



2007 Long-Term Care Facility Resident Satisfaction Survey

NH SURVEY FINDINGS REPORT

Prepared for
The Ohio Department of Aging

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Executive Summary

EXECUTIVE SUMMARY

The Ohio Department of Aging (ODA) was charged by the Ohio legislature in 2005 (Ohio Revised Code section 173.47) to publicly disseminate consumer satisfaction information for all long-term care facilities. ODA awarded Vital Research, LLC (VR) contract #CSP907607 to conduct interviews with residents in all nursing homes (NH) and residential care facilities (RCF) in the state for the 2007 Ohio Long-Term Care Facility Resident Satisfaction Survey. The Survey provided NHs and RCFs with valid and reliable results to guide their quality improvement efforts and added a consumer satisfaction component to the Ohio Long Term Care Consumer Guide (<http://www.ltcoho.org>). The contract went in effect on May 30, 2007. The contract required a written report of survey findings. NH and RCF reports will be submitted separately.

This report will provide ODA with a comprehensive understanding of how satisfied residents are with their lives in Ohio NHs as measured by the resident satisfaction survey developed by researchers at the Scripps Gerontology Center at Miami University of Ohio, and the Margaret Blenkner Research Institute of Benjamin Rose in Cleveland, Ohio. This report is divided into the following sections: 1) Data Collection Methods; 2) Data Analysis and Technical Description; and 3) NH Resident Satisfaction Survey Results.

In Section 2, tables will display statewide aggregate data for the following:

- Facility and resident participation rates
- Resident demographics

In Section 3, tables will display data for the following:

- Statewide item scores (mean, median, range)
- Statewide domain scores (mean, median, range)
- NH Overall Satisfaction score margin of error
- Statewide high and low satisfaction results by item
- NHs with high and low item scores

The report will culminate in a summary that provides an overview of the 2007 Ohio Nursing Home Resident Satisfaction Survey results.



Section 1
Data Collection Methods

SECTION 1. DATA COLLECTION METHODS

1.1 Survey Instrument

The NH resident satisfaction survey instrument was developed and tested by Scripps Gerontology Center at Miami University of Ohio, and the Margaret Blenkner Research Institute of Benjamin Rose in Cleveland, Ohio. The NH survey was implemented in statewide satisfaction surveys in both Ohio (2002 and 2003) and Rhode Island (2005 and 2006) and has been extensively tested for reliability and validity. The NH survey was previously modified based on changes made to the instrument in Rhode Island in 2006, and based on phone conferences with ODA in 2007.

1.2 Summary of Data Collection

ODA provided a list of all NHs (961) in the state. VR contacted each NH to schedule an interview date(s) starting in July 2006. Facilities were asked to provide an electronic census list of all residents two week prior to their scheduled date. This census list was imported into an Access database that calculated the target number of interviews to complete at each facility in order to meet the 10% margin of error and generated a randomly selected list of residents to approach for interview. Interviewers were trained to approach any resident on their list, with the exception of residents in isolation or whose legal guardian declined, as indicated on a list from the facility. If interviewers were unable to complete the target number of interviews on the originally scheduled date(s), the facility was asked to re-schedule a return date. NH and RCF data were processed separately. Interviewers submitted data weekly, and data were scanned, logged, and audited for accuracy on an ongoing basis. VR maintained a high level of quality control through maintaining high standards during interviewer recruitment, training, regular field supervision, eliciting interviewer and facility feedback, and performing data audits. A complete description of data collection is provided in the narrative report of process evaluation that was submitted to ODA on January 4, 2008.

Section 2

Data Analysis and Technical Description



SECTION 2. DATA ANALYSIS AND TECHNICAL DESCRIPTION

2.1 Sampling

A 10% margin of error was required by ODA for the statewide and facility-level results. The sampling plan determined the number of completed interviews required for the results to be considered representative of the resident population to a (+/-) 10% margin of error. The number of interviews required to meet the margin of error was based on the census list we received from each facility.

Resident Selection

For the 2007 Ohio Survey, all residents were to be included to participate in the satisfaction survey. Facilities provided VR with census data that included for each resident:

- First and last name
- Date of birth
- Admission date
- Room number

The census data on each resident was imported into an Access Census database. Each resident was assigned an arbitrary, sequential resident ID number for data collection purposes. Residents in isolation on the day of the interviews and residents whose legal guardian declined participation were excluded.

A few small facilities that had only short-stay residents were asked to submit their census list to the interviewer on their scheduled interview date. The interviewer was then instructed to assign ID numbers to each resident and refer to a sampling table to determine the number of interviews to complete.

2.2 Data Summary

Facility Participation Rate

VR received a spreadsheet with contact information for 984 NHs from ODA. The spreadsheet was programmed into the Project Management database for scheduling. This list of facilities was audited throughout the project. Ten nursing homes were removed from the database because they were ineligible for participation in the survey. Only intermediate care facilities that specialized in care for residents with mental retardation or developmental disability were excluded from participation. An

additional thirteen NHs closed during the project and were removed from the Project Management database, leaving 961 NHs. A total of 954 NHs agreed to participate in the survey for a 99% participation rate. Reports of facilities that closed or refused to participate were sent to ODA on a regular basis.

