



Implementation Guide:

Goal 7: Assessing Resident and Family Satisfaction with the Quality of Care

This Implementation Guide provides efficient, consistent, evidence-based approaches to assessing resident and family satisfaction with the quality of care.

www.nhqualitycampaign.org

ADVANCING EXCELLENCE IN AMERICA'S NURSING HOMES

A Campaign to Improve Quality of Life for Residents and Staff

Advancing Excellence in America's Nursing Homes is a [national](#) campaign to encourage, assist and empower nursing homes to improve the quality of care and life for residents.

Comprised of long term care providers, medical professionals, consumers, employees, and state and federal agencies, *AE* is the largest and first coalition of its kind to measure quality by setting clinical and organizational goals for nursing homes.

The coalition stimulates quality improvements by providing nursing homes with free, current and practical evidence-based [resources](#), empowering residents and their families with education, and helping participants reach their targets. Homes can compare their progress with state and national averages.

This Implementation Guide was prepared by volunteers and members of the Advancing Excellence Steering Committee.

Click [here](#) to see a list of coalition leaders.

Goal 7: Resident/Family Satisfaction

Almost all Nursing Homes will assess resident and family experience of care and incorporate this information into their quality improvement activities.

Objectives – By December 31, 2011:

New Objectives: By 4Q 2011

A1: The national average of Nursing Homes that regularly assess resident experience of care and incorporate the results into their quality improvement activities will exceed (85%).

A2: The national average of Nursing Homes that regularly assess resident experience of care and incorporate the results into their quality improvement activities will exceed (90%).

B1, C1, D1: No measurement for Year 1


Year 2 measures for B2, C2, D2 will be based on Year 1 data collected

E. Each state will attain an average facility level improvement of one decile.

F. NH will set a specific target to improve the number of resident and family satisfaction by one decile rank over the next 24 month period.

ICON KEY

 Recognition/Assessment

 Cause Identification

 Management

 Monitoring

The icons in the box to the left will be used throughout this guide to help identify those processes related to key evidence-based approaches.

Approach to Implementation

A nursing home working to assess and improve resident and family satisfaction with the quality of care should follow these steps:



Recognition / Assessment

1. *Identify improved resident and family satisfaction as areas for potential improvement.*
 - Based on nursing home quality improvement data, quality measures, Resident and family survey results, review of actual resident occurrences and cases, comparison to benchmarks, etc.
2. *Identify authoritative information available about improving resident and family satisfaction.*
 - Review references listed in the *Resident Satisfaction Resources*, as well as reliable and evidence-based information about ways to improve resident and family satisfaction from the literature and from relevant professional associations and organizations.
 - Identify ways to distinguish the reliability of information about improving resident and family satisfaction (i.e., how to separate valid ideas from myths and misconceptions about the topic).
3. *Identify current approaches to improving resident and family satisfaction.*

For an overview of the process, see the *Resident and Family Satisfaction Process Review Tool* and related *Resident and Family Satisfaction Flow Diagram*.

 - Are the nursing home's approaches consistent with the steps identified in the *Resident and Family Satisfaction Process Framework*?
 - Identify the nursing home's current approach to improving resident satisfaction, and the basis for that approach.
 - Who in the nursing home decides how to address issues related to resident and family satisfaction, and what approaches do they use?
4. *Identify areas for improvement in processes and practices related to improving resident and family satisfaction.*

Using the information gathered in Steps 2 and 3 above, compare current with desirable approaches to improving resident and family satisfaction. Address the following:

 - Check whether current nursing home policies / protocols are consistent with desirable approaches.
 - Check whether desirable approaches are being followed consistently.

Approach to Implementation (cont.)

- Identify whether anyone has been reviewing and comparing current approaches to addressing issues related to resident and family satisfaction to desirable ones.
- Have issues related to resident satisfaction been identified previously? Were they followed up on? Has the nursing home previously evaluated its performance and taken steps to improve?

Cause Identification



5. *Identify the causes of issues related to improving resident and family satisfaction, including root causes of undesirable variations in performance and practice.*

- Identify issues and practices that are inhibiting improvement in resident and family satisfaction.
- Identify underlying causes (including root causes) of, and factors related to, not achieving improvement in resident and family satisfaction.
- Identify reasons given by those who do not adequately follow desirable approaches.

Management



6. *Reinforce optimal practice and performance.*

- Continually promote “doing the right thing in the right way.”
- Follow the steps of the *Resident and Family Satisfaction Process Framework*, throughout the nursing home.
- Identify and use tools and resources to help implement the steps and address related issues.
- Based on information and data collected about the organization and the processes and results related to improving resident and family satisfaction, identify and strengthen systems and processes that are already optimal.

7. *Implement pertinent interventions.*

- Address underlying causes (including root causes) of the challenges and obstacles to the nursing home’s efforts to improve resident and family satisfaction.
- Implement pertinent generic and cause-specific interventions.
- Address issues of individual performance and practice that could be improved in trying to improve resident and family satisfaction.

Approach to Implementation (cont.)

- Refer to *Resident and Family Satisfaction Resources* for resources and tools that can help to address this goal.

