



Department of Health

Three Capitol Hill  
Providence, RI 02908-5097

TTY: 711  
[www.health.ri.gov](http://www.health.ri.gov)

## Healthcare Quality Reporting Program

### NURSING HOME SUBCOMMITTEE

3-4 pm, April 19, 2016

Healthcentric Advisors, 235 Promenade St., Providence  
Suite 500, Conference Room 2

#### 1. **Welcome & today's meeting objectives** (3pm)

Emily welcomed the group and asked that these meetings are open to the public and that if anyone knows someone who should be added to the email list, to please send her their contact information.

- Program staff: E. Cooper, N. Odom, S. Viner-Brown, V. Carroll
- Meeting attendees: P. Chace, J. Nyberg, K. Park, J. Robinson, M. Salisbury, J. Shaw

#### 2. **Previous meeting's action items** (3:05pm)

- *Share satisfaction survey data, as available* (Emily) – **On-Going**  
Emily noted that the Executive Summary report was sent as an attachment with this meeting's agenda
- *Work with MIV to create feedback process for facilities* (Emily) – **On-Going**  
Emily explained that this is an on-going process and MIV welcomes continued comments as facilities utilize the new interface.
- *Update Nursing Home Summary Report cover page* (Emily) – **On-Going**  
The initial update has been completed, further discussion is noted below.

#### 3. **Nursing Home Summary Report** (3:10pm)

- *Review cover page* (handout)  
Emily opened the discussion by explaining that as discussed at the February meeting, the Nursing Home Summary Report cover page has been updated to more clearly reflect the date issued and to include suggested questions for consumers to ask and consider when choosing a facility. The committee reviewed and approved these questions. It was suggested that we add a question to help consumers understand how a change in condition or lack of progress with a condition may affect insurance coverage. Emily stated that she will draft a question for review at the next meeting.

A committee member brought out a card listing the Alliance for better Long Term Care's 'Residents Rights'. It was suggested that this document be included with the Summary Report as an additional resource for clients and their families as well as to make them aware of the Ombudsman program.

#### 4. **Nursing Home Satisfaction Report** (3:25pm)

- *Review composite measures* (handout)  
Emily explained that with the new survey tool, My Innerview created ten new domains to categorize their questions. These categories are: Autonomy, Coordination of care, Emotional Support, Information and Education, Involvement of Family and friends, Patient Safety, Physical



Comfort, Relationships, Respect for Patient Preferences and Supportive Services. Additionally there are two global measures; Overall Satisfaction and Recommend to Others.

- *Discussion*  
The committee discussed these new domains and felt that for reporting purposes, ten domains would be too bulky for reporting purposes. The group instead decided that the questions should be broken into the following domains: Quality of Life, Quality of Services and Quality of Care, as well as an Overall Satisfaction domain. While these domains are similar to the domains used in previous years, because the survey questions were different they cannot be used for a true year-to-year comparison.
- The committee then reviewed the questions to determine which domain they should be moved to. The results are listed below:

<p><b>Quality of Life</b></p>	<ul style="list-style-type: none"> <li>• Staff enables residents to use talents</li> <li>• Staff offers opportunity to learn</li> <li>• Staff offers opportunity to help others</li> <li>• Staff enable residents to follow own daily routine</li> <li>• Staff confidence/trust in</li> <li>• Ease of finding someone to talk to</li> <li>• Felt that staff really cared</li> <li>• Family able to talk w/ staff</li> <li>• Family inclusion in discussions</li> <li>• Facility makes it easy to be with resident</li> <li>• Staff know about residents</li> <li>• Staff take time to interact with residents</li> <li>• Staff make residents feel included</li> <li>• Family member treated with courtesy/respect by staff [Family]</li> <li>• Staff listened carefully to family member [Family]</li> <li>• Resident treated w/courtesy/respect by staff</li> <li>• Staff listened carefully to resident</li> <li>• Privacy</li> </ul>
<p><b>Quality of Services</b></p>	<ul style="list-style-type: none"> <li>• Staff explained things understandably to family/resident [Family]</li> <li>• Staff explained things understandably [Resident] Room kept clean during stay</li> <li>• Common areas kept clean during stay</li> <li>• Quiet around room at night</li> <li>• Belongings safe from being damaged/lost/stolen</li> <li>• Management responsive to suggestions and concerns</li> <li>• Clothes are damaged or lost</li> <li>• Taste of food</li> <li>• Variety of food</li> <li>• Dining experience is enjoyable</li> <li>• Dining staff courtesies/respect</li> </ul>



	<ul style="list-style-type: none"> <li>• Facility makes it easy to practice religion</li> </ul>
<b>Quality of Care</b>	<ul style="list-style-type: none"> <li>• Staff consistency</li> <li>• Staff communication</li> <li>• Staff informed re: all care/treatment</li> <li>• Staff aware of important health needs</li> <li>• Get enough info about condition/treatment</li> <li>• Got help as soon as wanted</li> <li>• Made it easy to move around safely</li> <li>• Help going to bathroom as soon as wanted</li> <li>• Need pain meds</li> <li>• Pain well controlled</li> <li>• Staff do everything to help resident's pain</li> <li>• Resident input in care</li> <li>• Staff help the resident with grooming</li> </ul>
<b>Overall Satisfaction</b>	<ul style="list-style-type: none"> <li>• How would you rate your overall satisfaction with this facility?</li> </ul>
<b>Recommendation to others</b>	<ul style="list-style-type: none"> <li>• What is your recommendation of this facility to others?</li> </ul>

- *Demonstration of MIV data portal*  
Emily provided the committee with a hands-on demonstration of the My InnerView data portal. She reviewed the "Priority Matrix" report, the "Scorecard" report and the "Response Rate" report. Emily offered to do similar demonstration for other meetings if anyone is interested or to help facilities create reports.

