ohio's nursing home and hospital sub-acute unit residents. Please answer as many questions as you can, even if you were only involved with a nursing home resident for a short stay. If a question does not apply to your resident, or you do not know about the service or care, please check the "Don't know/Not applicable" box. You may skip any question you don't want to answer. Do NOT remove this page from your survey. We won't know which facility you are responding about.

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

Type the URL <http://miamioh.edu/scrippsaging/2018-Nhome-family-survey> into the address line of your Internet browser. You will be asked to enter a facility identification number and serial number to login to the survey. Type the facility identifier (the code above beginning with OH) exactly as it appears in the upper right corner of this page. Enter the serial number from the lower right corner when you login to the survey. Do NOT complete and return this paper survey if you complete the survey online.

If you have questions or concerns after reading the letter from ODA on the next page, please call the **toll-free survey helpline at 1-844-864-0049** 9:00-4:00, M-F or send e-mail to **familysurvey@miamioh.edu**. You may leave a message and a phone number any time and your call will be returned the next business day.

PLEASE DO NOT FOLD YOUR SURVEY.



Department of Aging

John Kasich, Governor
Beverley L. Laubert, Interim Director

Dear Family Member or Friend of an Ohio Long-Term Care Facility Resident:

You have the right to expect excellence from the providers who give long-term care and support to your loved ones. At the Ohio Department of Aging, we work every day to help our elders and their families seek and receive the highest quality care and live the highest quality of life possible at every nursing home and assisted living facility in the state.

We are working with the Scripps Gerontology Center at Miami University to survey family members, friends or guardians of Ohioans who live in long-term care facilities, including nursing homes, residential care facilities and hospital sub-acute units. We want to know what you think about your relative's or friend's home. The results of this Family Satisfaction Survey will be posted on the Ohio Long-Term Care Consumer Guide Web site (www.ltc.ohio.gov) early in 2019. The Consumer Guide helps people select a long-term care provider by offering comparative information. The survey results also help long-term care providers improve their services.

I hope you will add your voice to this important conversation about quality care. The information that you provide in this survey is anonymous; nothing on the survey identifies you, and providers will not see your responses to the multiple-choice questions. Your participation is voluntary, but critical. More than 32,000 family members and friends participated in the 2016 survey.

You may submit your survey responses online using the instructions on the front cover of this packet or complete the printed survey form and return it anonymously to the researchers at Scripps using the enclosed postage-paid envelope. If your family member has received care in several places, please respond thinking about the home identified on the form. Even if their stay was a short one or they have already returned home, your input about their brief experience is still very important.

Please submit or mail your survey responses within two weeks of receiving this packet.

Call the Family Satisfaction Survey toll-free helpline at **1-844-864-0049** between 9 a.m. and 4 p.m. or e-mail familysurvey@miamioh.edu if you have any questions about the survey.

If you have concerns about the care your loved one is receiving, please contact the Office of the State Long-term Care Ombudsman at **1-800-282-1206** for assistance. Comments written on the survey form itself may not otherwise be seen by an ombudsman who can help.

Thank you for your participation.

Sincerely,

Beverley L. Laubert
Interim Director

Ohio Department of Aging Nursing Home Family Satisfaction Survey 2018

Marking Instructions - Use a dark-colored ink (ball-point, gel, roller-ball, felt-tip will all work well).

Please do not use pencil.

If you make a mistake, cross out the incorrect answer and check the correct one.

Correct:

If you make a mistake:

***** Please do not fold your survey *****

Moving In

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
1. When the resident moved in, were you given thorough information to help you know what to expect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the resident given a thorough orientation to the nursing home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you feel warmly welcomed as a new family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spending Time

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
4. Does the resident have something enjoyable to look forward to most days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do the staff do a good job keeping the resident connected to the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the resident have plenty of opportunities to do things that are meaningful to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the resident like the provided activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the nursing home provide things the resident enjoys doing on the weekend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have plenty of opportunities to be involved in the nursing home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care and Services

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
10. Are the resident's preferences about daily routine carried out (e.g. time and place for meals and time and type of bath)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have enough opportunities for input into decisions about your resident's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you get enough information to make decisions with or about your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caregivers

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
13. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do the staff know what the resident likes and doesn't like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do the staff regularly check to see if the resident needs anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you gotten to know the staff who care for your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do the staff come quickly anytime your resident needs help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meals and Dining

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
18. Is there a lot of variety in the meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are you included in mealtimes if you want to be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the food good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
21. Is the nursing home thoroughly clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Can the resident get outside often enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have a good place to visit privately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are the resident's belongings safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Culture

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
25. Are you encouraged to speak up when you have a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are your concerns addressed in a timely way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you kept well informed about how things are going with your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do the staff seem happy to work at the nursing home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do the staff go above and beyond to give your resident a good life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g. things like completing paperwork, purchasing clothing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you have peace of mind about the care your resident is getting when you aren't at the nursing home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Would you highly recommend this nursing home to a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background Information

1. How old is the resident (years)?

Example: 101

1	<input type="checkbox"/>	0	<input type="checkbox"/>
2	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	2	<input type="checkbox"/>
4	<input type="checkbox"/>	3	<input type="checkbox"/>
5	<input type="checkbox"/>	4	<input type="checkbox"/>
6	<input type="checkbox"/>	5	<input type="checkbox"/>
7	<input type="checkbox"/>	6	<input type="checkbox"/>
8	<input type="checkbox"/>	7	<input type="checkbox"/>
9	<input type="checkbox"/>	8	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>

0	<input type="checkbox"/>
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

2. How old are you (years)?

Example: 85

		0	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	9	<input type="checkbox"/>

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

0	<input type="checkbox"/>
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

3. What is your race/ethnicity?

Asian/Pacific Islander	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African American/Black	<input type="checkbox"/>	Native American/Indian	<input type="checkbox"/>
Caucasian/White	<input type="checkbox"/>	Other	<input type="checkbox"/>

4. Mark the gender for the resident

Male

Female

5. Mark the gender for you

Male

Female

6. What is your educational level?

Less than high school	<input type="checkbox"/>	Completed college	<input type="checkbox"/>
High school completed	<input type="checkbox"/>	Master's or higher	<input type="checkbox"/>

7. Do you expect the resident's total stay in this nursing home to be: (Please try to answer to the best of your ability. Select the category closest to your expectations.)

Less than 1 month	<input type="checkbox"/>
From 1 to 3 months.....	<input type="checkbox"/>
Greater than 3 months.....	<input type="checkbox"/>

8. On average, how often do you visit the resident?

Daily Two or three times a month
 Several times a week Once a month
 Once a week Few times a year

9. When you visit the resident, what do you help the resident with?

Help with:

	Never	Sometimes	Always
I. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Grooming (combing hair, cutting nails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Going to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your relationship to the resident? You are their _____.

Spouse..... Brother/sister
 Child..... Friend.....
 Grandchild Parent
 Niece/Nephew..... Professional /Volunteer Guardian.
 Son/Daughter in law. Other.....

11. Do you talk to the following staff?

	Never	Sometimes	Always
I. Nurse Aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Administrator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How much help does the resident need with the activities below? Please check the appropriate box.

12a. Taking medication

Needs no assistance or supervision from another person.....
 Needs some assistance or supervision from another person.....
 Needs a great deal of assistance or supervision from another person
 Resident is totally dependent.....

12c. Dressing

Needs no assistance or supervision from another person.....
 Needs some assistance or supervision from another person.....
 Needs a great deal of assistance or supervision from another person
 Resident is totally dependent.....