Nursing Home Response Rate and Demographics

At the 954 NHs, there were 92,002 beds and 81,097 skilled nursing residents for a statewide occupancy rate of 88%. 27,407 residents were approached for an interview and 23,414 complete and incomplete interviews were conducted, resulting in a resident participation rate of 85%. The average number of interviews completed at each NH was 24, with a range of 5 to 38 interviews.

Interviewed NH residents ranged in age from 14¹ to 108 years with an average of 79 years. Thirty percent of interviewed residents were male, and 70% female. The length of stay for interviewed residents ranged from less than one year to 49 years with an average of 2.4 years. When interviewed, 4,520 NH residents (20%) indicated their length of stay was less than three months, and 18,385 (80%) indicated it was more than three months.

Data Summary Report

Table 1 below contains the data summary report for 954 participating NHs.

Table 1. Data Summary Report for Nursing Homes

	Sample Size	Population	Percentage
Participating Facilities	954	961	99%
Total Residents (Census)	81,097	92,002 beds	88%
Approached Residents	27,407	81,097 census	34%
Unsuccessful Interview Attempts	3,993	27,407 approached	15%
• Refused Interviews	758		3%
• Unable to Respond to Questions	1,727		6%
• Deceased	245		1%
• Discharged	601		2%
• Hospitalized/Ill	267		1%

¹ The scanner is programmed to catch out of range values for ages under 20 or over 110. There were 5 NH residents with ages under 20 years, ranging from 14-19.

Table 1. Data Summary Report for Nursing Homes

	Sample Size	Population	Percentage
• Other	395		2%
Interviews Started	23,414	27,407 approached	85%
Completed Interviews	22,994	23,414 started	98%
Incomplete Interviews	420	23,414 started	2%
• Incomplete due to inability to respond	196		1%
• Incomplete due to refusal to continue	81		<1%
• Incomplete due to fatigue	45		<1%
• Incomplete due to other reason	98		<1%
Interviews with Assistance*	344	23,414 started	1%

*Assistance was mostly provided by family members

Margin of Error

The margin of error was met in 952 out of the 954 participating nursing homes (99.8%). In the 2 nursing homes where the margin of error was not met, we returned to re-approach residents who were out of the facility, were unable to respond, or refused during the first visit. Detailed explanations of why the margin of error was not met at these two nursing homes are provided in Table 2 below.

Table 2. NHs Where the Margin of Error Was Not Met

FID	Name of Facility	Number of Residents	Number of Interviews to be Completed	Actual Number of Interviews Completed	Comments
1799N	THE ALOIS ALZHEIMER CENTER	73	24	7	The administrator informed VR that they were primarily an Alzheimer's and dementia care facility, and when they participated in 2002, the interviewers were not able to get any interviews. Interviewers exhausted the Resident List and a back-up list during the initial visit. Interviewers returned at a later date using a second back-up list. Almost all residents were unable to respond to the questions.
8044C	LAKESWOOD HOSPITAL SKILLED NURSING	28	14	5	This facility was extremely hard to get into contact with. Schedulers started calling in July and left 13 voicemails before we were able to schedule. Average length of stay for residents is 9-12 days. Census was obtained on 11/27/07 and updated on 12/3/07. Of the 28 residents originally on the Resident List, only 5 remain; the rest were discharged by 12/7/07. The next week (week of 12/10/07), 13-14 rooms out of the 31-bed facility were in isolation due to a contagious virus. An interviewer was scheduled to return the week of 12/17, but all eligible residents remained in isolation. The administrator was out the building until 12/25/07.

2.3 Data Auditing

Facility data arrived at the VR office via Federal Express on a daily basis. The Project Manager oversaw the processing of incoming data. The project team followed procedures that ensured the timely logging, scanning, and auditing of the data. Data were checked for accuracy during each step of the process.

Logging the Data

The Data Specialist checked the facility information forms and counted the number of completed interviews at each facility. After this initial check, the Data Specialist logged the following information into the Project Management database:

- Number of residents in isolation
- Number of residents whose legal guardian declined participation
- Number of completed interviews
- Number of incomplete interviews
- Number of residents approached who were not interviewed

Each survey form was carefully checked to make sure that a complete interview was indeed complete. Any interviewer issues, such as writing on the survey, were also noted and interviewers received reminders, coaching, and re-training. If the number of complete surveys did not meet the target number to complete, the facility was called to schedule a return visit.