5. **Action Items** (3:55pm)

- Nursing Home Summary Report - Draft a question for the cover page regarding how a change in condition/progress may affect insurance coverage (Emily)
- Reconfigure the Nursing Home Satisfaction domains (Emily)

**Next Meeting: June 21, 2015 at Healthcentric Advisors**



## Healthcare Quality Reporting Program

### Nursing Home Summary Report

The Rhode Island Department of Health publishes information about nursing homes. If you know that you or a family member will need nursing home care, this information can help you compare nursing homes and choose among them. You may also want to visit nursing homes and to ask friends and family members for their thoughts and experiences.

This report summarizes information from the Department of Health ([www.health.ri.gov/nursinghomes/about/quality](http://www.health.ri.gov/nursinghomes/about/quality)) and Medicare ([www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare)). Reports with more information are available at those websites. This report is updated every time there is new information for one of the columns on the report. The date in the bottom left-hand corner of this report tells you when this report was last updated. If this report is more than 30 days old, more current information may be available at the previously mentioned websites. You can learn more about what is in this report, including definitions and time periods for each column of information, by reading the Methods Report (<http://www.health.ri.gov/publications/qualityreports/nursinghomes/SummaryMethods.pdf>).

#### More information about choosing a nursing home:

When possible, it can be helpful to ask questions about what you can expect during your nursing home stay. This can help you to understand the care you will receive, what it will be like to stay at a nursing home and how much services might cost. Below are some suggested questions that will help you to be prepared for your nursing home stay:

##### *Questions to ask your doctor or nurse:*

- (Primary care provider) Are there any facilities where you, or someone from your practice, care for patients?
- (Hospital care provider) Does this hospital have preferred nursing home care providers?
- What kind of care should I expect to receive while I am at the nursing home?
- How long should I expect to be at the nursing home?

##### *Questions to ask prospective nursing homes:*

- How long has the current leadership, including Director of Nursing and Administrator, been in this role? If less than a year, how long was the previous leadership in the role?
- How often will you speak with my doctor about my care?
- Will you work with my doctor and/or my pharmacy regarding my medication?
- Do you take my insurance/are you in my network?

##### *Questions to ask your insurance provider:*

- What facilities are in my network?
- What types of care are covered by my plan?
- How much care is covered by my plan?
- What costs will not be covered by my plan?

##### *Questions to ask friends and family:*

- Have you or a loved one spent time in nursing home before? If so, how was your experience?
- Have you ever visited a nursing home, either as a friend or as a perspective resident that you would recommend?
- Will you be able to visit me if I choose a nursing in [location]?

## My Innerview Nursing Home Satisfaction Domains

<i>Domain</i>	<i>Family/Resident Survey Items</i>	<i>Associated Family Questions</i>	<i>Associated Resident Questions</i>
Autonomy	<ul style="list-style-type: none"> <li>▪ Staff enables residents to use talents</li> <li>▪ Staff offers opportunity to learn</li> <li>▪ Staff offers opportunity to help others</li> <li>▪ Staff enable residents to follow own daily routine</li> </ul>	28, 29, 30, 31	25, 26, 27, 28
Coordination of Care	<ul style="list-style-type: none"> <li>▪ Staff consistency</li> <li>▪ Staff communication</li> <li>▪ Staff informed re: all care/treatment</li> <li>▪ Staff aware of important health needs</li> </ul>	12, 13, 21, 23	8, 9, 18, 20
Emotional Support	<ul style="list-style-type: none"> <li>▪ Staff confidence/trust in</li> <li>▪ Ease of finding someone to talk to</li> <li>▪ Felt that staff really cared</li> </ul>	4, 17, 22	4, 13, 19
Information and Education	<ul style="list-style-type: none"> <li>▪ Staff explained things understandably to family/resident [Family]</li> <li>▪ Staff explained things understandably [Resident]</li> <li>▪ Get enough info about condition/treatment</li> </ul>	3, 7, 24	3, 21
Involvement of Family and Friends	<ul style="list-style-type: none"> <li>▪ Family able to talk w/ staff</li> <li>▪ Family inclusion in discussions</li> <li>▪ Facility makes it easy to be with resident</li> </ul>	14, 15, 16	10, 11, 12
Patient Safety	<ul style="list-style-type: none"> <li>▪ Got help as soon as wanted</li> <li>▪ Made it easy to move around safely</li> </ul>	8, 38	5, 35
Physical Comfort	<ul style="list-style-type: none"> <li>▪ Help going to bathroom as soon as wanted</li> <li>▪ Need pain meds</li> <li>▪ Pain well controlled</li> <li>▪ Staff do everything to help resident's pain</li> <li>▪ Room kept clean during stay</li> <li>▪ Common areas kept clean during stay</li> <li>▪ Quiet around room at night</li> <li>▪ Belongings safe from being damaged/lost/stolen</li> </ul>	10, 19, 20, 34, 35, 36, 39	7, 16, 17, 31, 32, 33, 36