12b. Going to bathroom

Needs no assistance or supervision from another person.....
 Needs some assistance or supervision from another person.....
 Needs a great deal of assistance or supervision from another person
 Resident is totally dependent.....

12d. Transferring (moving from or to a bed or chair)

Needs no assistance or supervision from another person.....
 Needs some assistance or supervision from another person.....
 Needs a great deal of assistance or supervision from another person
 Resident is totally dependent.....

Thank you for your time! Your participation will help others know more about Ohio's nursing homes. Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-32. Place your completed survey in the business reply envelope and drop into the mail.

***** Please do not fold your survey *****

**Return to: Scripps Gerontology Center
Miami University
Oxford, OH 45056**

Your comments below will be shared anonymously with the nursing home and the Ohio Long-Term Care Ombudsman 's office:

Facility ID:

2018 Ohio Residential Care Facility Family Satisfaction Survey

Thank you for taking the time to complete the Ohio Residential Care Facility (RCF) Family Satisfaction Survey. It is for family members and other people involved in the lives of Ohio's RCF or assisted living residents. Please answer as many questions as you can, even if you were only involved with a resident for a short stay. If a question does not apply to your resident, or you do not know about the service or care, please check the "Don't know/Not applicable" box. You may skip any question you don't want to answer. Do NOT remove this page from your survey. We won't know which facility you are responding about.

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

Type the URL <http://miamioh.edu/scrippsaging/2018-RCF-family-survey> into the address line of your Internet browser. You will be asked to enter a facility identification number and serial number to login to the survey. Type the facility identifier (the code above beginning with OH) exactly as it appears in the upper right corner of this page. Enter the serial number from the lower right corner when you login to the survey. Do NOT complete and return this paper survey if you complete the survey online.

If you have questions or concerns after reading the letter from ODA on the next page, please call the **toll-free survey helpline at 1-844-864-0049** 9:00-4:00, M-F or send e-mail to **familysurvey@miamioh.edu**. You may leave a message and a phone number any time and your call will be returned the next business day.

PLEASE DO NOT FOLD YOUR SURVEY.



Department of Aging

John Kasich, Governor
Beverley L. Laubert, Interim Director

Dear Family Member or Friend of an Ohio Long-Term Care Facility Resident:

You have the right to expect excellence from the providers who give long-term care and support to your loved ones. At the Ohio Department of Aging, we work every day to help our elders and their families seek and receive the highest quality care and live the highest quality of life possible at every nursing home and assisted living facility in the state.

We are working with the Scripps Gerontology Center at Miami University to survey family members, friends or guardians of Ohioans who live in long-term care facilities, including nursing homes, residential care facilities and hospital sub-acute units. We want to know what you think about your relative's or friend's home. The results of this Family Satisfaction Survey will be posted on the Ohio Long-Term Care Consumer Guide Web site (www.ltc.ohio.gov) early in 2019. The Consumer Guide helps people select a long-term care provider by offering comparative information. The survey results also help long-term care providers improve their services.

I hope you will add your voice to this important conversation about quality care. The information that you provide in this survey is anonymous; nothing on the survey identifies you, and providers will not see your responses to the multiple-choice questions. Your participation is voluntary, but critical. More than 32,000 family members and friends participated in the 2016 survey.

You may submit your survey responses online using the instructions on the front cover of this packet or complete the printed survey form and return it anonymously to the researchers at Scripps using the enclosed postage-paid envelope. If your family member has received care in several places, please respond thinking about the home identified on the form. Even if their stay was a short one or they have already returned home, your input about their brief experience is still very important.

Please submit or mail your survey responses within two weeks of receiving this packet.

Call the Family Satisfaction Survey toll-free helpline at **1-844-864-0049** between 9 a.m. and 4 p.m. or e-mail familysurvey@miamioh.edu if you have any questions about the survey.

If you have concerns about the care your loved one is receiving, please contact the Office of the State Long-term Care Ombudsman at **1-800-282-1206** for assistance. Comments written on the survey form itself may not otherwise be seen by an ombudsman who can help.

Thank you for your participation.

Sincerely,

Beverley L. Laubert
Interim Director

246 N. High St. / 1st Fl.
Columbus, OH 43215-2406 U.S.A.
www.aging.ohio.gov

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

Ohio Department of Aging Residential Care Facility Family Satisfaction Survey 2018

Marking Instructions - Use a dark-colored ink (ball-point, gel, roller-ball, felt-tip will all work well).

Please do not use pencil.

If you make a mistake, cross out the incorrect answer and check the correct one.

Correct:

If you make a mistake:

***** Please do not fold your survey *****

Moving In

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
1. When the resident moved in, were you given thorough information to help you know what to expect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the resident given a thorough orientation to residential care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you feel warmly welcomed as a new family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spending Time

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
4. Does the resident have something enjoyable to look forward to most days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do the staff do a good job keeping the resident connected to the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the resident have plenty of opportunities to do things that are meaningful to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the residential care facility have enough opportunities for your resident to go on special outings and events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the resident like the provided activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the residential care facility provide things the resident enjoys doing on the weekend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have plenty of opportunities to be involved in the residential care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Care and Services

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
11. Does this living arrangement help the resident maintain their independence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have enough opportunities for input into decisions about your resident's care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you get enough information to make decisions with or about your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caregivers

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
14. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do the staff know what the resident likes and doesn't like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do the staff regularly check to see if the resident needs anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you gotten to know the staff who care for your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do the staff encourage your resident to be as independent as they are able to be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you feel confident staff would come quickly anytime your resident needed help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meals and Dining

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
20. Is there a lot of variety in the meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are you included in mealtimes if you want to be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the food good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
23. Is the residential care facility thoroughly clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Can the resident get outside often enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the resident's belongings safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Culture

	<i>Definitely No</i>	<i>Probably No</i>	<i>Probably Yes</i>	<i>Definitely Yes</i>	<i>Don't know /Not Applicable</i>
26. Are you encouraged to speak up when you have a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are your concerns addressed in a timely way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Are you kept well informed about how things are going with your resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do the staff seem happy to work at the residential care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do the staff go above and beyond to give your resident a good life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you have peace of mind about the care your resident is getting when you aren't at the residential care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Would you highly recommend this residential care facility to a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background Information

1. How old is the resident (years)?

Example: 101

1	<input type="checkbox"/>	0	<input type="checkbox"/>
2	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	2	<input type="checkbox"/>
4	<input type="checkbox"/>	3	<input type="checkbox"/>
5	<input type="checkbox"/>	4	<input type="checkbox"/>
6	<input type="checkbox"/>	5	<input type="checkbox"/>
7	<input type="checkbox"/>	6	<input type="checkbox"/>
8	<input type="checkbox"/>	7	<input type="checkbox"/>
9	<input type="checkbox"/>	8	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>

1

2

3

4

5

6

7

8

9

10

0

1

2

3

4

5

6

7

8

9

2. How old are you (years)?

Example: 85

	<input type="checkbox"/>	0	<input type="checkbox"/>
1	<input type="checkbox"/>	1	<input type="checkbox"/>
2	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	4	<input type="checkbox"/>
5	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
6	<input type="checkbox"/>	6	<input type="checkbox"/>
7	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>
9	<input type="checkbox"/>	9	<input type="checkbox"/>

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

3. What is your race/ethnicity?

Asian/Pacific Islander	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African American/Black	<input type="checkbox"/>	Native American/Indian	<input type="checkbox"/>
Caucasian/White	<input type="checkbox"/>	Other	<input type="checkbox"/>

4. Mark the gender for the resident

Male

Female

5. Mark the gender for you

Male

Female

6. What is your educational level?

Less than high school	<input type="checkbox"/>	Completed college	<input type="checkbox"/>
High school completed	<input type="checkbox"/>	Master's or higher	<input type="checkbox"/>

7. Do you expect the resident's total stay in this residential care facility to be: (Please try to answer to the best of your ability. Select the category closest to your expectations.)