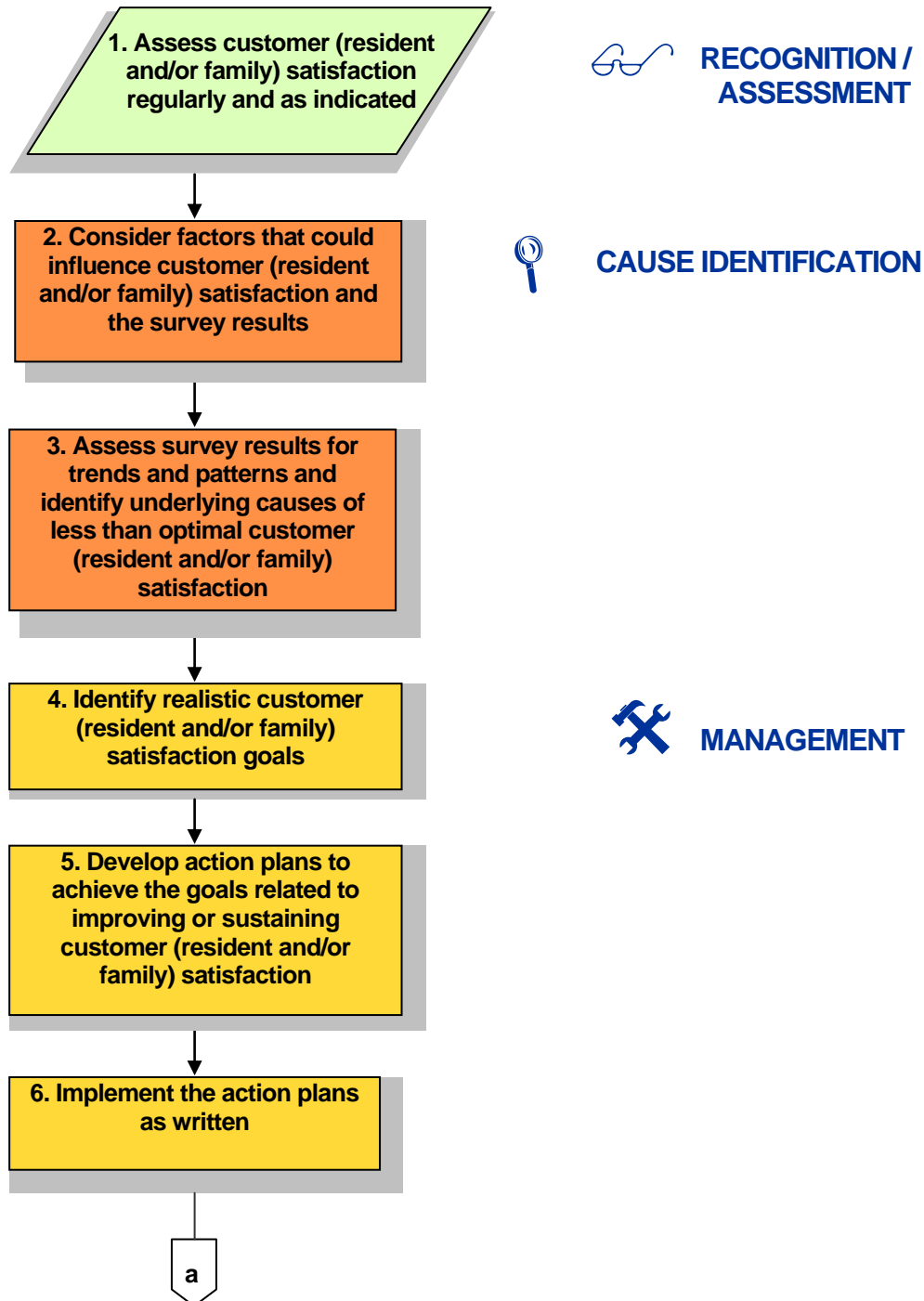
Monitoring



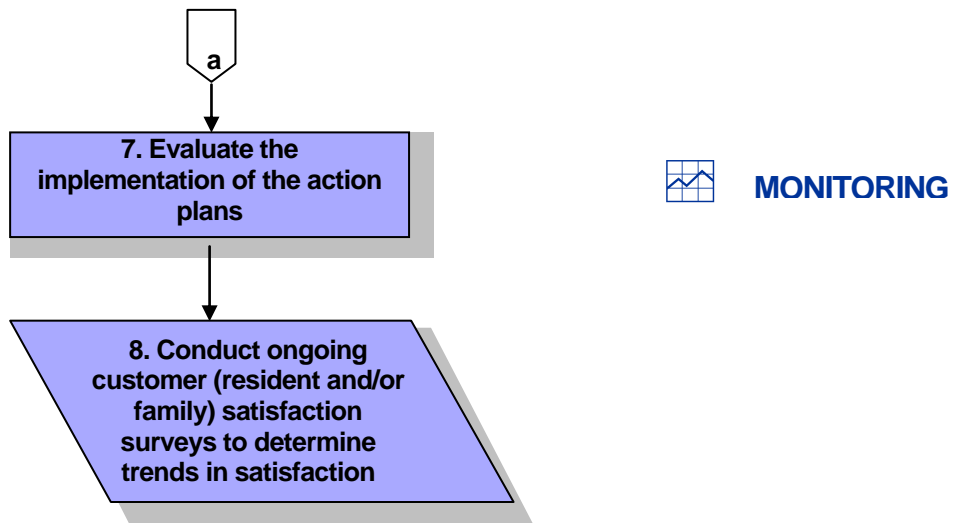
8. Reevaluate performance, practices and results.