<i>Domain</i>	<i>Family/Resident Survey Items</i>	<i>Associated Family Questions</i>	<i>Associated Resident Questions</i>
Relationships	<ul style="list-style-type: none"> <li>▪ Staff know about residents</li> <li>▪ Staff take time to interact with residents</li> <li>▪ Staff make residents feel included</li> </ul>	25, 26, 27	22, 23, 24
Respect for Patient Preferences	<ul style="list-style-type: none"> <li>▪ Family member treated with courtesy/respect by staff [Family]</li> <li>▪ Staff listened carefully to family member [Family]</li> <li>▪ Resident treated w/courtesy/respect by staff</li> <li>▪ Staff listened carefully to resident</li> <li>▪ Resident input in care</li> <li>▪ Staff help the resident with grooming</li> <li>▪ Management responsive to suggestions and concerns</li> <li>▪ Privacy</li> </ul>	1, 2, 5, 6, 11, 32, 33, 37	1, 2, 14, 29, 30, 34
Supportive Services	<ul style="list-style-type: none"> <li>▪ Clothes are damaged or lost</li> <li>▪ Taste of food</li> <li>▪ Variety of food</li> <li>▪ Dining experience is enjoyable</li> <li>▪ Dining staff courtesy/respect</li> <li>▪ Facility makes it easy to practice religion</li> </ul>	41, 42, 43, 44, 45, 46	38, 39, 40, 41, 42, 43
Overall Satisfaction	<ul style="list-style-type: none"> <li>▪ How would you rate your overall satisfaction with this facility?</li> </ul>	47	44
Recommend to Others	<ul style="list-style-type: none"> <li>▪ What is your recommendation of this facility to others?</li> </ul>	48	45

Please use the enclosed envelope and mail the completed survey to:  
**National Research Corporation**  
Survey Processing Center  
PO BOX 82660  
Lincoln, NE 68501-2660  
1-800-733-6714

**Family Survey Template - 2015**

**SURVEY INSTRUCTIONS**

**Please answer the following questions about your experience.**

1. How often does the staff treat *you* with courtesy and respect?  
 Never  
 Sometimes  
 Usually  
 Always
2. How often does the staff listen carefully to *you*?  
 Never  
 Sometimes  
 Usually  
 Always
3. How often does the staff explain things in a way *you* can understand?  
 Never  
 Sometimes  
 Usually  
 Always
4. How often do *you* have confidence and trust in the staff treating the resident?  
 Never  
 Sometimes  
 Usually  
 Always

**THE RESIDENT'S CARE FROM STAFF**

5. How often does the staff treat the resident with courtesy and respect?  
 Never  
 Sometimes  
 Usually  
 Always
6. How often does the staff listen carefully to the resident?  
 Never  
 Sometimes  
 Usually  
 Always

7. How often does the staff explain things in a way the resident can understand?  
 Never  
 Sometimes  
 Usually  
 Always
8. When the resident presses the call button, how often does he/she get help as soon as wanted?  
 Never  
 Sometimes  
 Usually  
 Always
9. Does the resident need help from staff in getting to the bathroom?  
 Yes  
 No → Go to Question 11
10. How often does the resident get help in getting to the bathroom as soon as wanted?  
 Never  
 Sometimes  
 Usually  
 Always
11. How often is the resident given enough input or say in his/her care?  
 Never  
 Sometimes  
 Usually  
 Always
12. How often are the different staff consistent with each other in providing you information?  
 Never  
 Sometimes  
 Usually  
 Always  
 Did not notice
13. How often is there good communication between the different staff?  
 Never  
 Sometimes  
 Usually  
 Always



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14. How often are you able to talk to staff when you need to?
- Never
  - Sometimes
  - Usually
  - Always
15. How often does the staff include you in discussions about the resident's care?
- Never
  - Sometimes
  - Usually
  - Always
16. How often do they make it easy for you to be with the resident as much as you want?
- Never
  - Sometimes
  - Usually
  - Always
17. How often is it easy for you to find someone on the staff to talk to about your concerns?
- Never
  - Sometimes
  - Usually
  - Always
  - Did not want or need to talk
18. Does the resident currently need medicine for pain?
- Yes
  - No → Go to Question 21
19. How often is the resident's pain well controlled?
- Never
  - Sometimes
  - Usually
  - Always
20. How often does the staff do everything they can to help the resident with his/her pain?
- Never
  - Sometimes
  - Usually
  - Always
21. How often does staff seem informed and up-to-date about all the care or treatment the resident gets?
- Never
  - Sometimes
  - Usually
  - Always
22. How often do you feel that the staff really cares about the resident?
- Never
  - Sometimes
  - Usually
  - Always
23. How often is staff fully aware of the resident's important health needs?
- Never
  - Sometimes
  - Usually
  - Always
24. How often do you get as much information about the resident's condition and treatment as you want from staff?
- Never
  - Sometimes
  - Usually
  - Always
25. Does the staff know the resident as a person?
- No
  - Yes, somewhat
  - Yes, mostly
  - Yes, definitely
26. Does the staff take time to talk with the resident?
- No
  - Yes, somewhat
  - Yes, mostly
  - Yes, definitely
27. Does the resident feel included and part of this community?
- No
  - Yes, somewhat
  - Yes, mostly
  - Yes, definitely
28. Is the resident given opportunities to use his/her talents and skills (crafts, hobbies, teaching, etc.) here?
- No
  - Yes, somewhat
  - Yes, mostly
  - Yes, definitely
29. Is the resident given opportunities to learn new things here?
- No
  - Yes, somewhat
  - Yes, mostly
  - Yes, definitely