Scanning of Survey Forms

After data were logged, the Data Management Analyst then turned the survey forms over to the Data Entry Specialist who completed all the scanning. The scanner was programmed so that any out of range data values, such as 13 for the month of the year or 1842 for the year of birth, or stray marks were identified and the scanner would stop. The scanner would also stop and provide an error message if the interviewer marked two answers. The following rules were applied to the marking of two answers:

- If both Yes (always or sometimes) and No (hardly ever or never) are filled in - Select DK/NA/NR
- If both Yes (always or sometimes) and DK/NA/NR are filled in - Select Yes (always or sometimes)
- If both No (hardly ever or never) and DK/NA/NR are filled in - Select No (hardly ever or never)

- If both Yes, Always and Yes, Sometimes are filled in – Select Yes, Always
- If both No, Never and No, Hardly Ever are filled in – Select No, Never

After the Data Entry Specialist corrected the error, scanning was resumed.

Auditing of Scanned Data

The Analyst programmed SPSS for Windows v.15 to identify duplicate surveys, surveys with selected out-of-range or contradictory values, and surveys with too many DK/NA/NR answers. Each survey identified in this process was hand-checked and corrected when possible. Sometimes it was necessary to check the resident lists to correct date of birth or gender.

Out of Range Values

The most frequent errors were interview time errors. For example, if the interviewer recorded an earlier time as the end time than the start time, the calculated interview time would result in a negative value. Each identified survey was looked up and the data file and survey form were corrected wherever possible. Any out of range values such as negative interview times, ages > 110 years, etc. were set to missing prior to final analysis and electronic submission.

Too Many DK/NA/NR Answers

SPSS was also programmed to flag any surveys that had 25 or more DK/NA/NR answers. The Project Manager looked at the response pattern on the survey to determine if the interview should be deemed incomplete and interviewers needed to return to the facility to complete more interviews. This year, interviewers had to return to 7 nursing homes due to too many DK/NA/NR answers on a survey.

2.4 Scoring

VR was responsible for calculating facility item, domain, and overall scores based on consumer satisfaction survey rules and instructions for calculating scores provided by ODA. Two data analysts programmed ODA scoring rules using two different statistical software packages (SAS 9.0 and SPSS 15.0) for the purpose of crosschecking scoring accuracy. Discrepant results required clarification and correction of programming logic until 100% agreement was achieved. Final analysis and scoring of the data were conducted in SAS 9.0. The procedures for calculating scores are described in this section.

Respondent Inclusion

Data from all complete interviews were included in developing facility and statewide scores. In addition, incomplete interviews were included if at least 10% of the survey items had been answered. Data from residents that were approached but not interviewed were not included.

Assigning Value to Response Categories

Each resident satisfaction survey form was scanned using an NCS Opscan 6 scanner. Items 2 through 51 of the NH survey were scored during scanning as follows:

- Yes, always = 1
- Yes, sometimes = 2
- No, hardly ever = 3
- No, never = 4
- DK/NA/NR = 5

The output file from the NCS scanner was a fixed-field ASCII file.

Skip Patterns

There were four skip patterns in the NH survey. If a resident answered “DK/NA/NR” to the following questions, the SAS program converted all responses to specific follow-up questions to the SAS missing value.

1. Question 2: Does the Social Worker follow-up and respond quickly to your concerns?
 - a. Interviewer instructed to skip to question 5. SAS converted any responses to questions 3 and 4 to missing.
2. Question 9: Are the activities here things that you like to do?

- a. Interviewer instructed to skip to question 12. SAS converted any responses to questions 10 and 11 to missing.
- 3. Question 29: Is the administration available to talk with you?
 - a. Interviewer instructed to skip to question 32. SAS converted any responses to questions 30 and 31 to missing.
- 4. Question 37: Do you get your clothing back from the laundry?
 - a. Interviewer instructed to skip to question 39. SAS converted any responses to question 38 to missing.

Calculating Item Percentages And Number Of Respondents Per Item

1. Item Percents

- a. Percentages for the response categories of Always, Sometimes, Hardly Ever, Never, and DK/NA/NR for each item by each facility were calculated using the PROC FREQ procedure in SAS. The resulting percentages were output to a SAS dataset.
- b. If any response category percent was missing it was converted to a value of zero (0).
- c. All response category percents were rounded to the nearest whole number (i.e., 45.3% was rounded to 45%).

2. Number of Respondents Per Item

- a. The number of respondents per item in each facility was calculated using the PROC MEANS procedure in SAS. PROC MEANS outputs the number of respondents for each item in each facility into a SAS dataset.

Calculating Item Scores For Reporting Facility Means

All survey items were positively worded. Responses to items were converted so that the higher the value the more positive the response based upon a scale of 0 to 100. Table 3 shows how each response was converted.

Table 3. Response Conversion

Original Scanned Value	Label	Converted Value
1	Always	100
2	Sometimes	67
3	Hardly Ever	33
4	Never	0

5	DK/NA/NR	System missing value (.)
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1. Average item scores at the resident and facility levels used the 100-point scale.
2. Average scores were calculated using the PROC MEANS procedure in SAS. PROC MEANS outputs the mean for each item by FODA id into a SAS dataset. The item means were then rounded to the nearest 10th value (i.e. 98.43 is rounded to 98.4).
3. Invalid scores were set to missing in SAS (no responses in the Always to Never categories).