- Recheck for progress towards getting “the right thing done consistently in the right way.”
- Use the *Resident and Family Satisfaction Process Review Tool* to identify whether all key steps are being followed.
- Use the *Resident and Family Satisfaction Process Framework* and related references and resources from Steps 2-4 above, and repeat Steps 2-7 (Recognition / Assessment, Cause Identification, and Management) until processes and practices are optimal.
- Continue to collect data on results and processes.
- Evaluate whether changes in process and practice have helped attain desired results.
- Adjust approaches as necessary.


Flow Diagram – Resident and Family Satisfaction Process Framework



Flow Diagram – Resident and Family Satisfaction Process Framework (cont.)



RESIDENT AND FAMILY SATISFACTION PROCESS FRAMEWORK

PROCESS STEP	EXPECTATIONS	RATIONALE
 PROBLEM RECOGNITION / ASSESSMENT		
<p>1. Assess customer (resident and/or family) satisfaction regularly and as indicated.</p>	<ul style="list-style-type: none"> - The nursing home systematically assesses customer (resident and/or family) satisfaction. This would include (but may not be limited to): <ul style="list-style-type: none"> • Identifying whether the customer satisfaction surveys will be conducted <u>internally or by an external agent.</u> • <u>Identifying the target resident populations to be surveyed.</u> - Questions to consider include: <ul style="list-style-type: none"> • What percentage of residents will the nursing home survey? • How does the nursing home decide whether a resident has the capacity to participate in the survey, and when does the nursing home decide to survey family members instead of a resident? • How will the nursing home get a representative sample of diverse perspectives; i.e., avoid surveying only residents and/or families who they suspect will respond positively? • Will the nursing home include residents who have been discharged from the nursing home? 	<ul style="list-style-type: none"> - A systematic, standardized assessment process is critical if the nursing home is to use the data for quality improvement efforts. - Developing and maintaining a systematic, standardized assessment process will permit the nursing home, through its quality improvement activities, to measure trends in resident and/or family satisfaction over time. - The nursing home should strive to collect survey data from as many residents and families as possible. Family members should be surveyed instead of residents when the residents are deemed unable to participate in the survey process themselves. - Through its quality improvement process, the nursing home can assess resident and/or family satisfaction to measure resident and/or family expectations and perceptions involving: <ul style="list-style-type: none"> • Resident care • Resident choices and preferences

RESIDENT AND FAMILY SATISFACTION PROCESS FRAMEWORK (cont.)

PROCESS STEP	EXPECTATIONS	RATIONALE
PROBLEM RECOGNITION / ASSESSMENT (cont.)		
	<ul style="list-style-type: none"> - Develop a standardized <u>approach to distributing</u> the satisfaction survey. - Questions to consider include: <ul style="list-style-type: none"> • Will the surveys be given to residents in writing? • Will some residents be surveyed verbally? • Will surveys be provided in the resident's primary language? • Will surveys be distributed in private or during group gatherings? - Identify <u>methods to collect</u> the satisfaction survey results. - Questions to consider include: <ul style="list-style-type: none"> • How will written and verbal survey responses be obtained? • Will the residents be allowed to respond to surveys anonymously, if desired? - For all residents surveyed, use a standardized and consistent survey <u>instrument / tool</u> that allows for quantifiable measurement. - Identify <u>methods for conducting</u> resident and/or family satisfaction surveys at scheduled intervals and as indicated. - Questions to consider include: <ul style="list-style-type: none"> • Will the surveys be conducted at least annually? 	<ul style="list-style-type: none"> • Resident privacy • Resident activity preferences, desires and involvement • Resident dining and meal experiences.


RESIDENT AND FAMILY SATISFACTION PROCESS FRAMEWORK (cont.)

PROCESS STEP	EXPECTATIONS	RATIONALE
PROBLEM RECOGNITION / ASSESSMENT (cont.)		
	<ul style="list-style-type: none"> • Will surveys include specific satisfaction issues identified during resident council meetings? • Will surveys include issues identified as regulatory survey deficiencies? - Apply the above systems to standardized <u>resident and/or family satisfaction</u> surveys, including target population, distribution methods, collection methods, selection of survey tools or instruments, and frequency of surveying families. 	
CAUSE IDENTIFICATION		
<p>2. Consider factors that could influence customer (resident and/or family) satisfaction and the survey results.</p>	<ul style="list-style-type: none"> - The nursing home reviews known factors that are likely to result in less than optimal resident and/or family satisfaction. These may include (but not be limited to): <ul style="list-style-type: none"> • Adequacy of survey distribution and collection methods, the survey instrument / tool, and survey response rates • Extent to which care actually conforms to attributes of quality (appropriateness, timeliness, effectiveness, safety, etc.) 	<ul style="list-style-type: none"> - Identifying factors that contribute to resident and/or family satisfaction survey collection at the start of the process can: <ul style="list-style-type: none"> • Enhance the survey process overall • Improve participation in the survey and provide a more representative sample of responses • More accurately reflect resident and/or family satisfaction. - Identifying trends and patterns can alert

RESIDENT AND FAMILY SATISFACTION PROCESS FRAMEWORK (cont.)