30. Is the resident given opportunities to help others here?
- No
  - Yes, somewhat
  - Yes, mostly
  - Yes, definitely
31. Does the staff enable the resident to follow his/her own daily routine?
- No
  - Yes, somewhat
  - Yes, mostly
  - Yes, definitely
32. How often do the staff help the resident to be well-groomed?
- Never
  - Sometimes
  - Usually
  - Always
33. How often are the people in charge responsive to your suggestions and concerns?
- Never
  - Sometimes
  - Usually
  - Always

#### THE ENVIRONMENT

34. How often are the resident's room and bathroom kept clean?
- Never
  - Sometimes
  - Usually
  - Always
35. How often are the common areas and hallways kept clean?
- Never
  - Sometimes
  - Usually
  - Always
36. How often are the areas around the resident's room quiet when he/she is resting?
- Never
  - Sometimes
  - Usually
  - Always
37. How often does the resident have enough privacy?
- Never
  - Sometimes
  - Usually
  - Always

38. How often do they make it easy for the resident to move around safely here?
- Never
  - Sometimes
  - Usually
  - Always
39. How often are the resident's personal belongings safe from being damaged, lost, or stolen?
- Never
  - Sometimes
  - Usually
  - Always
40. Does the resident use the laundry service for his/her clothes?
- Yes
  - No → Go to Question 42
41. When the resident uses the laundry service, how often are his/her clothes damaged or lost?
- Never
  - Sometimes
  - Usually
  - Always
42. How often does the resident enjoy the taste of the food?
- Never
  - Sometimes
  - Usually
  - Always
43. How often is there enough variety of food choices?
- Never
  - Sometimes
  - Usually
  - Always
44. How often do they make the dining experience as enjoyable as possible?
- Never
  - Sometimes
  - Usually
  - Always
45. How often do the dining staff treat the resident with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always



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46. How often do they make it easy for the resident to practice his/her religion or spiritual beliefs?
- Never
  - Sometimes
  - Usually
  - Always

**OVERALL RATING**

47. Using any number from 0 to 10, where 0 is the worst place possible and 10 is the best place possible, what number would you use to rate this as a place to live?
- 0 Worst Place Possible
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10 Best Place possible

48. Would you recommend this as a place to live to your friends and family?
- Definitely no
  - Probably no
  - Probably yes
  - Definitely yes

49. How would you rate your overall satisfaction with this facility?
- Excellent
  - Good
  - Fair
  - Poor

50. What is your recommendation of this facility to others?
- Excellent
  - Good
  - Fair
  - Poor

**OVERALL IMPRESSIONS**

51. In recommending this facility to your friends and family, how would you rate it overall?
- Poor
  - Average
  - Good
  - Very Good
  - Excellent

52. Overall, how would you rate the staff?

- Poor
- Average
- Good
- Very Good
- Excellent

53. How would you rate the care the resident receives?

- Poor
- Average
- Good
- Very Good
- Excellent

54. Is there anything else you'd like to tell us about your experience?

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**ABOUT THE RESIDENT**

55. How long has the resident lived here?

- Less than one month
- 1 to 3 months
- 3 to 6 months
- 6 months to 1 year
- 1 to 3 years
- 3 or more years

56. Who visits the resident most often?

- The resident's spouse
- The resident's child
- The resident's brother or sister
- The resident's grandchild
- The resident's friend
- Another person

57. How often does this person visit the resident?

- Less than once a year
- Once a year
- Once every three months
- Once a month or more
- Once a week or more
- Almost daily



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58. In general, how would you rate the resident's overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

59. Is the resident of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

60. How would you describe the resident's race? Mark one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

61. What is the resident's gender?

- Male
- Female

62. What is the resident's age?

- 19 or under
- 20 to 29 years
- 30 to 39 years
- 40 to 49 years
- 50 to 59 years
- 60 to 69 years
- 70 to 79 years
- 80 to 89 years
- 90 years or older

#### ABOUT YOU

63. How are you related to the resident?

- Spouse
- Child
- Brother or Sister
- Grandchild
- Friend
- Someone else

64. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

65. What is your preferred language?

- English
- Spanish
- Chinese
- Vietnamese
- Korean
- Russian
- Other language

66. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

**THANK YOU!**

**Please return the completed survey in the postage-paid envelope.**

**Mail the completed survey to: National Research Corporation Survey Processing Center, PO Box 82660, Lincoln, NE 68501-2660. National Research Corporation phone: 1-800-733-6714.**

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Please use the enclosed envelope and mail the completed survey to:  
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1-800-733-6714

**Resident Survey Template - 2015**

**SURVEY INSTRUCTIONS**

**Please answer the following questions about your experience.**

**YOUR CARE FROM STAFF**

1. How often does the staff treat you with courtesy and respect?  
 Never  
 Sometimes  
 Usually  
 Always
2. How often does the staff listen carefully to you?  
 Never  
 Sometimes  
 Usually  
 Always
3. How often does the staff explain things in a way you can understand?  
 Never  
 Sometimes  
 Usually  
 Always
4. How often do you have confidence and trust in the staff treating you?  
 Never  
 Sometimes  
 Usually  
 Always
5. When you press the call button, how often do you get help as soon as you want it?  
 Never  
 Sometimes  
 Usually  
 Always
6. Do you need help from staff in getting to the bathroom?  
 Yes  
 No → Go to Question 8

7. How often do you get help in getting to the bathroom as soon as you want?  
 Never  
 Sometimes  
 Usually  
 Always
8. How often are the different staff consistent with each other in providing you information and care?  
 Never  
 Sometimes  
 Usually  
 Always  
 Did not notice
9. How often is there good communication between the different staff?  
 Never  
 Sometimes  
 Usually  
 Always
10. How often is your family or someone close to you able to talk to staff when they need to?  
 Never  
 Sometimes  
 Usually  
 Always
11. How often does the staff include your family or someone close to you in discussions about your care?  
 Never  
 Sometimes  
 Usually  
 Always
12. How often do they make it easy for you to spend as much time as you want with your family or someone close to you?  
 Never  
 Sometimes  
 Usually  
 Always



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13. How often is it easy for you to find someone on the staff to talk to about your concerns?