Missing Scores

Sometimes an item score could not be calculated because none of the respondents answered the question within the "Always" to "Never" categories or there were not enough responses to calculate a domain score. Invalid scores were set to missing in SAS.

Calculating Domain Scores For Reporting Facility Means

1. Test to see if a respondent (resident) can be included in a specific domain score (average of the items in a domain) calculation. The following rules apply to the calculation of a domain score.
 - a. A response was considered "valid" for an individual item if the resident answered within the range of "Always" through "Never". Blank data or a response of "DK/NA/NR" was NOT valid.
 - b. A domain score was calculated for a resident if a "valid" answer was provided for at least **n-2** items, where "**n**" represents the number of items in a domain. For example, the "MEALS AND DINING" domain contained 5 items. A resident must have expressed a "valid" (answered in the range of "Always" to "Never") response for at least 3 out of the 5 items (5-2=3) in order to be included in the calculation of the MEALS AND DINING average domain score.
 - c. In the SAS program the rules described above were tested by first creating a variable for each item on the resident survey (items 2-51) that was assigned a value of "1" each time a valid response was provided by a resident. The "1's" were then summed for all the items within each domain to arrive at a total that represented the number of items that had a valid response. An average domain score was then calculated for a resident if and only if the n-2 rule was achieved. Invalid scores were set to missing in SAS.
2. Calculate facility scores for each domain.

- a. A domain score for a facility was calculated by averaging the valid domain scores for all facility residents as described in sections 2a-c above. This was done using the PROC MEANS procedure in SAS. PROC MEANS outputs the mean for each domain by FODA id into a SAS dataset. The domain scores were then rounded to the nearest 10th value (i.e. 98.43 is rounded to 98.4).
 - b. In facilities that did not meet the rules outlined in section 1a-c, the domain score was assigned the SAS system missing value.
3. Calculate the facility overall score
ODA required that the overall score be computed as the average of items 2-51 for all residents included for scoring in each facility.

Statewide Average Scores

Statewide average item, domain, and overall scores were calculated by averaging the results from all 954 participating facilities.

2.5 Data Transfer & Reporting

NH data were to be submitted to ODA in four formats following an agreed upon schedule: Facility Overall Satisfaction Scores, Consumer Guide Upload File, Facility-level PDF report Access database, and raw data. NH Overall Satisfaction Scores and Consumer Guide Upload files were password protected and submitted to ODA on December 20, 2007. The NH Facility-level PDF report Access database was submitted to ODA on January 16, 2008.

Submission of Facility Overall Satisfaction Scores

VR submitted a DAT file containing overall satisfaction scores and response rates for each participating NH on December 20, 2007. The overall satisfaction score file included the following data:

- Facility ID
- Aspen ID
- Medicaid ID
- Facility Name
- Overall Satisfaction Score
- Margin of Error Met (Yes or No)
- Survey surplus (difference between number of surveys completed and number needed to meet the margin of error)

Submission of Consumer Guide Upload File

VR submitted the NH Consumer Guide Upload File to ODA on December 20, 2007. The DAT file included item scores and response rates for all participating NHs:

- FODA ID
- Aspen ID
- Provider Name
- Subject (domain)
- Question (item) number
- Question text
- Always (percentage of respondents answering “always” – not used for web site upload but provided for possible need in the future)
- Sometimes (percentage of respondents answering “sometimes” – not used for web site upload but provided for possible need in the future)
- Hardly Ever (percentage of respondents answering “hardly ever” – not used for web site upload but provided for possible need in the future)
- Never (percentage of respondents answering “never” – not used for web site upload but provided for possible need in the future)
- Average (facility average item score on a 0-100 point scale)
- N Item (number of residents answering Always to Never)
- N Surveys (number of completed surveys for the facility)
- CompNeef (number of completed surveys needed for the facility to meet the margin of error)
- Margin of Error Met (Yes or No)

A separate file included domain scores for each NH and included the following data:

- FODA
- Aspen ID
- Domain
- Average (domain score calculated according to n-2 procedure)
- Responses (sum of responses for each item in domain)

Submission of Facility-level PDF Report Access Database

VR will deliver two separate Access databases, one for NHs and one for RCFs, containing a user-friendly menu to generate individual facility reports. The design of the 2006 Family Survey report was used as a template for the 2007 Resident Report. A sample NH PDF report format was approved by ODA. Data files were transformed and imported into Access for report generation. The facility-level reports included the following data:

- The number of completed interviews required to meet +/- 10% Margin of Error.
- Facility-level and statewide demographic information:
 - Average age of residents
 - Percent male and percent female residents
 - Percent interview status (not interviewed, incomplete, complete)
 - Reason Why Residents were Not Interviewed
 - Reason Why Interviews were Incomplete
 - Assistance with Interview
 - How long have you been at this facility (Q1)
- Survey Results
 - Facility item scores (based on residents' valid answers on a 0-100 point scale)
 - Statewide average item scores
 - Statewide low and high item scores
 - Facility domain scores
 - Statewide average domain scores
 - Statewide low and high domain scores
 - Facility overall satisfaction score
 - Statewide average overall satisfaction score
 - Statewide low and high overall satisfaction scores
- Facility Response Frequencies for each item
 - Percentage of "always" answers
 - Percentage of "sometimes" answers
 - Percentage of "hardly ever" answers
 - Percentage of "never" answers
 - Number of residents not answering the question (DK/NA/NR or blank)

ODA was responsible for distributing the printed reports. The NH Facility-level PDF Report Access database was submitted to ODA on January 16, 2008.