PROCESS STEP	EXPECTATIONS	RATIONALE
CAUSE IDENTIFICATION (cont.)		
	<ul style="list-style-type: none"> • Staffing issues, i.e. shortages, competencies, job satisfaction, performance, oversight, etc. • Effectiveness of processes to provide and support resident choices • Effectiveness of processes to provide care that respects resident privacy and dignity • Mental, physical, emotional and psychological capabilities and limitations of residents and/or families • Fear of retaliatory actions related to negative satisfaction responses. <p>- From the above known factors, the nursing home identifies trends and patterns.</p>	<p>the nursing home to readily addressable issues (“low hanging fruit”) that it can address with or without a formal action plan.</p>
<p>3. Assess survey results for trends and patterns and identify underlying causes of less than optimal (resident and/or family) satisfaction.</p>	<p>- The nursing home reviews the trends and patterns as previously identified.</p> <p>- The nursing home seeks underlying causes of issues identified in the satisfaction survey results.</p> <p>- To help identify underlying causes, the nursing home may:</p> <ul style="list-style-type: none"> • Conduct more detailed surveys about specific issues to clarify responses. For example if a survey trend was related to 	<p>- Identifying underlying causes allows the development of specific interventions to try to resolve those underlying causes.</p> <p>- Correcting underlying causes is likely to result in sustained process improvement and improved satisfaction.</p> <p>- Findings identified through a root cause analysis may take longer to address definitively. Some root causes may be imbedded in the nursing home’s informal and</p>

RESIDENT AND FAMILY SATISFACTION PROCESS FRAMEWORK (cont.)

PROCESS STEP	EXPECTATIONS	RATIONALE
	<p>the “meaningfulness of activities,” more detail may be needed about why the activities were not considered meaningful, what residents and families expected in this regard, and what they would consider to be more meaningful.</p> <ul style="list-style-type: none"> - Assess for contributing factors and causes including, for example: <ul style="list-style-type: none"> • Physical plant • Care schedules • Policies • Physician and/or family contact frequency • Resident / family awareness or education • Staffing • Budget constraints. - Assess for whether trends are specific to a subset of the nursing home; for example, one unit, hall, shift, or time of the day or week. 	<p>formal structures and processes. However, sustained improvement in any endeavor depends substantially on uncovering and addressing root causes.</p>
<p> MANAGEMENT</p>		
<p>4. Identify realistic customer (resident and/or family) satisfaction goals.</p>	<ul style="list-style-type: none"> - In conjunction with the residents, families, and staff, the nursing home identifies resident and/or family satisfaction goals. - These goals may relate to both general (overall measurement) improvement and to specific areas that contribute to overall improvement scores. 	<ul style="list-style-type: none"> - The nursing home must know and understand current satisfaction levels and where they strive to, or should, be. - Goal setting allows the nursing home to envision potential achievements related to resident and/or family satisfaction, through their quality improvement efforts.

RESIDENT AND FAMILY SATISFACTION PROCESS FRAMEWORK (cont.)

PROCESS STEP	EXPECTATIONS	RATIONALE
MANAGEMENT (cont.)		
	<ul style="list-style-type: none"> - The satisfaction goals to be surveyed should also be: <ul style="list-style-type: none"> • Realistic • Measurable • Compared and relative to national / state benchmarks for resident and/or family satisfaction, where available. 	
<p>5. Develop an action plan to achieve the goals related to improving or sustaining satisfaction.</p>	<ul style="list-style-type: none"> - The nursing home uses the findings determined during the <i>Cause Identification</i> steps (Steps # 2 and 3) to help them develop an action plan. This approach may include (but is not limited to): <ul style="list-style-type: none"> • Develop and incorporate a written plan of action into the nursing home's overall quality improvement process. • Identify specific interventions to be implemented and specific time frames for completing them. • Identify the staff responsible for implementing the interventions within the identified time frames. 	<ul style="list-style-type: none"> - An action plan serves as a "roadmap" to move forward in meeting goals related to resident and/or family satisfaction and increases the likelihood of attaining goals and sustaining related performance improvements. - In determining interventions related to the action plan, the nursing home should consider utilizing available resource materials and identifying best practices from expert sources.

RESIDENT AND FAMILY SATISFACTION PROCESS FRAMEWORK (cont.)

PROCESS STEP	EXPECTATIONS	RATIONALE
MANAGEMENT (cont.)		
6. The nursing home implements the action plan as written.	<ul style="list-style-type: none"> - The nursing home communicates to its staff (residents and families, if appropriate) action plan goals, interventions, time frames, and responsible parties. - The nursing home provides a copy of the action plan to all parties involved as appropriate. 	<ul style="list-style-type: none"> - The success of any action plan relates to successfully communicating with parties involved. - All parties involved should be aware of the expectations for their participation and performance.
MONITORING		
7. Evaluate the implementation of the action plan.	<ul style="list-style-type: none"> - The nursing home periodically evaluates the effectiveness of the action plan implementation, including (but not limited to) the following: <ul style="list-style-type: none"> • Are interventions being implemented as written? • Are plan interventions being implemented within the identified time frames? • Are plan interventions being implemented by the identified responsible staff members? • What are the results / findings related to the implantation of the action plan? • Have there been unanticipated barriers identified during implementation of the action plan? If so, what are they? - The nursing home updates and revises the action plan as indicated by the evaluation process. 	<ul style="list-style-type: none"> - Action plans should be working documents for the nursing home and revised as indicated during the evaluation process. - Evaluation of the action plan allows the nursing home to determine if they are “on the right track” or may need to take a different path to try to meet their goal. - Obstacles commonly arise as action plans are being implemented, necessitating revisions in the plan in order to achieve the goal.