- Never
- Sometimes
- Usually
- Always
- Did not want or need to talk

14. How often are you given enough input or say in your care?

- Never
- Sometimes
- Usually
- Always

15. Do you currently need medicine for pain?

- Yes
- No → Go to Question 18

16. How often is your pain well controlled?

- Never
- Sometimes
- Usually
- Always

17. How often does the staff do everything they can to help you with your pain?

- Never
- Sometimes
- Usually
- Always

18. How often does staff seem informed and up-to-date about all the care or treatment you get?

- Never
- Sometimes
- Usually
- Always

19. How often do you feel that the staff really cares about you?

- Never
- Sometimes
- Usually
- Always

20. How often is staff fully aware of your important health needs?

- Never
- Sometimes
- Usually
- Always

21. How often do you get as much information about your condition and treatment as you want from your staff?

- Never
- Sometimes
- Usually
- Always

22. Does the staff know you as a person?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely

23. Does the staff take time to talk with you?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely

24. Do you feel included and part of this community?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely

25. Are you given opportunities to use your talents and skills (crafts, hobbies, teaching, etc.) here?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely

26. Are you given the opportunities to learn new things here?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely

27. Are you given the opportunities to help others?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely

28. Does the staff enable you to follow your own daily routine?

- No
- Yes, somewhat
- Yes, mostly
- Yes, definitely



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29. How often do the staff help you to be well-groomed?
- Never
  - Sometimes
  - Usually
  - Always
30. How often are the people in charge responsive to your suggestions and concerns?
- Never
  - Sometimes
  - Usually
  - Always

### THE ENVIRONMENT

31. How often are your room and bathroom kept clean?
- Never
  - Sometimes
  - Usually
  - Always
32. How often are the common areas and hallways kept clean?
- Never
  - Sometimes
  - Usually
  - Always
33. How often are the areas around your room quiet when you are resting?
- Never
  - Sometimes
  - Usually
  - Always
34. How often do you have enough privacy?
- Never
  - Sometimes
  - Usually
  - Always
35. How often do they make it easy for you to move around safely here?
- Never
  - Sometimes
  - Usually
  - Always

36. How often are your personal belongings safe from being damaged, lost, or stolen?
- Never
  - Sometimes
  - Usually
  - Always
37. Do you use the laundry service for your clothes?
- Yes
  - No → Go to Question 39
38. When you use the laundry service, how often are your clothes damaged or lost?
- Never
  - Sometimes
  - Usually
  - Always
39. How often do you enjoy the taste of your food?
- Never
  - Sometimes
  - Usually
  - Always
40. How often is there enough variety of food choices?
- Never
  - Sometimes
  - Usually
  - Always
41. How often is the dining experience as enjoyable as possible?
- Never
  - Sometimes
  - Usually
  - Always
42. How often do the dining staff treat you with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
43. How often do they make it easy for you to practice your religion or spiritual beliefs?
- Never
  - Sometimes
  - Usually
  - Always



**OVERALL RATING**

44. Using any number from 0 to 10, where 0 is the worst place possible and 10 is the best place possible, what number would you use to rate this as a place to live?

- 0 Worst Place Possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best Place possible

45. Would you recommend this as a place to live to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

46. How would you rate your overall satisfaction with this facility?

- Excellent
- Good
- Fair
- Poor

47. What is your recommendation of this facility to others?

- Excellent
- Good
- Fair
- Poor

**OVERALL IMPRESSIONS**

48. In recommending this facility to your friends and family, how would you rate it overall?

- Poor
- Average
- Good
- Very Good
- Excellent

49. Overall, how would you rate the staff?

- Poor
- Average
- Good
- Very Good
- Excellent

50. How would you rate the care you receive?

- Poor
- Average
- Good
- Very Good
- Excellent

51. Is there anything else you'd like to tell us about your experience?

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**ABOUT YOU**

52. How long have you lived here?

- Less than one month
- 1 to 3 months
- 3 to 6 months
- 6 months to 1 year
- 1 to 3 years
- 3 or more years

53. Who visits you most often?

- Spouse
- Child
- Brother or sister
- Grandchild
- Friend
- Another person

54. How often does this person visit you?

- Less than once a year
- Once a year
- Once every three months
- Once a month or more
- Once a week or more
- Almost daily



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55. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

56. Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin

57. How would you describe your race? Mark one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

58. What is your gender?

- Male
- Female

59. What is your age?

- 19 or under
- 20 to 29 years
- 30 to 39 years
- 40 to 49 years
- 50 to 59 years
- 60 to 69 years
- 70 to 79 years
- 80 to 89 years
- 90 years or older

60. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

61. What is your preferred language?

- English
- Spanish
- Chinese
- Vietnamese
- Korean
- Russian
- Other language

62. Did someone help you complete this survey?

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

63. How did that person help you? Select all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way
- No one helped me complete this survey

**THANK YOU!**

**Please return the completed survey in the postage-paid envelope.**

**Mail the completed survey to: National Research Corporation Survey Processing Center, PO Box 82660, Lincoln, NE 68501-2660. National Research Corporation phone: 1-800-733-6714.**

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# RHODE ISLAND

2015

## EXECUTIVE SUMMARY

Prepared by



This report provides information needed to initiate quality improvement efforts, track referral sources, improve staff recruitment and retention, and evaluate outcomes of previous initiatives.