Submission of Raw Data Files

VR will submit NH and RCF raw data files separately, according to an agreed upon schedule. The final data file will include all resident-level survey data, calculated variables (start time, end time, interview time, length of stay, resident age etc.), and all value and variable labels. The NH final data file will be submitted to ODA in DAT format before the close of the project contract (June 30, 2008).

Confidentiality of Data

In keeping with HIPAA regulations about confidentiality, a number of measures were in place to ensure the privacy of data, as well as to reassure facility administrators. On the project website, administrators found a letter from ODA regarding VR's requirement to safeguard resident health information. Additionally, interviewers signed a confidentiality pledge during training. Any information about residents was kept private through the following precautions:

- All electronic data were stored on password-protected computers/servers accessible only to project staff.
- Computers and servers were protected by firewalls and security protocols that encrypt and block unauthorized access.
- Any documents or files sent via mail were traced via FedEx.
- All raw data forms and resident lists were held in a locked, limited-access office. In addition, the VR office is located in a limited access, secured building with 24-hour security.
- Electronic data elements will be deleted and hard copies of data will be shredded according to ODA's requirements.

Section 3

NH Resident Satisfaction Survey Results

SECTION 3. NH RESIDENT SATISFACTION SURVEY RESULTS

The satisfaction data collected in the Ohio Long-term Care Facility Resident Satisfaction Survey gives voice to the residents of nursing homes in Ohio. The 23,414 nursing home residents who participated in this measurement contributed their perceptions about eleven domains of daily care and life. The domains are:

- Social Services
- Therapy
- Activities
- Choice
- Direct Care and Nurse Assistants
- Administration
- Meals and Dining
- Laundry
- Resident Environment
- Facility Environment
- General

Statewide Item Scores (Mean, Median and Range)

Table 4 represents the statewide item scores. The scores were calculated according to the technical description found in Section 2. The Mean is also referred to as the average score. The Median tells us that one half of the satisfaction scores fell above the Median and one half below. The range shows the lowest and highest satisfaction score for each item. The high score for all items is 100.

Table 4. Statewide NH Resident Satisfaction Item Scores

Questions		Mean (SD)	Median	Range
1	How long have you been at this facility? (not scored)	NA	NA	NA
Social Services				
2	Does the Social Worker follow-up and respond quickly to your concerns?	84.3 (9.1)	85.1	47.7 - 100
3	Does the Social Worker treat you with respect?	94.0 (6.1)	95.3	58.8 - 100

Table 4. Statewide NH Resident Satisfaction Item Scores

Questions		Mean (SD)	Median	Range
4	Overall, are you satisfied with the quality of the Social Worker in the facility?	90.1 (8.0)	91.7	47.7 - 100
Therapy				
5	Does the physical therapist spend enough time with you?	83.1 (11.1)	84.4	0 - 100
6	Does the occupational therapist spend enough time with you?	80.7 (14.3)	82.2	0 - 100
Activities				
7	Do you have enough to do here?	79.4 (9.2)	80.1	49.3 - 100
8	Are you satisfied with the spiritual activities they offer here?	86.3 (9.1)	87.8	38.8 - 100
9	Are the activities here things that you like to do?	76.7 (9.1)	77.3	35.9 - 100
10	Does the activities staff treat you with respect?	94.6 (5.1)	95.8	64.2 - 100
11	Overall, are you satisfied with the activities they offer here?	86.0 (8.6)	87.4	47.2 - 100
Choice				
12	Can you go to bed when you like?	89.5 (6.7)	90.5	48.8 - 100
13	Can you decide when to get up in the morning?	75.2 (11.0)	76.9	21.5 - 100
14	Can you decide what clothing to wear?	89.6 (7.1)	90.7	60.8 - 100
15	Can you fix up your room with personal items so it looks like home?	90.1 (8.6)	91.7	0 - 100
16	Can you decide when to keep your door open or closed?	87.0 (9.1)	88.2	48.4 - 100
17	Do the people who work here leave you alone if you don't want to do anything?	89.3 (7.4)	90.4	39.8 - 100
18	Do the people who work here let you do the things you want to do for yourself?	88.8 (7.2)	89.7	57.6 - 100
Direct Care and Nurses Assistants				