RESIDENT AND FAMILY SATISFACTION PROCESS FRAMEWORK (cont.)

PROCESS STEP	EXPECTATIONS	RATIONALE
MONITORING (cont.)		
<p>8. Conduct ongoing customer (resident and/or family) satisfaction surveys to determine trends in satisfaction.</p>	<ul style="list-style-type: none"> - The nursing home conducts follow-up satisfaction surveys during or after completion of its action plan, to help measure improvement and identify whether performance has been sustained. 	<ul style="list-style-type: none"> - Ongoing and periodic resident and/or family satisfaction surveys enable the nursing home to accurately determine if they are meeting the needs and desires of their customers. Without this objective information, the nursing home can only speculate what the needs and desires are of their customers.

RESIDENT AND FAMILY SATISFACTION PROCESS REVIEW TOOL

Abstraction Date:			
Nursing home Name:		Nursing home Address:	

RECOGNITION/ASSESSMENT				
		YES	NO	N/A
1.	Does the nursing home assess resident and/or family satisfaction?			
2.	Does the nursing home use a consistent approach to conducting, distributing, and collecting information from the satisfaction survey?			
CAUSE IDENTIFICATION				
		YES	NO	N/A
3.	Does the nursing home identify factors that impact resident and family satisfaction?			
4.	Does the nursing home identify trends and patterns related to resident and family satisfaction?			
5.	Has the nursing home sought the root causes of any identified trends or patterns related to resident and family satisfaction?			
MANAGEMENT				
		YES	NO	N/A
6.	Has the nursing home established realistic and measurable resident / family satisfaction goals?			
7.	Has the nursing home implemented action plans, which reflect key steps in the <i>Resident and Family Satisfaction Process Framework</i> , to meet its goals?			
8.	Has the nursing home involved all pertinent parties to help develop its action plan, and has it communicated that action plan to those parties?			
MONITORING				
		YES	NO	N/A
9.	Has the nursing home periodically evaluated the effectiveness of the satisfaction action plan?			
10.	Has the nursing home revised its action plan to reflect the results of the evaluation process, including any unanticipated obstacles?			
11.	Has the nursing home implemented ongoing approaches to monitor satisfaction (e.g., routine follow-up satisfaction surveys, etc.)?			

RESIDENT AND STAFF SATISFACTION RESOURCES

RESOURCE	LOCATION	CONTACT INFORMATION
Recommended Tools		
Resident and Staff Satisfaction Toolkits	QualityNet	QualityNet (formerly MedQIC) is an Internet resource. Questions related to Nursing Home content can be directed to: Kristina Milinkovich, MPA Stratis Health 2901 Metro Drive, Suite 400 Bloomington, MN 55425 kmilinkovich@stratishealth.org 952-853-1817
Literature / Latest Research		
Leadership for Great Customer Service: Satisfied Patients and Satisfied Employees	American College of Healthcare Executives	One North Franklin, Suite 1700 Chicago, IL 60606-3424 Phone: (312) 424-2800
The Trust Prescription for Healthcare: Building Your Reputation with Consumers	American College of Healthcare Executives	
Patient Satisfaction: Understanding and Managing the Experience of Care	American College of Healthcare Executives	
Achieving Service Excellence: Strategies for Healthcare	American College of Healthcare Executives	
Leadership for Great Customer Service: Satisfied Patients and Satisfied Employees	American College of Healthcare Executives	

RESIDENT AND STAFF SATISFACTION RESOURCES (cont.)

RESOURCE	LOCATION	CONTACT INFORMATION
Literature / Latest Research (cont.)		
Conducting Satisfaction-Based Customer Surveys: A Guide for LTC Providers	American Health Care Association	1201 L Street, N.W. Washington, DC 20005
Assessing Satisfaction in Health and Long-Term Care	American Health Care Association	Phone: (202) 842-4444
How to Use Patient Satisfaction Data to Improve Healthcare Quality	American Society for Quality	P.O. Box 3005 Milwaukee, WI 53201-3005 or 600 North Plankinton Avenue Milwaukee, WI 53203 Phone: (800) 248-1946
Managing Patient Expectations: The Art of Finding and Keeping Loyal Patients	Susan Baker	6 Kelley Green New Canaan, CT 06840 Phone: (203) 966-4880 Email: susan@susanbaker.com
The Satisfied Patient: A Guide to Preventing Malpractice Claims by Providing Excellent Customer Service	hcPro healthcare Marketplace	200 Hoods Lane Marblehead, MA 01945 Phone: (877) 727-1728
Putting Customer Satisfaction First: 4 Steps to Improve Patient Relations	hcPro healthcare Marketplace	
Measuring and Improving Patient Satisfaction	Jones and Bartlett Publishers	40 Tall Pine Drive Sudbury, MA 01776 Phone: (800) 832-0034 x8197
Resident Opinion Survey	Iowa Department of Human Services	Iowa Department of Human Services c/o Bureau of Long Term Care Services 1305 East Walnut Street, 5 th Floor Des Moines, IA 50319-0114 Email: fdhs@dhs.state.ia.us

RESIDENT AND STAFF SATISFACTION RESOURCES (cont.)