Includes:

**RESIDENT SATISFACTION**

**FAMILY SATISFACTION**

Published date: March 21, 2016

# RESIDENT SATISFACTION

	2015	2014	2013
RESPONSE RATE	70%	71%	70%
FACILITIES SURVEYED	85	89	88
SURVEYS RECEIVED	2,512	2,609	2,361

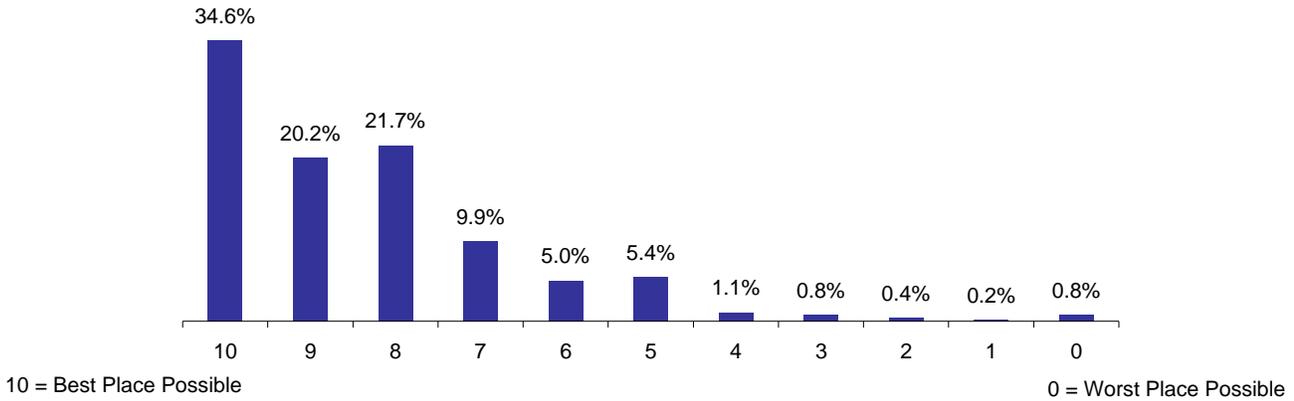


RHODE ISLAND

# RESIDENT SATISFACTION

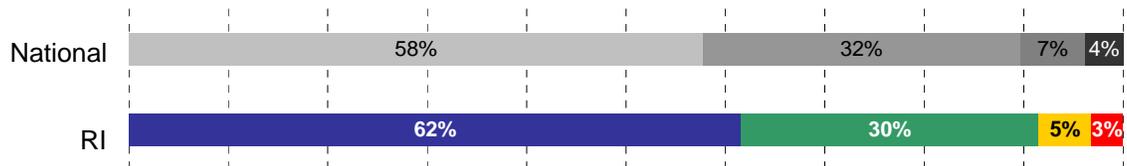
## OVERALL RATING & IMPRESSIONS

Facility rating as a place to live



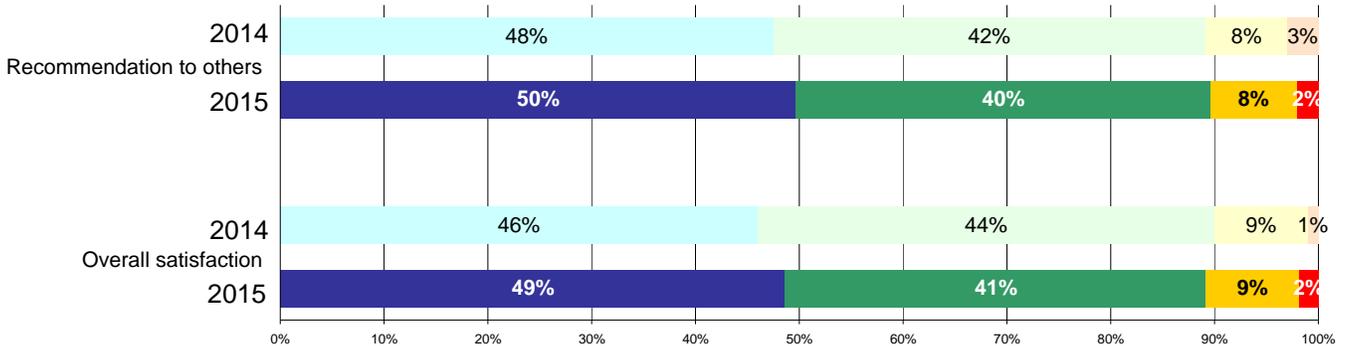
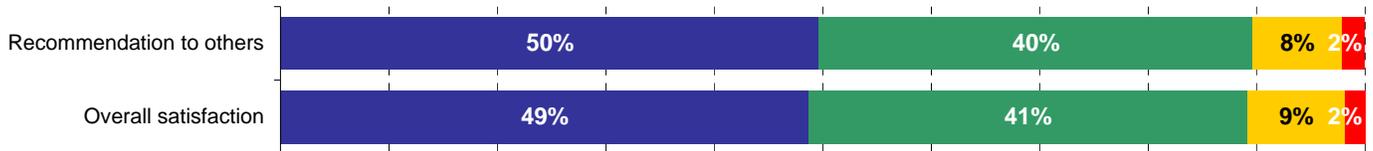
**Defn. Yes**   **Prob. Yes**   **Prob. No**   **Defn. No**