Less than 1 month

From 1 to 3 months.....

Greater than 3 months.....

8. On average, how often do you visit the resident?

Daily	<input type="checkbox"/>	Two or three times a month	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Few times a year	<input type="checkbox"/>

9. When you visit the resident, what do you help the resident with?

Help with:

	Never	Sometimes	Always
I. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Grooming (combing hair, cutting nails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Going to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How much help does the resident need with the activities below? Please check the appropriate box.

12a. Eating

Needs no assistance or supervision from another person.....

Needs some assistance or supervision from another person.....

Needs a great deal of assistance or supervision from another person

Resident is totally dependent.....

12b. Going to bathroom

Needs no assistance or supervision from another person.....

Needs some assistance or supervision from another person.....

Needs a great deal of assistance or supervision from another person

Resident is totally dependent.....

10. What is your relationship to the resident? You are their _____.

Spouse.....	<input type="checkbox"/>	Brother/sister	<input type="checkbox"/>
Child.....	<input type="checkbox"/>	Friend.....	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	Parent	<input type="checkbox"/>
Niece/Nephew.....	<input type="checkbox"/>	Professional /Volunteer Guardian.	<input type="checkbox"/>
Son/Daughter in law.	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

11. Do you talk to the following staff?

	Never	Sometimes	Always
I. Nurse Aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Administrator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12c. Dressing

Needs no assistance or supervision from another person.....

Needs some assistance or supervision from another person.....

Needs a great deal of assistance or supervision from another person

Resident is totally dependent.....

12d. Transferring (moving from or to a bed or chair)

Needs no assistance or supervision from another person.....

Needs some assistance or supervision from another person.....

Needs a great deal of assistance or supervision from another person

Resident is totally dependent.....

■

■

Thank you for your time! Your participation will help others know more about Ohio residential care facilities. Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-33. Place your completed survey in the business reply envelope and drop into the mail.

***** Please do not fold your survey *****

Return to: Scripps Gerontology Center
Miami University
Oxford, OH 45056

Your comments below will be shared anonymously with the residential care facility and the Ohio Long-Term Care Ombudsman 's office:

APPENDIX B. FACILITY LIST INSTRUCTIONS



Department of
Aging



MIAMI UNIVERSITY

OXFORD, OH • EST. 1809

Scripps Gerontology Center

396 Upham Hall
100 Bishop Circle
Oxford, OH 45056-1879
844-864-0049
familysurvey@MiamiOH.edu
MiamiOH.edu

TODAYS DATE

FACILITY

FACILITY STREET ADDRESS

FACILITY CITY, STATE, and ZIP CODE

Dear Administrator:

It's time for the 2018 Long-Term Care Facility Family Satisfaction Survey! The Ohio Department of Aging (ODA), contracting with Scripps Gerontology Center at Miami University, will send a satisfaction survey to your residents' family members or friends for participation.

In preparation for this satisfaction survey, Scripps Gerontology Center will need names and mailing addresses of the most involved family member or friend, in the approved format, no later than June 4, 2018. Please follow these instructions so your facility receives sufficient responses to be included in the 2018 Family Satisfaction Survey results:

- **Selection Criteria:** Use the selection criteria on the reverse of this letter to select the most involved family member or friend for each resident. One, and only one, family member or friend for each resident should be included. Our experience suggests that about 85% or more residents typically have an involved family member or friend to include in the survey process. Please ensure that every resident for whom you did not submit a family or friend name does not actually have someone who could respond to the satisfaction surveys. If there's an explanation for your low numbers, please let us know that too. Please ensure that surveys are not sent to families of discharged or deceased residents. (Printed on the back of this letter.)
- **Electronic File:** Create an electronic list of the most involved family members or friends using the Excel template available on the family survey web page, below. Please contact familysurvey@MiamiOH.edu for assistance with formatting the document.
- **FACILITY TYPE Facility ID Number/File Name:** Save the file using **Facility ID.xls** as the file name.
- **Password Protection:** Protect the file with **PASSWORD** as the password. Please see instructions for how to password protect a document on the family survey web page.
- **Deadline:** Submit via email with **FACILITY ID** as the subject to familysurvey@MiamiOH.edu no later than June 4, 2018 to be included in the survey.

The Family Satisfaction Survey Helpline at 1-844-864-0049 is available between 9 a.m. and 4 p.m., Monday - Friday for questions about the Family Satisfaction Survey. Please see the family survey web page for the family survey template, instructions, a sample survey form and a list of FAQs: <http://aging.ohio.gov/ombudsman/familysurvey>.

Sincerely,

Jane Straker, PhD
Director of Research

Selection Criteria for Person Designated to Respond to The Ohio Department of Aging Family Satisfaction Survey

The goal is to select the 'most involved person' in the care of the resident to complete the survey. It is expected that this person will be most knowledgeable about the resident's experiences in the home and will be able to evaluate the care and services most effectively.

Since it is important that only one family survey be completed for each resident, it is critical that the following selection criteria are used to determine who should receive the survey.

Identify ONE family member, friend, or other interested person who is most involved in the resident's care. Use one or more of the following criteria for considering extent of involvement with care:

- Visits resident most often;
- Assisted the resident with the admission process;
- Talks to staff about the resident's condition;
- Participates in resident care planning process;
- Attends family council meetings, if available;
- Runs errands and takes care of residents' personal needs.

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

- 1st Add the name of the most involved person who is also the legal guardian.
- 2nd If there is no legal guardian AND it's difficult to identify ONE most involved person, families may jointly complete a single survey.

Important notes:

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

Never provide a resident's contact information even if they are their own responsible party. Residents will be surveyed during the Resident Satisfaction Survey next year.

Do not exclude short-term residents' family members from the list. You may wish to inform the sponsors of short-term residents upon admission that they may be surveyed and encourage them to respond even after discharge.

Staff or administrators should never be listed as a most involved person for the purposes of this survey.

Family lists should be submitted for one facility only. Co-located nursing homes and RCFs, for example, will submit TWO lists. Do not combine lists in the family survey template.

If you have further questions about selecting the 'most involved person' for the 2018 Family Satisfaction Survey, please call the survey helpline at 1-844-864-0049.

Ohio Department of Aging 2018 Family Satisfaction Survey Family List Instructions

Go to <http://aging.ohio.gov/ombudsman/familysurvey> and download the Excel Template. The template is in Excel 2010 format.