Table 4. Statewide NH Resident Satisfaction Item Scores

Questions		Mean (SD)	Median	Range
19	Does a staff person check on you to see if you are comfortable?	78.1 (9.8)	78.7	40.1 - 100
20	During the week, is a staff person available to help you if you need it?	89.0 (7.3)	90.0	47.3 - 100
21	During the weekends, is a staff person available to help you if you need it?	83.4 (8.8)	84.1	44.0 - 100
22	During the evening and night, is a staff person available to help you if you need it?	86.2 (8.7)	87.5	43.2 - 100
23	Do the people who work here know what you like and don't like?	79.4 (8.8)	79.7	29.3 - 100
24	Do you get your medications on time?	92.3 (5.5)	93.1	66.7 - 100
25	Are the nurse aides gentle when they take care of you?	91.4 (5.7)	92.6	63.9 - 100
26	Do the nurse aides treat you with respect?	93.0 (5.0)	93.8	67.0 - 100
27	Do the nurse aides spend enough time with you?	83.2 (8.3)	84.0	48.6 - 100
28	Overall, are you satisfied with the nurse aides who care for you?	90.2 (6.8)	91.4	57.7 - 100
Administration				
29	Is the administration available to talk with you?	86.7 (8.5)	87.6	33.2 - 100
30	Does the administration treat you with respect?	94.1 (6.4)	95.7	34.9 - 100
31	Overall, are you satisfied with the administration here?	90.7 (8.0)	92.1	16.6 - 100
Meals and Dining				
32	Is the food here tasty?	75.0 (9.4)	75.4	39.4 - 100
33	Are the foods served at the right temperature?	81.7 (8.3)	82.5	42.5 - 100
34	Can you get the foods you like here?	74.0 (9.9)	74.4	27.6 - 100
35	Do you get enough to eat?	93.7 (5.8)	94.9	54.0 - 100

Table 4. Statewide NH Resident Satisfaction Item Scores

Questions		Mean (SD)	Median	Range
36	Overall, are you satisfied with the food here?	81.5 (9.4)	82.7	37.9 – 100
Laundry				
37	Do you get your clothing back from the laundry?	89.0 (7.7)	90.1	62.3 – 100
38	Does your clothing come back from the laundry in good condition?	92.4 (6.5)	93.8	57.3 – 100
Resident Environment				
39	Can you get outdoors when you want to (either with help or on your own)?	80.8 (11.9)	82.3	0 – 100
40	Is your room a comfortable temperature?	87.8 (6.9)	88.5	57.7 – 100
41	Can you find place to talk with your visitors in private?	88.7 (8.5)	90.0	40.1 – 100
42	Is your room quiet enough?	91.2 (6.2)	92.1	48.5 – 100
43	Are you satisfied with your room?	91.0 (6.5)	92.1	57.7 – 100
Facility Environment				
44	Is the facility clean enough?	94.7 (5.7)	96.3	39.3 – 100
45	Are your belongings safe here?	87.0 (8.9)	88.9	47.4 – 100
46	Are you satisfied with the safety and security of this facility?	92.0 (7.4)	93.9	48.5 – 100
General				
47	Overall, do the staff and residents help each other and get along?	88.1 (7.2)	89.0	60.6 – 100
48	Are the people who work here friendly?	92.0 (5.1)	92.8	66.8 – 100
49	Do the people who work here explain your daily care to you?	72.6 (13.0)	72.9	27.3 – 100
50	Would you recommend this facility to a family member or friend?	85.1 (10.7)	87.0	26.2 – 100
51	Overall, do you like this facility?	86.6 (9.5)	88.4	34.5 – 100

Statewide Domain Scores (Mean, Median and Range)

Table 5 represents the statewide domain scores. The Mean is also referred to as the average score. The Median tells us that one half of the satisfaction scores is above the Median and one half is below. The range shows the lowest and highest satisfaction for each domain. The maximum score for most domains is 100; Meals and Dining had a high score of 99.2.

Table 5. Statewide Domain Scores

Domain	Mean (SD)	Median	Range
SOCIAL SERVICES	89.1 (7.2)	90.3	55.5 – 100
THERAPY	82.2 (11.2)	83.4	0 – 100
ACTIVITIES	84.9 (7.0)	85.8	55.1 – 100
CHOICE	87.0 (5.8)	87.6	55.5 – 100
DIRECT CARE & NURSE ASSISTANTS	86.8 (5.9)	87.4	57.1 – 100
ADMINISTRATION	90.1 (7.2)	91.1	28.2 – 100
MEALS AND DINING	81.3 (7.3)	81.9	44.6 – 99.2
LAUNDRY	90.6 (6.5)	91.8	62.1 – 100
RESIDENT ENVIRONMENT	88.1 (5.9)	88.8	50.5 – 100
FACILITY ENVIRONMENT	91.2 (6.7)	92.7	46.5 – 100
GENERAL	85.0 (7.5)	86.0	49.8 – 100
Overall Satisfaction	86.3 (5.4)	86.8	58.7 – 99.3

Statewide Overall Satisfaction Scores

In addition to calculating the domain scores, an overall statewide NH Satisfaction score was calculated as an average of item scores across all facilities. The statewide overall satisfaction score was 86.3 (86.26). A total of 520 (55%) nursing homes exceeded the statewide overall satisfaction score. Closer analysis reveals that 540 (57%) nursing homes met or exceeded the statewide overall satisfaction score based on a 10% margin of error. VR calculated a 10% margin of error around each overall satisfaction score to identify facilities that exceeded the statewide mean. We found that the statewide overall

satisfaction score had a standard error of 0.175, and a 10% confidence interval of +/- 0.296. Table 6 provides a description of the findings.