RESOURCE	LOCATION	CONTACT INFORMATION
Literature / Latest Research (cont.)		
Customer Service in Health Care: A Grassroots Approach to Creating a Culture of Excellence	Jossey-Bass	10475 Crosspoint Blvd. Indianapolis, IN 46256 Phone: (877) 762-2974
Methods for Testing and Evaluating Survey Questionnaires	Jossey-Bass	
Total Customer Satisfaction: A Comprehensive Approach for Health Care Providers	Jossey-Bass	
Service Excellence: The Customer Relations Strategy for Health Care	Wendy Leebov	Phone: (215) 413-1969 Email: wleebov@wendyleebov.com
Love Your Patients	Love Your Patients	Dr. Scott Diering 99 Siegel Court Frederick, MD 21702 Phone: (866) 266-0229 (pin 5462) Email: diering@loveyourpatients.org
The Baptist Health Care Journey of Excellence	The Baptist Healthcare Leadership Institute	1000 West Moreno Street Pensacola, Florida 32501 T (850) 469-7084
Satisfaction Surveys in Long Term Care by J. Cohen-Mansfield, F. Ejaz, and P. Werner (editors) New York: Springer Publishing Company, 2000		
Krowinski, W. and Steiber, S. Measuring and Managing Patient Satisfaction. 2 nd edition. Chicago: American Hospital Publishing, year (I will find the year)		

Survey Instruments Available for Measuring Satisfaction of Nursing Home Residents and Their Family Members

Domain Codes for Resident and Family Surveys

Domain	Code
Overall assessment	A
Activities	B
Facility Environment	C
Food	D
Clinical care	E
Personal care	F
Staff interaction	G
Non-clinical staff services	H
Privacy/autonomy	I
Family involvement (usually only in family survey)	J
Cleanliness/housekeeping	K
Security	L
Administration	M

In the following set of tables, we list both proprietary surveys as well as surveys that are in the public domain, or available upon request, or in published literature. Some vendors are also listed who do not have their own surveys but who have fielded public domain or surveys developed by others. The first table includes surveys for residents; the second lists surveys for family members.

Survey Name & Author/Developer/Sponsor	Contact & Website	Resident Type (Long/Short Stay/Both)	Domains (see first page for domain codes)	Survey Mode & Cognitive Screen	Additional Details
Eden Warmth Tool Elder Questionnaire	Survey available for use by non-member facilities upon request Contact: registry@Edenalt.org Denise Hyde 512-557-1514 Copies of surveys available at http://ltc-institute.health.txstate.edu/common/articles/warmth-survey.html Note: Texas State University-San Marcos is no longer doing analysis	Both	No domains per se	Self-administered or Online Facility may choose to use cognitive screen	Total number of items: 20 Note: Surveys can be submitted online and analysis done by Eden Alternative for \$1 per survey.
Gallup Consulting	Contact healthcare@gallup.com website https://www.gallup.com	Both	A, B, C, D, E, F, G, H, I, J, K, L, M	Mode varies based on need. Outbound Phone, IVR phone and mail most common Cognitive screen available, but typically handled by facility	Total number of items: Varies – average is 32 Completion time varies – Average 6 min Readability: specific to survey

Survey Name & Author/Developer/Sponsor	Contact & Website	Resident Type (Long/Short Stay/Both)	Domains (see first page for domain codes)	Survey Mode & Cognitive Screen	Additional Details
Life Services Network Confidence Satisfaction Surveys	Website http://www.lsn.org Confidence Satisfaction program at www.confidence-surveys.com	Information not available	Information not available	Information not available	Cost: Varies dependent upon whether customer is an LSN member, an AAHSA member, or neither
MyInnerview Note: acquired by NRC Picker but continues to use MyInnerview name Current skilled nursing survey developed by Vivian Tellis-Nayak and Leslie Grant Discharged skilled nursing survey developed by Leslie Grant	Contact and Web site: www.myinnerview.com	Current skilled nursing and Discharged skilled nursing	Information not available	Current skilled nursing: Mail and Discharged skilled nursing: Mail	<u>Current skilled nursing:</u> Total number of items: 32 Completion time: 15-30 minutes Readability: 7.8 <u>Discharged skilled nursing:</u> Total number of items: 34 Completion time: 15-30 minutes Readability: 7.1

Survey Name & Author/Developer/Sponsor	Contact & Website	Resident Type (Long/Short Stay/Both)	Domains (see first page for domain codes)	Survey Mode & Cognitive Screen	Additional Details
Press Ganey	www.pressganey.com	Both	A,B,D,E,F,K plus additional domains	Mail	Total items: 51 Completion time: 12-15 minutes Readability: Between 6-7 th grade
Vital Research 2 surveys: 1) Resident Interview Guide and 2) Discharge Questionnaire for Short-Stay/Rehabilitation References: Gill et (2007) Uman et al (2000)	Contact: Gwen C. Uman, RN, PhD, guman@vitalresearch.com , (888) 848-2511 www.vitalresearch.com	Long stay nursing and short stay rehabilitation discharges	Long stay nursing resident: A, C, D, E, G, L plus additional domains Short stay rehabilitation discharge: A, B, C, D, E, F, L plus additional domains	Long stay nursing resident: Face-to-face Interview, for cognitive screen, interviewer asks screening questions Short stay rehabilitation discharge: Self Completion by Mail	<u>Long stay resident:</u> Total items: 51 Completion time: 15 minutes Readability: 2.9 <u>Short stay rehabilitation discharge:</u> Total items: 51 Completion time: 20-30 minutes Readability: 5.1