	A	B	C	D	E	F	G
1	2016 Family Satisfaction Survey Family List Template						
2							
3	Name of Facility				Step 1: Enter the name of the facility (cell B3). <i>Each Residential Care Facility and Nursing Home must submit separate spreadsheets even if they are co-located on the same campus. Refer to the letter sent to the administer for each facility.</i>		
4							
5	Facility contact person:				Step 2: Enter the name of the facility contact (cell B5).		
6							
7	Email address:				Step 3: Enter the facility contact's email address (cell B7).		
8							
9	Current facility census:				Step 4: Enter the current facility census (cell B9).		
10							
11	# names submitted:	2			Step 5: No data entry; this cell automatically calculates.		
12							
13	First Name	Last Name	Street Address	City	State	ZIP Code	If this person is the contact for more than one resident, enter the number of residents they represent below (otherwise leave blank):
14	John	Doe	123 Main Street	Anytown	OH	12345	
15	Jane	Smith	ABC Guardianship Services, 456 High Street	Somewhere	OH	87890	3
16	Step 6: Starting at row 14, enter a first name, last name, street address, city, state and ZIP code for a family member or friend of each current resident of the nursing home . NOTE: Do not enter any resident information on the list.				Step 7: In column G enter the number of residents the family member or friend represents (if they represent more than one resident).		
17	Step 8: Encrypt and save the document with the password and file name assigned by the Ohio Department of Aging (ODA). Refer to the letter sent to the facility administer. If you do not have the letter call the family satisfaction survey helpline at [redacted] 1-844-864-0049.						
18	Step 9: Email the file to: [redacted] familysurvey@miamioh.edu						
19							
20							
21							

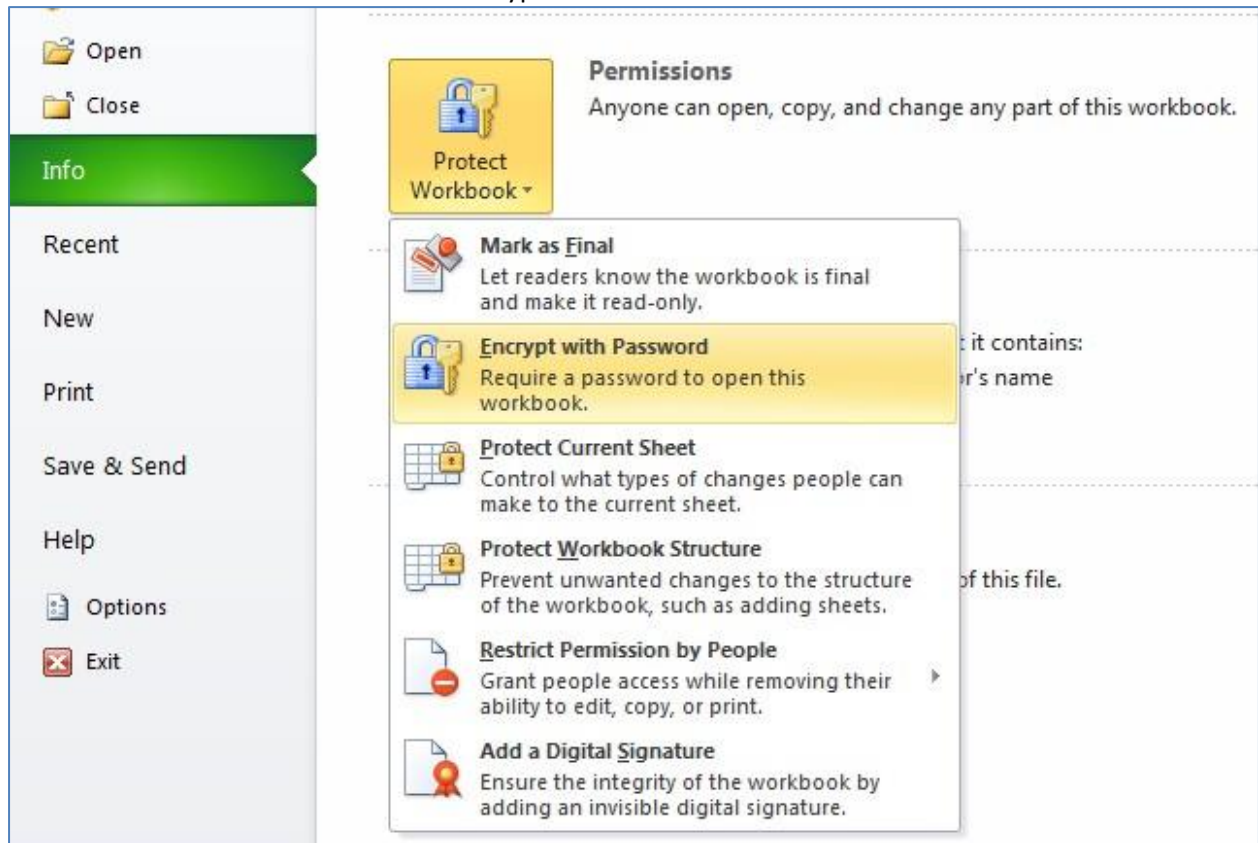
- In cell B3, enter the name of the facility.
Important: Each Residential Care Facility and Nursing Home must submit separate spreadsheets even if they are co-located on the same campus. Refer to the letter sent to the administer for each facility.
- In cell B5, enter the name of the facility contact*.
- In cell B7, enter the facility contact's email address*.
- In cell B9, enter the current facility census.
- No data entry. Cell B11 automatically calculates.
- Starting at row 14, enter a first name, last name, street address, city, state and ZIP code **for a family member or friend of each current resident of the nursing home**. NOTE: **Do not enter any resident information on the list.**
- In column G, enter the number of residents the family member or friend represents-- if they present more than one resident. Example: a guardian or family member of multiple residents.
- Encrypt and save the document with the password and file name assigned by the Ohio Department of Aging.**
 - Refer to the letter sent to the facility administer. If you do not have the letter call the family satisfaction survey helpline at 1-844-864-0049.
 - To encrypt with password and save the file, follow the steps on the following pages.
- Email the file to: familysurvey@miamioh.edu
Do not submit other forms/templates of family lists.

*This information is used used for follow-up questions or clarification and to send updates to the family survey process.

Ohio Department of Aging 2018 Family Satisfaction Survey Family List Instructions

How to Encrypt with Password and Save Excel 2016, 2013 and 2010 Workbooks

1. Refer to the letter sent to the facility administrator for the password and file name. If you do not have the letter call the family satisfaction survey helpline at 1-844-864-0049.
2. Click File > Info > Protect Workbook > Encrypt with Password.




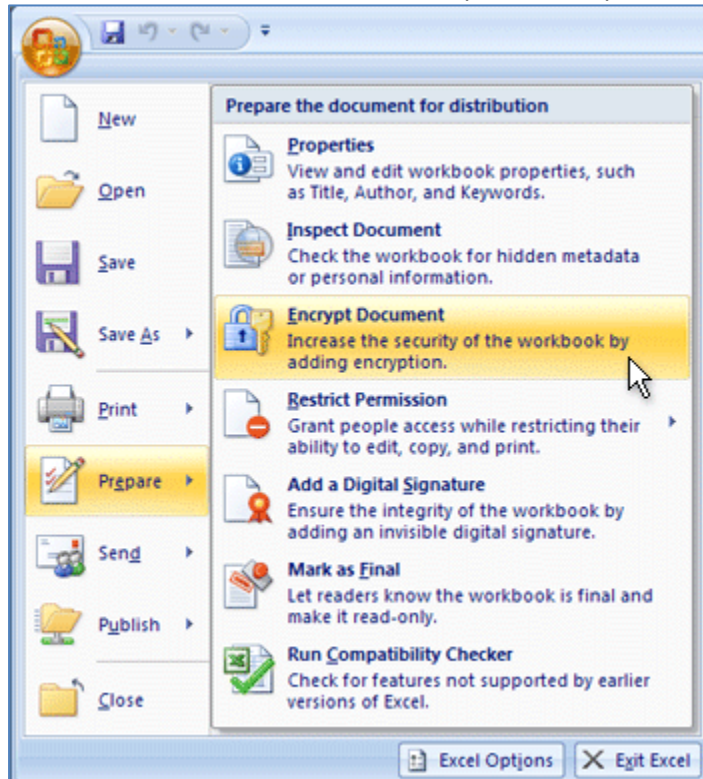
3. In the Encrypt Document box, type the password assigned by the Ohio Department of Aging and click OK.
4. In the Confirm Password box, type the password again, and then click OK.
5. Save the document.
 - Open the File menu then click Save As.
 - Save the file with the file name assigned by the Ohio Department of Aging. The file name will be in the format OH999999.xls or OHL999999.xls.
6. Email the file to: familysurvey@miamioh.edu
Do not submit other forms/templates of family lists.