Table 6. Nursing Home Overall Satisfaction Score Margin of Error

	Number of NHs	Range of Mean	Lower and Upper Limits
Below Margin of Error	414	58.67 – 85.95	58.37 – 86.25
Within Margin of Error	39	85.96 – 86.54	85.66 – 86.26
Above Margin of Error	501	86.6 – 99.25	86.3 – 99.55

Statewide High and Low Satisfaction Results by Item

As part of the data analysis, VR categorized statewide satisfaction scores into “high” and “low” indicators of satisfaction. There were 17 resident satisfaction items that have scores above 90 (34%) and 3 items with scores below 75. The highest score was 94.7, and the lowest score 72.6. Table 7 displays resident satisfaction items with the ten highest satisfaction scores. The domains Facility Environment and Direct Care and Nurse Assistants both had 2 items in the top ten. Five of the top ten items deal with how residents feel they are treated by staff at the facility, indicating that overall, residents are satisfied with the respect they receive from facility staff. Table 8 displays resident satisfaction items with the ten lowest satisfaction scores. The domains Meals and Dining, Activities, and Direct Care and Nurse Assistants each had 2 items in the bottom ten. These items relate to the specific services that residents receive. These arbitrary categories provide a snapshot of what residents find to be the most and least satisfying factors in their lives.

Table 7. Ten Items with the Highest Resident Satisfaction Scores

Domain	Item	Statewide Average
Facility Environment	44. Is the facility clean enough?	94.7
Activities	10. Does the activities staff treat you with respect?	94.6
Administration	30. Does the administration treat you with respect?	94.1
Social Services	3. Does the Social Worker treat you with respect?	94.0
Meals & Dining	35. Do you get enough to eat?	93.7

Table 7. Ten Items with the Highest Resident Satisfaction Scores

Domain	Item	Statewide Average
Direct Care & Nurse Assistants	26. Do the nurse aides treat you with respect?	93.0
Laundry	38. Does your clothing come back from the laundry in good condition?	92.4
Direct Care & Nurse Assistants	24. Do you get your medications on time?	92.3
Facility Environment	46. Are you satisfied with the safety and security of this facility?	92.0
General	48. Are the people who work here friendly?	92.0

Table 8. Ten Items with the Lowest Resident Satisfaction Scores

Domain	Item	Statewide Average
General	49. Do the people who work here explain your daily care to you?	72.6
Meals and Dining	34. Can you get the foods you like?	74.0
Meals and Dining	32. Is the food here tasty?	75.0
Choice	13. Can you decide when to get up in the morning?	75.2
Activities	9. Are the activities here things that you like to do?	76.7
Direct Care and Nurse Assistants	19. Does a staff person check on you to see if you are comfortable?	78.1
Activities	7. Do you have enough to do here?	79.4
Direct Care and Nurse Assistants	23. Do the people who work here know what you like and don't like?	79.4
Therapy	6. Does the occupational therapist spend enough time with you?	80.7
Resident Environment	39. Can you get outdoors when you want to?	80.8

Table 9 shows for each item the number of facilities with the high score of 100 and the number of facilities with the low score.

Nursing Homes with High and Low Item Scores

Table 9. NHs with High and Low Item Scores

Questions		Range	Number of Facilities with Low Score	Number of Facilities with High Score
1	How long have you been at this facility? (not scored)	NA	NA	NA
Social Services				
2	Does the Social Worker follow-up and respond quickly to your concerns?	47.7 - 100	1	43
3	Does the Social Worker treat you with respect?	58.8 - 100	1	212
4	Overall, are you satisfied with the quality of the Social Worker in the facility?	47.7 - 100	1	102
Therapy				
5	Does the physical therapist spend enough time with you?	0 - 100	1	40
6	Does the occupational therapist spend enough time with you?	0 - 100	1	97
Activities				
7	Do you have enough to do here?	49.3 - 100	1	9
8	Are you satisfied with the spiritual activities they offer here?	38.8 - 100	1	46
9	Are the activities here things that you like to do?	35.9 - 100	1	6
10	Does the activities staff treat you with respect?	64.2 - 100	1	176
11	Overall, are you satisfied with the activities they offer here?	47.2 - 100	1	36
Choice				
12	Can you go to bed when you like?	48.8 - 100	1	34
13	Can you decide when to get up in the morning?	21.5 - 100	1	5
14	Can you decide what clothing to wear?	60.8 - 100	1	65
15	Can you fix up your room with personal items so it looks like home?	0 - 100	1	93