Recommendation to friends/family as a place to live



Legacy Global Satisfaction Items

**EXCELLENT**   **GOOD**   **FAIR**   **POOR**



### RHODE ISLAND

# RESIDENT SATISFACTION

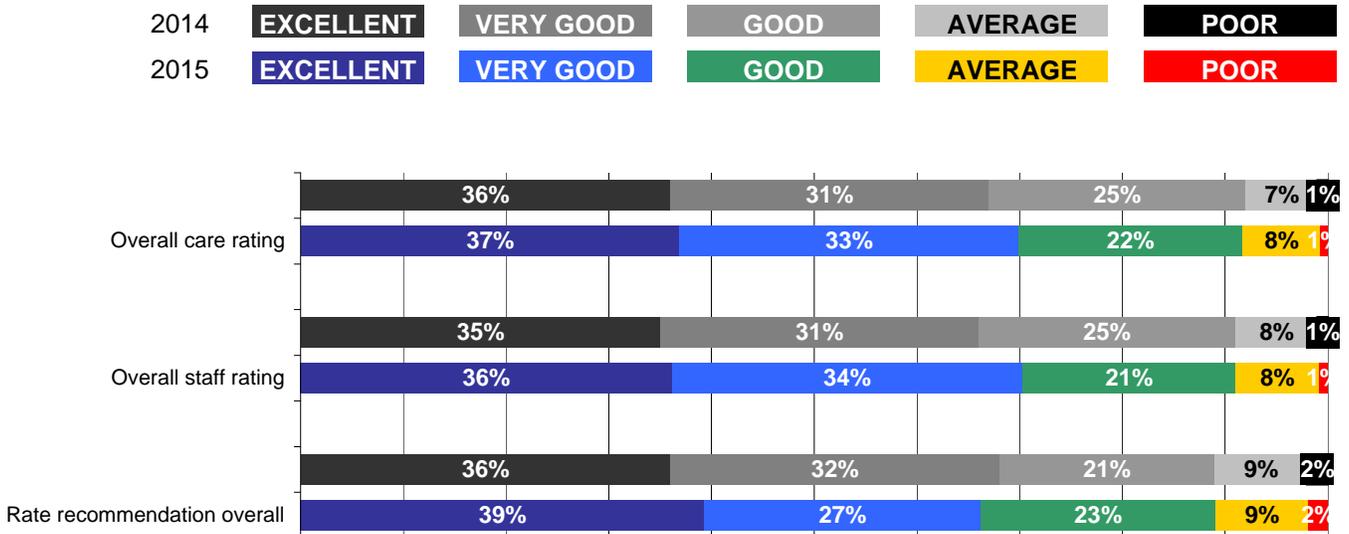
## AHCA CoreQ Items: Current Year & Trend