Ohio Department of Aging 2018 Family Satisfaction Survey

Family List Instructions

How to Encrypt with Password and Save Excel 2007 Workbooks

1. Refer to the letter sent to the facility administrator for the password and file name. If you do not have the letter call the family satisfaction survey helpline at 1-844-864-0049.
2. Click the Microsoft Office button , point to Prepare, and then click Encrypt Document



3. In the Password box use the password assigned by the Ohio Department of Aging, then click OK.
 - In the Reenter Password box, type the password again, and then click OK.
4. Save the document. Click the Microsoft Office button , then click Save.
 - Save the file with the file name assigned by the Ohio Department of Aging.
 - The file name will be in the format OH999999.xls.
5. Email the file to: familysurvey@miamioh.edu
Do not submit other forms/templates of family lists.

Ohio Department of Aging 2018 Family Satisfaction Survey Family List Instructions

How to Encrypt with Password and Save Excel 2003 Workbooks

1. Refer to the letter sent to the facility administrator for the password and file name. If you do not have the letter call the family satisfaction survey helpline at 1-844-864-0049.
2. Open the File menu then click Save As.
3. From the Tools menu, click Options.
4. Click on the Security tab in the upper section of the Options menu box.
5. Type the password assigned by the Ohio Department of Aging into the Password to Open box.
6. Type the password assigned by the Ohio Department of Aging into the Password to Modify box.
7. Click OK.
8. Wait to be prompted and then retype your password to confirm.
9. Click Save.
10. Wait to be prompted and click Yes to replace the existing workbook.
11. Email the file to: familysurvey@miamioh.edu
Do not submit other forms/templates of family lists.

APPENDIX C. FACILITY RESPONSE RATE TIPS

TIPS FOR IMPROVING YOUR RESPONSE RATE

We want every nursing home and residential care facility to get enough responses to the Family Satisfaction Survey to be eligible for public reporting on www.ltc.ohio.gov. But that's not always easy. Some facilities get surveys from more than 75% of their families--how do they do it? Scripps Gerontology Center asked a dozen of these high-response nursing homes and residential care facilities to tell us. Big facilities, small ones, urban and rural. They all had some of the highest response rates in the state even though their families weren't the most or least satisfied.

First, many of these organizations build relationships with families from the day the resident arrives. They have lots of communication, keep families engaged, get them participating in the very first care plan and being part of resident goal setting. So, when they get their family survey, these families know that the facility cares about their input.

Next, they don't rely on those strong relationships, so don't worry if you didn't start at day one. They communicate with the families about the survey. So **right now**, tell them you want to hear from them when the time comes in your newsletter or other regular communications.

The message:

- The survey is important to help us improve. We can't fix something if we don't know it's broken.
- The survey is important to let other families know about how this nursing home is doing—they can see what the residents had to say at www.ltc.ohio.gov.
- The survey will be coming at a particular time--find the date at <http://aging.ohio.gov/ombudsman/familysurvey>

The method:

- Send this messaging in a first-class letter. This gives you the opportunity to correct addresses. Call those families for whom your letter is returned. Ask others to notify you if their letter was forwarded to a new address. Bulk mail surveys will not be forwarded and you'll lose those responses. Make sure the family list you send to Scripps is correct;
- Include the information in a notice with the billing during the month of your survey, and put the information in the newsletter again;
- Put the week your surveys will be mailed on your calendar right now, and schedule some time to make phone calls that week or the week after. Divide the list of all the families among the leadership team. Call each family encouraging them to complete the survey. Hearing from the top team in person tells the families their input matters;
- Put up a display sign right in front of the entrance. "Did you complete and return your family satisfaction survey? [Facility name] wants to know what you think;"
- Put flyers on the bulletin boards around the facility;
- Include information about the survey helpline: familysurvey@miamioh.edu or 1-844-864-0049 so they can ask for a replacement survey if they lost or misplaced theirs;
- When you see families in the facility, ask them if they completed their surveys.

Facilities with high response rates didn't just do one of these suggestions—they wrote, called, and reminded in several different ways. And they got some of the highest response rates in the state. They let families know their input matters and they prove it by making an extra effort to encourage, ask, and remind them to provide it.

*These families want your **EAR**:*

Encourage them to complete the survey, Ask if they've done it, and Remind them their input is important.