Survey Name & Author/Developer/Sponsor	Contact & Website	Resident Type (Long/Short Stay/Both)	Domains (see first page for domain codes)	Survey Mode & Cognitive Screen	Additional Details
Ohio Department of Aging Resident Satisfaction Survey Reference: Straker, Ejaz and Jones (2007)	Erin Pettegrew, Consumer Guide Team Leader Ohio Department of Aging epettegrew@age.state.oh.us Website: www.ltcoho.org	Both	A, B, C, D, E, F, H, I, M plus additional domains	In-person; interviewer stops after 4 questions in a row with non-response	Total number of items: 51 (2007) Implemented in OH in 2002, 2003, 2007 and 2009. in RI in 2005 and 2006
Rutgers Satisfaction Assessment Tool – Nursing Home Residents	Contact: Stephen Crystal or Judith Lucas Institute for Health, Health Care Policy and Aging Research scrystal@rci.rutgers.edu or jlucas@ifh.rutgers.edu	Both	A, B, C, D, E, F (old website)	In-person; no cognitive screen	Short and long versions available
Arizona Long Term Care System for the Elderly and Physically Disabled (ALTCS-EPD), part of AHCCCS	AHCCCS website: www.azahcccs.gov	Information not available	Information not available	Information not available	ALTCS-EPD members reside in one of three care settings: nursing facilities, assisted living facilities, or their own homes

Survey Name & Author/Developer/ Sponsor	Contact & Website	Resident Type (Long/Short Stay/Both)	Domains (see first page for domain codes)	Survey Mode & Cognitive Screen	Additional Details
CAHPS Nursing Home Survey: Long Stay Resident Instrument Reference: Sangl et al (2007)	Contact: CAHPS Help Line at cahps1@ahrq.gov or 1-800-492-9261 Website: https://www.cahps.ahrq/	Long stay *expect to finalize short stay survey in spring 2010	A, B, C, D, F, G, I, K, L	In-person; interviewer stops after 3 question in a row with nonsensical or non-response	Total number of items: 45 Completion time: 83% of interviews completed in 20 minutes or less Readability: 3.5
Resident Satisfaction Survey Reference: Kane et al (2003)	Kane, R.A. Quality of Life in Nursing Homes Final Report - July 2003 Submitted to Centers for Medicare and Medicaid. Downloadable from 2005 archives at http://www.cms.hhs.gov/NursingHomeQualityInits/35_NHQIArchives.asp#TopOfPage	Both	A, B, C, D, G, I, L plus additional domains	In-person; residents who are unresponsive are excluded	Variant used by of Minnesota in 2007

Other Resources:

Survey Name & Author/Developer/Sponsor	Contact & Website	Resident Type (Long/Short Stay/Both)	Domains (see first page for domain codes)	Survey Mode & Cognitive Screen	Additional Details
Market Decisions	Contact & web site www.marketdecisions.com 800-293-1538	N/A	N/A	N/A	Do not have their own survey but have fielded surveys for Maine, New Jersey and Maryland
NRC Picker	Note: now uses MyInnerview nursing home surveys in the US	N/A	N/A	N/A	
Synovate	Contact: David A. Bryant Senior Vice President Healthcare Services Research Synovate Email David.Bryant@Synovate.com www.synovate.com	N/A	N/A	N/A	Do not have their own survey but fielded 2008 survey for Arizona Health Care Cost Containment System (AHCCCS)

Family Member Survey Tools

Survey Name & Author/Developer/Sponsor	Contact & Website	Domains (see first page for domain codes)	Survey Mode & cognitive screen	Additional details
Eden Warmth Tool Family Questionnaire	Survey available for use by non-member facilities upon request Contact: registry@Edenalt.org Denise Hyde 512-557-1514 Copies of surveys available at http://lrc-institute.health.txstate.edu/common/articles/warmth-survey.html Note: Texas State University-San Marcos is no longer doing analysis	No domains per se	Self-administered or Online	Total number of items: 20 Surveys can be submitted online and analysis done by Eden Alternative for \$1 per survey.
Gallup Consulting	Contact healthcare@gallup.com website https://www.gallup.com	A, B, C, D, E, F, G, H, I, J, K, L, M	Mode varies based on need. Outbound Phone, IVR phone and mail most common Cognitive screen available, but typically handled by facility	Total number of items: Varies – average is 32 Completion time: Varies- Average 6 min Readability: specific to survey