Table 9. NHs with High and Low Item Scores

Questions		Range	Number of Facilities with Low Score	Number of Facilities with High Score
16	Can you decide when to keep your door open or closed?	48.4 - 100	1	57
17	Do the people who work here leave you alone if you don't want to do anything?	39.8 - 100	1	42
18	Do the people who work here let you do the things you want to do for yourself?	57.6 - 100	1	35
Direct Care and Nurses Assistants				
19	Does a staff person check on you to see if you are comfortable?	40.1 - 100	1	15
20	During the week, is a staff person available to help you if you need it?	47.3 - 100	1	47
21	During the weekends, is a staff person available to help you if you need it?	44.0 - 100	1	26
22	During the evening and night, is a staff person available to help you if you need it?	43.2 - 100	1	32
23	Do the people who work here know what you like and don't like?	29.3 - 100	1	7
24	Do you get your medications on time?	66.7 - 100	1	59
25	Are the nurse aides gentle when they take care of you?	63.9 - 100	1	44
26	Do the nurse aides treat you with respect?	67.0 - 100	1	65
27	Do the nurse aides spend enough time with you?	48.6 - 100	1	21
28	Overall, are you satisfied with the nurse aides who care for you?	57.7 - 100	1	52
Administration				
29	Is the administration available to talk with you?	33.2 - 100	1	58
30	Does the administration treat you with respect?	34.9 - 100	1	230

Table 9. NHs with High and Low Item Scores

Questions		Range	Number of Facilities with Low Score	Number of Facilities with High Score
31	Overall, are you satisfied with the administration here?	16.6 - 100	1	124
Meals and Dining				
32	Is the food here tasty?	39.4 - 100	1	2
33	Are the foods served at the right temperature?	42.5 - 100	1	5
34	Can you get the foods you like here?	27.6 - 100	1	3
35	Do you get enough to eat?	54.0 - 100	1	137
36	Overall, are you satisfied with the food here?	37.9 - 100	1	12
Laundry				
37	Do you get your clothing back from the laundry?	62.3 - 100	1	70
38	Does your clothing come back from the laundry in good condition?	57.3 - 100	1	106
Resident Environment				
39	Can you get outdoors when you want to (either with help or on your own)?	0 - 100	2	22
40	Is your room a comfortable temperature?	57.7 - 100	1	17
41	Can you find place to talk with your visitors in private?	40.1 - 100	1	75
42	Is your room quiet enough?	48.5 - 100	1	47
43	Are you satisfied with your room?	57.7 - 100	1	61
Facility Environment				
44	Is the facility clean enough?	39.3 - 100	1	169
45	Are your belongings safe here?	47.4 - 100	1	46
46	Are you satisfied with the safety and security of this facility?	48.5 - 100	1	113
General				

Table 9. NHs with High and Low Item Scores

Questions		Range	Number of Facilities with Low Score	Number of Facilities with High Score
47	Overall, do the staff and residents help each other and get along?	60.6 - 100	1	39
48	Are the people who work here friendly?	66.8 - 100	1	45
49	Do the people who work here explain your daily care to you?	27.3 - 100	1	13
50	Would you recommend this facility to a family member or friend?	26.2 - 100	1	42
51	Overall, do you like this facility?	34.5 - 100	1	37

Section 4

Conclusion

SECTION 4. CONCLUSION

Residents in Ohio have had the opportunity to tell us about how satisfied they are with their lives in nursing homes across the state. Resident satisfaction data are summarized in this report on a statewide basis. The data that are available for individual facilities will allow them to consider data based indicators for quality improvement efforts.

The 2007 Ohio nursing home resident satisfaction results reveals that on a statewide level residents are satisfied with their care and life. Satisfaction with all eleven domains measured above 80%. While this is a positive finding, it raises the question as to whether the survey has a ceiling effect that makes it difficult to discriminate between NHs that are providing for resident satisfaction and those that are not. Standard deviations of the domain scores range from 5.4 to 11.2, and this variation did reveal differences between NHs.

The results also revealed potential statewide target areas for quality improvement. At the statewide level, the domain Direct Care and Nurses Assistants is the most important to residents, followed by General, Resident Environment, Facility Environment, and Activities. These domains are shown to be most highly correlated with overall satisfaction statewide ($r=.818-.923$). Therapy is least important ($r=.480$ with overall satisfaction score). Combined with information about satisfaction scores at the statewide level, the highest priorities for quality improvement (domains of greatest importance and lowest satisfaction among residents) are Direct Care, General, Meals, Activities, and Resident Environment. It is much easier to make changes in domains where objective indicators can be monitored such as variety of activities offered, resident room temperature and noise levels, and serving a variety of foods. It is much more difficult to make changes in staff behaviors, such as "showing respect," friendliness, and "getting along".

The Narrative Report contains suggestions for changes in the survey instruments and procedures for implementation, including considering the use of MDS data in selecting eligible residents for interview in the next measurement.

The voices of more than 27,000 nursing home residents have been heard. Family members and future residents now have an opportunity to evaluate where their nursing home needs will be best served as they utilize the On-Line Consumer Guide. Ohio is a model of excellence for the country. We are proud to be associated with State of Ohio and ODA in this unique and valuable contribution to the quality of life for Ohio residents.