APPENDIX D. SAMPLE FACILITY REPORT

Ohio Department of Aging

Residential Care Facility Family Satisfaction Survey 2018

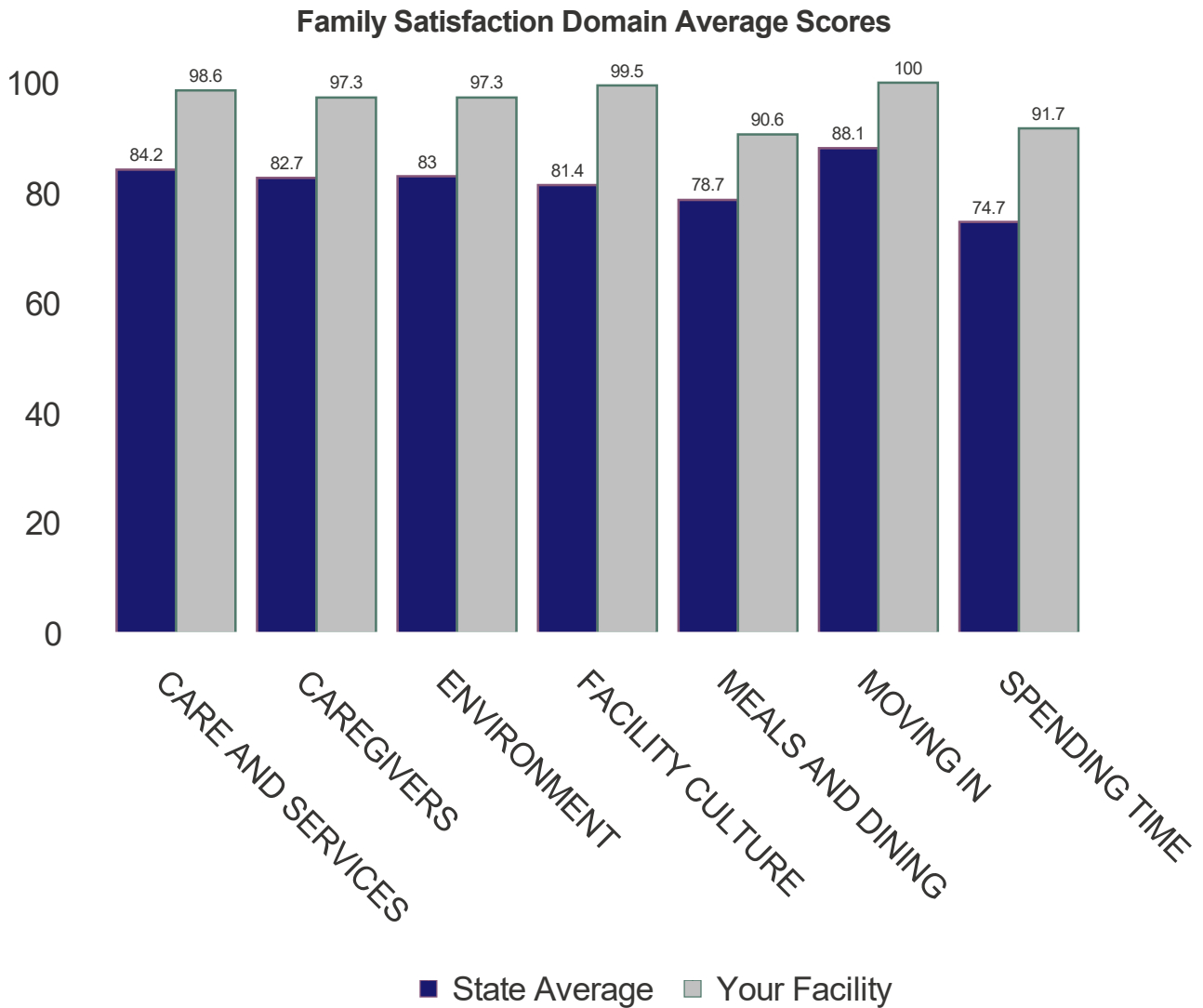


Family Satisfaction Domain Average Scores

These measurements are based upon the Ohio Residential Care Facility Family Satisfaction Survey. The Scripps Gerontology Center at Miami University gathered data by mail. These data reflect the care as reported by residents' family members, friends, and guardians.

Your facility received an average score of: **96.5**

The state average for all facilities is: **82.6**



Statewide Profile of Respondents

Within this report, the word respondents refers to the family members who completed the family survey.

Overall statistics	Value
Statewide response rate (%)	51.4
Statewide number of surveys	13856
Statewide average age of respondent	62.9
Statewide average age of resident	86.3

Gender of respondent	State %
Male	33.4
Female	66.6

Race - Ethnicity of respondent	State %
Asian/Pacific Islander	0.3
African American/Black	2.1
Caucasian/White	96.7
Hispanic	0.2
Native American/Indian	0.2
Other	0.5

How often respondent visits resident	State %
Daily	10.5
Several times a week	42.9
Once a week	25.7
Two to three times a month	10.5
Once a month	5
Few times a year	5.3

Relationship to resident	State %
Spouse	4.6
Son/Daughter	68.2
Grandchild	0.9
Niece/Nephew	5.4
Son/Daughter In Law	5.4
Brother/Sister	6.3
Friend	1.9
Parent	3.7
Guardian	1.3
Other	2.3

Expected total stay in facility	State %
Less than one month	0.6
From one to three months	1.3
Greater than three months	98.1

Facility Profile of Respondents

Overall statistics	Value
Number of respondents from this facility	8
Number of residents with family/friends	11
Number of respondents needed for this facility	5
Facility response rate	80
Facility met margin of error?	Yes

How often respondent visits resident	Facility %
Daily	0
Several times a week	50
Once a week	37.5
Two to three times a month	12.5
Once a month	0
Few times a year	0

Family Satisfaction

100=Definitely Yes, 67=Probably Yes, 33=Probably No, 0=Definitely No

Care and Services

Question Text	Facility Average	State Average
Does this living arrangement help the resident maintain their independence?	95.9	86.7
Do you have enough opportunities for input into decisions about your resident's care?	100	83.9
Do you get enough information to make decisions with or about your resident?	100	82
Domain Average	98.6	84.2

Caregivers

Question Text	Facility Average	State Average
Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	100	82.3
Do the staff know what the resident likes and doesn't like?	100	82.8
Do the staff regularly check to see if the resident needs anything?	91.8	80.1
Have you gotten to know the staff who care for your resident?	100	85.7
Do the staff encourage your resident to be as independent as they are able to be?	95.9	86.1
Do you feel confident staff would come quickly anytime your resident needed help?	95.9	80.7
Domain Average	97.3	82.7

Environment

Question Text	Facility Average	State Average
Is the residential care facility thoroughly clean?	100	86.2
Can the resident get outside often enough?	91.8	81.7
Are the resident's belongings safe?	100	81.1
Domain Average	97.3	83

Facility Culture

Question Text	Facility Average	State Average
Are you encouraged to speak up when you have a problem?	100	87
Are your concerns addressed in a timely way?	100	82
Are you kept well informed about how things are going with your resident?	100	80.4
Do the staff seem happy to work at the residential care facility?	100	80.7
Do the staff go above and beyond to give your resident a good life?	100	79.9
Do you feel confident that staff would help your resident beyond their personal care needs if you could not?	94.5	70
Do you have peace of mind about the care your resident is getting when you aren't at the residential care facility?	100	85.9
Would you highly recommend this residential care facility to a family member or friend?	100	83.7
Domain Average	99.5	81.4

Family Satisfaction

100=Definitely Yes, 67=Probably Yes, 33=Probably No, 0=Definitely No

Meals and Dining

Question Text	Facility Average	State Average
Is there a lot of variety in the meals?	85.9	74.6
Are you included in mealtimes if you want to be?	95.3	87.8
Is the food good?	90.6	74
Domain Average	90.6	78.7

Moving In

Question Text	Facility Average	State Average
When the resident moved in, were you given thorough information to help you know what to expect?	100	87.9
Was the resident given a thorough orientation to residential care?	100	83.4
Did you feel warmly welcomed as a new family member?	100	92.8
Domain Average	100	88.1

Spending Time

Question Text	Facility Average	State Average
Does the resident have something enjoyable to look forward to most days?	91.8	75.4
Do the staff do a good job keeping the resident connected to the community?	91.8	77.2
Does the resident have plenty of opportunities to do things that are meaningful to them?	95.9	76.8
Does the residential care facility have enough opportunities for your resident to go on special outings and events?	90.6	75.6
Does the resident like the provided activities?	79.4	71.4
Does the residential care facility provide things the resident enjoys doing on the weekend?	95.3	61.2
Do you have plenty of opportunities to be involved in the residential care facility?	95.9	83.4
Domain Average	91.7	74.7

Family Satisfaction - A Closer Look

Care and Services

Question Text	Definitely No	Probably No	Probably Yes	Definitely Yes	Unknown or NA
Does this living arrangement help the resident maintain their independence?	0.0%	0.0%	12.5%	87.5%	0.0%
Do you have enough opportunities for input into decisions about your resident's care?	0.0%	0.0%	0.0%	100.0%	0.0%
Do you get enough information to make decisions with or about your resident?	0.0%	0.0%	0.0%	100.0%	0.0%

Caregivers

Question Text	Definitely No	Probably No	Probably Yes	Definitely Yes	Unknown or NA
Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	0.0%	0.0%	0.0%	100.0%	0.0%
Do the staff know what the resident likes and doesn't like?	0.0%	0.0%	0.0%	100.0%	0.0%
Do the staff regularly check to see if the resident needs anything?	0.0%	0.0%	25.0%	75.0%	0.0%
Have you gotten to know the staff who care for your resident?	0.0%	0.0%	0.0%	100.0%	0.0%
Do the staff encourage your resident to be as independent as they are able to be?	0.0%	0.0%	12.5%	87.5%	0.0%
Do you feel confident staff would come quickly anytime your resident needed help?	0.0%	0.0%	12.5%	87.5%	0.0%