Survey Name & Author/Developer/Sponsor	Contact & Website	Domains (see first page for domain codes)	Survey Mode & cognitive screen	Additional details
Life Services Network Confidence Satisfaction Surveys	Website http://www.lsnri.org Confidence Satisfaction program at www.confidence-surveys.com	Information not available	Information not available	Information not available
Press Ganey	www.pressganey.com	A, B, D, E, F, K plus additional domains	Mail	<u>Target: both short and long stay</u> Total number of items: 50 Completion time: 12-15 minutes Readability 6-7 th grade
Vital Research Family Satisfaction Questionnaire for Nursing Homes	Contact: Gwen C. Uman, RN, PhD, guman@vitalresearch.com , (888) 848-2511 www.vitalresearch.com	A, C, D, G plus additional domains	Self Completion by Mail or Internet	Total number of items: 73 Completion time: 20-30 minutes Readability: 6.7 grade level
Nursing Facility-Family Satisfaction Survey (NF-FSQ) Reference: Castle (2004)	Contact: castlen@pitt.edu	A, B, C, D, E, F, I, L plus additional domains	Mail	Total number of items: 23 Sample excludes family members of residents who are under age 65, in hospice or with stay less than 30 days

Survey Name & Author/Developer/Sponsor	Contact & Website	Domains (see first page for domain codes)	Survey Mode & cognitive screen	Additional details
Nursing Home Satisfaction Survey - developed by Market Decisions owned by Massachusetts Department of Public Health;	Survey available on request at no cost Contact Roberta Bernstein (roberta.bernstein@state.ma.us)	A, B, C, D, F, G, I, L, M?	Mail with phone follow-up	<u>Target: Family members of long-term care residents with stays of 4+ weeks</u> Total number of items: 65 Completion time: 20 minutes Readability: 8.0 Implemented in MA in 2005 and 2007
Ohio Department of Aging Family Satisfaction Survey Reference: Ejaz et al 2003	Erin Pettegrew, Consumer Guide Team Leader Ohio Department of Aging epettegrew@age.state.oh.us Website: www.ltcoho.org	A, B, C, D, E, F, G, H, I, J, K, L, M	Mail with phone followup	Total number of items: 51 Implemented in OH in 2001, 2002, 2006 and 2008
CAHPS Nursing Home Survey: Family Member Instrument	Contact: CAHPS Help Line at cahps1@ahrq.gov or 1-800-492-9261 Website: https://www.cahps.ahrq/	A, C, F, G, J, K, M plus additional domains	Mail with or without phone followup	Total number of items: 50 Completion time: 15 minutes Readability: 8.0

Other Resources:

Survey Name & Author/Developer/Sponsor	Contact & Website	Domains (see first page for domain codes)	Survey Mode & cognitive screen	Additional details
MyInnerview Note: acquired by NRC but continues to use MyInnerview name Developed by Vivian Tellis-Nayak and Leslie Grant	Contact and Web site: www.myinnerview.com	N/A	N/A	N/A
Market Decisions	www.marketdecisions.com 800-293-1538	N/A	N/A	Do not have their own survey but have fielded surveys for Maine, New Jersey and Maryland
NRC Picker	Note: now uses MyInnerview nursing home surveys in the US	N/A	N/A	N/A

REFERENCES:

Castle N (2004) "Family satisfaction with nursing facility care," *Int. Journal for Quality in Health Care*, 16(6): 1-7.

Ejaz, F., Straker, J., Fox, K., Swami, S. "Developing a Satisfaction Survey for Families of Ohio's Nursing Home Residents."(2003) *Gerontologist* 43(4): 447- 458.

Gill, K.S., Williams, C. S., Zimmerman, S., and Uman, G.C. (2007, October). Quality of long-term care as reported by residents with dementia. *Alzheimer's Care Today*. Vol. 8(4), 344-359.

Grant, L. "Organizational Predictors of Family Satisfaction in Nursing Facilities," *Senior Housing and Care Journal* (2004) 12(1): 3-13.

Kane RA, Kling KC, Bershadsky B, Kane RL, Giles K, Degenholtz HB, Liu J, and Cutler LJ (2003) "Quality of Life Measures for Nursing Home Residents," *Journal of Gerontology: Medical Sciences*, 58A(3): 240-248.

Kane, R.A. Quality of Life in Nursing Homes Final Report - July 2003 (Measures, Indicators, and Improvement of Quality of Life in Nursing Homes). Submitted to Centers for Medicare and Medicaid. Downloadable from 2005 archives at http://www.cms.hhs.gov/NursingHomeQualityInits/35_NHQIArchives.asp#TopOfPage

Sangl, J., Buchanan, J., Cosenza, C., Bernard, S., Keller, S., Mitchell, S., Brown, J., Castle, N., Sekscenski, E., and Larwood, D. (2007) "The Development of a CAHPS Instrument for Nursing Home Residents," *Journal of Aging and Social Policy* 19 (2): 63-82

Straker, J., Ejaz, F. and Jones, J. (2007) "Developing and Testing a Satisfaction Survey for Nursing Home Residents: The Ohio Experience," *Journal of Aging and Social Policy* 19 (2): 83-105

Uman, G.C., Hocevar, D., Uman, H.N., Young, R., Hirsch, M. & Kohler, S. (2000). Satisfaction surveys with the cognitively impaired population. Chapter 9 in *Measuring Satisfaction* Schultz, M.A., Van Servellen, G., McLaughlin, E., McNeese-Smith, D. & Uman, G.C. (1999). Research abstract. *Nursing Administration Quarterly*. 23 (3), 81-86.