Environment

Question Text	Definitely No	Probably No	Probably Yes	Definitely Yes	Unknown or NA
Is the residential care facility thoroughly clean?	0.0%	0.0%	0.0%	100.0%	0.0%
Can the resident get outside often enough?	0.0%	0.0%	25.0%	75.0%	0.0%
Are the resident's belongings safe?	0.0%	0.0%	0.0%	100.0%	0.0%

Facility Culture

Question Text	Definitely No	Probably No	Probably Yes	Definitely Yes	Unknown or NA
Are you encouraged to speak up when you have a problem?	0.0%	0.0%	0.0%	100.0%	0.0%
Are your concerns addressed in a timely way?	0.0%	0.0%	0.0%	100.0%	0.0%
Are you kept well informed about how things are going with your resident?	0.0%	0.0%	0.0%	100.0%	0.0%
Do the staff seem happy to work at the residential care facility?	0.0%	0.0%	0.0%	100.0%	0.0%
Do the staff go above and beyond to give your resident a good life?	0.0%	0.0%	0.0%	100.0%	0.0%
Do you feel confident that staff would help your resident beyond their personal care needs if you could not?	0.0%	0.0%	14.3%	71.4%	14.3%
Do you have peace of mind about the care your resident is getting when you aren't at the residential care facility?	0.0%	0.0%	0.0%	100.0%	0.0%
Would you highly recommend this residential care facility to a family member or friend?	0.0%	0.0%	0.0%	100.0%	0.0%

Family Satisfaction - A Closer Look

Meals and Dining

Question Text	Definitely No	Probably No	Probably Yes	Definitely Yes	Unknown or NA
Is there a lot of variety in the meals?	0.0%	0.0%	37.5%	50.0%	12.5%
Are you included in mealtimes if you want to be?	0.0%	0.0%	12.5%	75.0%	12.5%
Is the food good?	0.0%	0.0%	25.0%	62.5%	12.5%

Moving In

Question Text	Definitely No	Probably No	Probably Yes	Definitely Yes	Unknown or NA
When the resident moved in, were you given thorough information to help you know what to expect?	0.0%	0.0%	0.0%	100.0%	0.0%
Was the resident given a thorough orientation to residential care?	0.0%	0.0%	0.0%	100.0%	0.0%
Did you feel warmly welcomed as a new family member?	0.0%	0.0%	0.0%	100.0%	0.0%

Spending Time

Question Text	Definitely No	Probably No	Probably Yes	Definitely Yes	Unknown or NA
Does the resident have something enjoyable to look forward to most days?	0.0%	0.0%	25.0%	75.0%	0.0%
Do the staff do a good job keeping the resident connected to the community?	0.0%	0.0%	25.0%	75.0%	0.0%
Does the resident have plenty of opportunities to do things that are meaningful to them?	0.0%	0.0%	12.5%	87.5%	0.0%
Does the residential care facility have enough opportunities for your resident to go on special outings and events?	0.0%	0.0%	25.0%	62.5%	12.5%
Does the resident like the provided activities?	0.0%	0.0%	62.5%	37.5%	0.0%
Does the residential care facility provide things the resident enjoys doing on the weekend?	0.0%	0.0%	14.3%	85.7%	0.0%
Do you have plenty of opportunities to be involved in the residential care facility?	0.0%	0.0%	12.5%	87.5%	0.0%

Priority Index

The Priority Index (PI) is a tool to help facilities focus their quality improvement efforts on areas that matter to families.

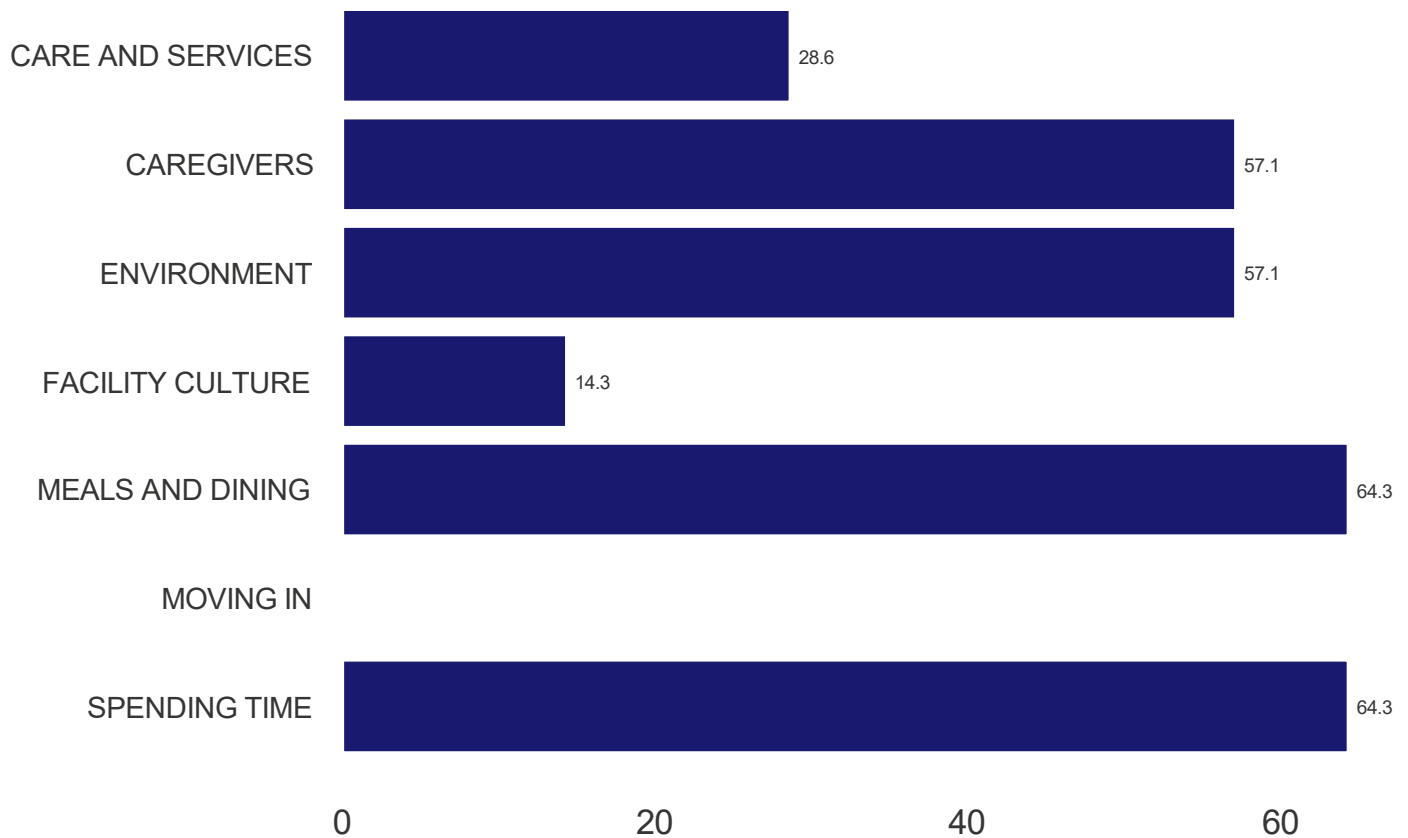
The PI may help you determine which areas — down to the question — will be most likely to improve your overall satisfaction score. With limited resources for quality improvement, the PI is designed to highlight areas where improvement efforts may provide the most return on investment.

The PI pinpoints areas that 1) are closely related or important to the overall satisfaction score (“high” importance) and 2) have relatively low scores (“low” score) indicating there is room to grow.

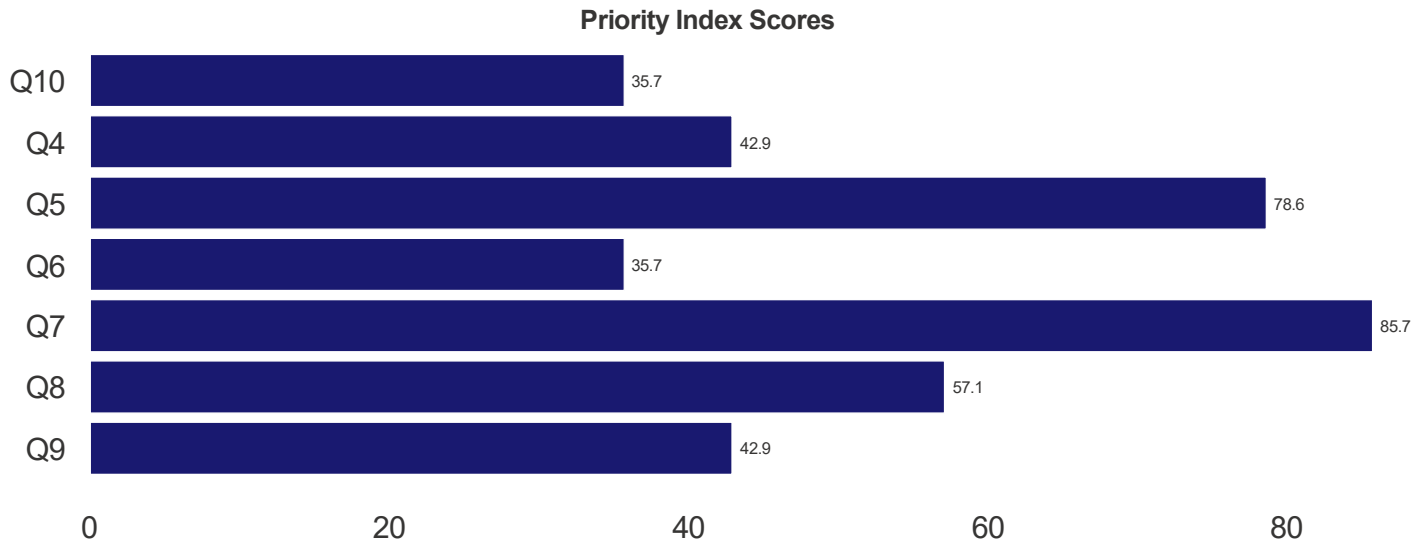
Target Domains

According to the PI, the targeted domains with the highest values have both room to grow and show a strong relationship to overall satisfaction - thus working on improving these areas should increase satisfaction.

Priority Index Scores



Priority Domain 1: SPENDING TIME

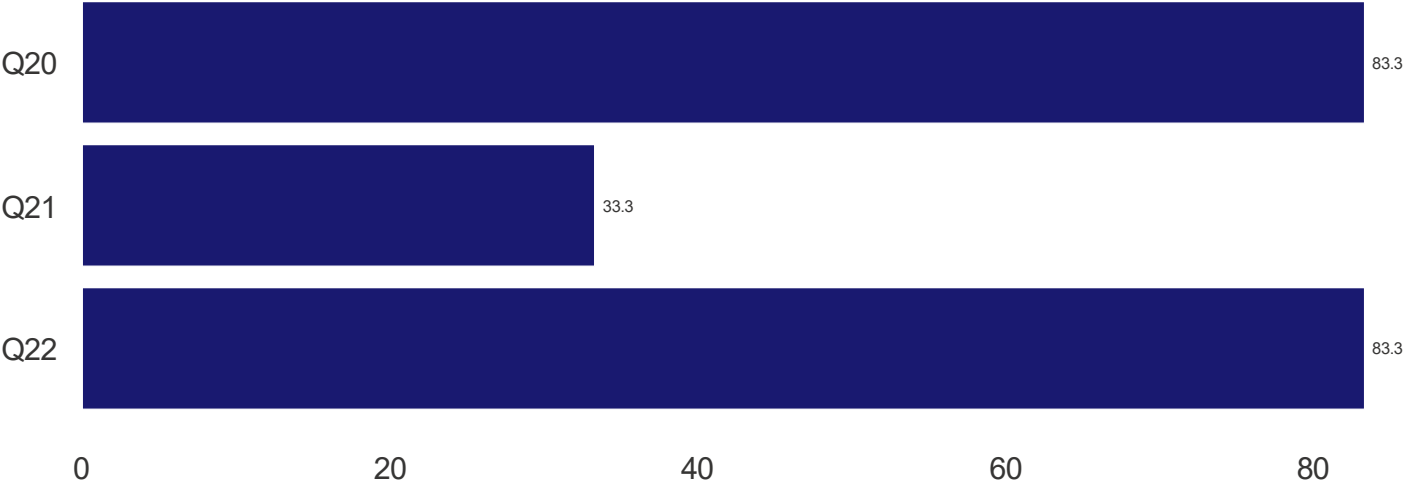


Question Lookup

Question	Question Text
Q10	Do you have plenty of opportunities to be involved in the residential care facility?
Q4	Does the resident have something enjoyable to look forward to most days?
Q5	Do the staff do a good job keeping the resident connected to the community?
Q6	Does the resident have plenty of opportunities to do things that are meaningful to them?
Q7	Does the residential care facility have enough opportunities for your resident to go on special outings and events?
Q8	Does the resident like the provided activities?
Q9	Does the residential care facility provide things the resident enjoys doing on the weekend?

Priority Domain 2: MEALS AND DINING

Priority Index Scores



Question Lookup

Question	Question Text
Q20	Is there a lot of variety in the meals?
Q21	Are you included in mealtimes if you want to be?
Q22	Is the food good?

ENDNOTES

- ¹ Straker, J. K., McGrew, K. B., Dibert, J. L., Burch, C. E., & Raymore, A. N. (2016). *Ohio's nursing home and residential care facility satisfaction: Survey testing and development for residents and families*. Oxford, OH: Scripps Gerontology Center, Miami University.
- ² Ibid
- ³ Noble, R., Bailer, A. J., Kunkel, S. R., & Straker, J. K. (2006). Sample size requirements for studying small populations in gerontology research. *Health Services and Outcomes Research Methodology*, 6, 59-67.
- ⁴ George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference*. 11.0 update, (4th ed.). Boston: Allyn & Bacon.
- ⁵ Gliem, J. A., & Gliem, R. R. (2003). *Calculating, interpreting, and reporting Cronbach's Alpha reliability coefficient for Likert-type scales*. Midwest Research to Practice Conference in Adult, Continuing, and Community Education. Columbus, OH.
- ⁶ See reference 1.
- ⁷ See reference 1.
- ⁸ Roberts, A. R., & Straker, J. K. (2015). *The role of the family in nursing homes: recommendations to increase family satisfaction with care*. Oxford, OH: Scripps Gerontology Center.
- ⁹ Williams, A., Straker, J. K., & Applebaum, R. (2016). The nursing home five-star rating: How does it compare to resident and family views of care? *The Gerontologist*, 56(2), 234-242. doi:10.1093/geront/gnu043.
- ¹⁰ Shippee, T. P., Ng, W., Roberts, A. R., & Bowblis, J. R. (2018). Family satisfaction with nursing home care: Findings and implications from two state comparison. *Journal of Applied Gerontology*, 1-16, doi:10.1177/0733464818790381.