2

### Current Year (2015)



### Trend

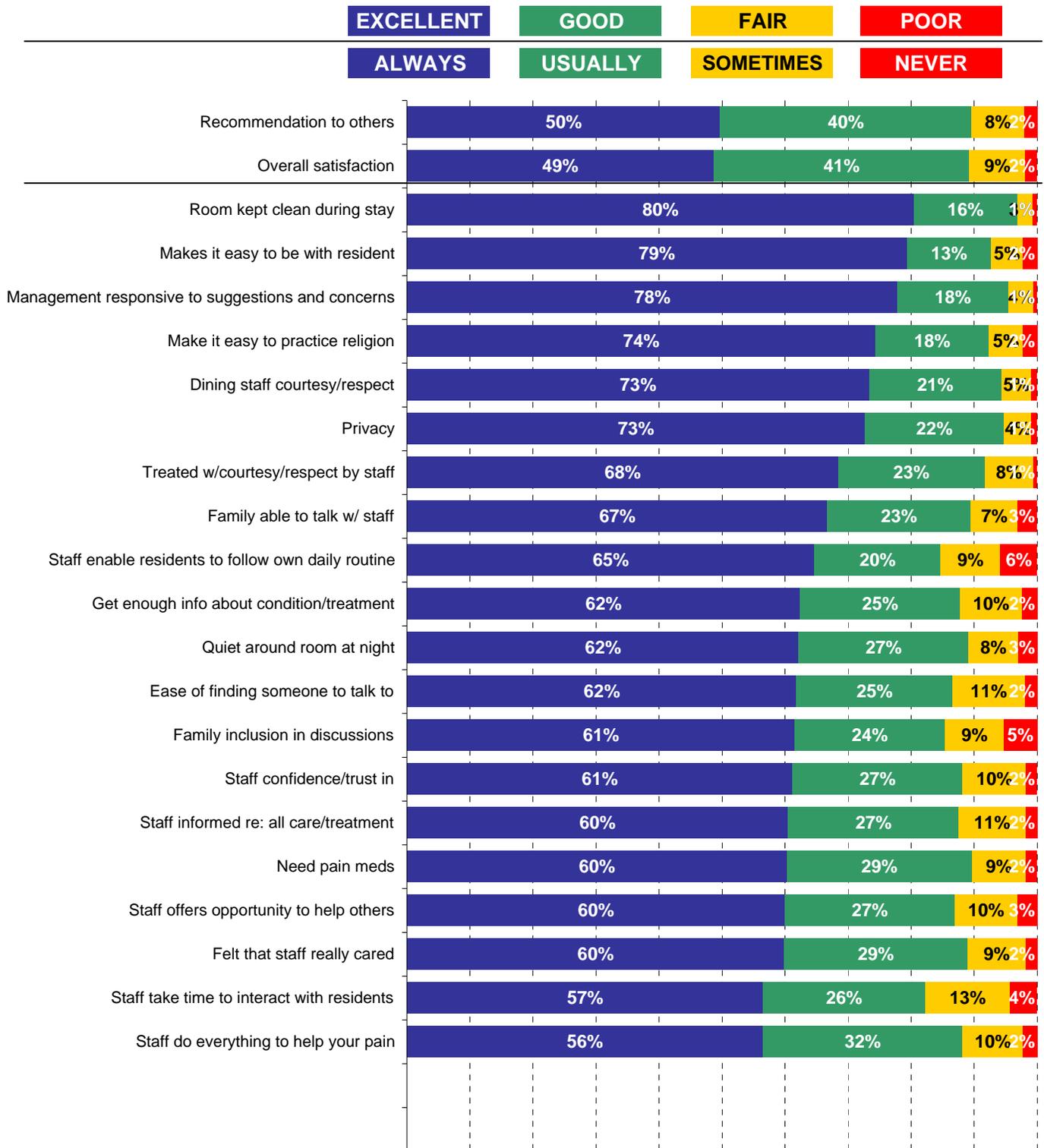


RHODE ISLAND

# RESIDENT SATISFACTION

## ITEMS RANKED BY PERCENT "ALWAYS" FOR 2015

3



(May not total 100% due to rounding.)

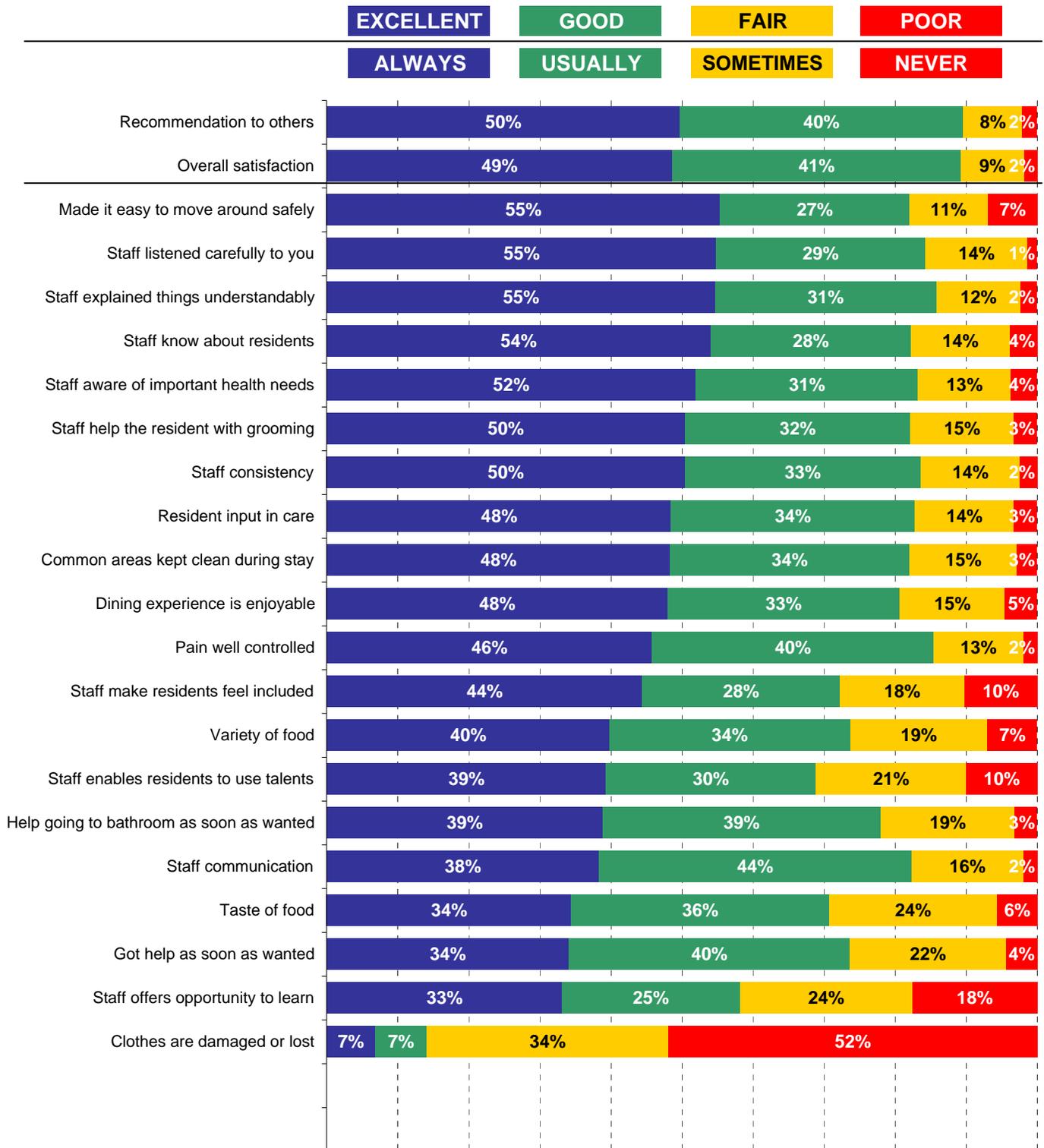
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# RESIDENT SATISFACTION

## ITEMS RANKED BY PERCENT "ALWAYS" FOR 2015

3

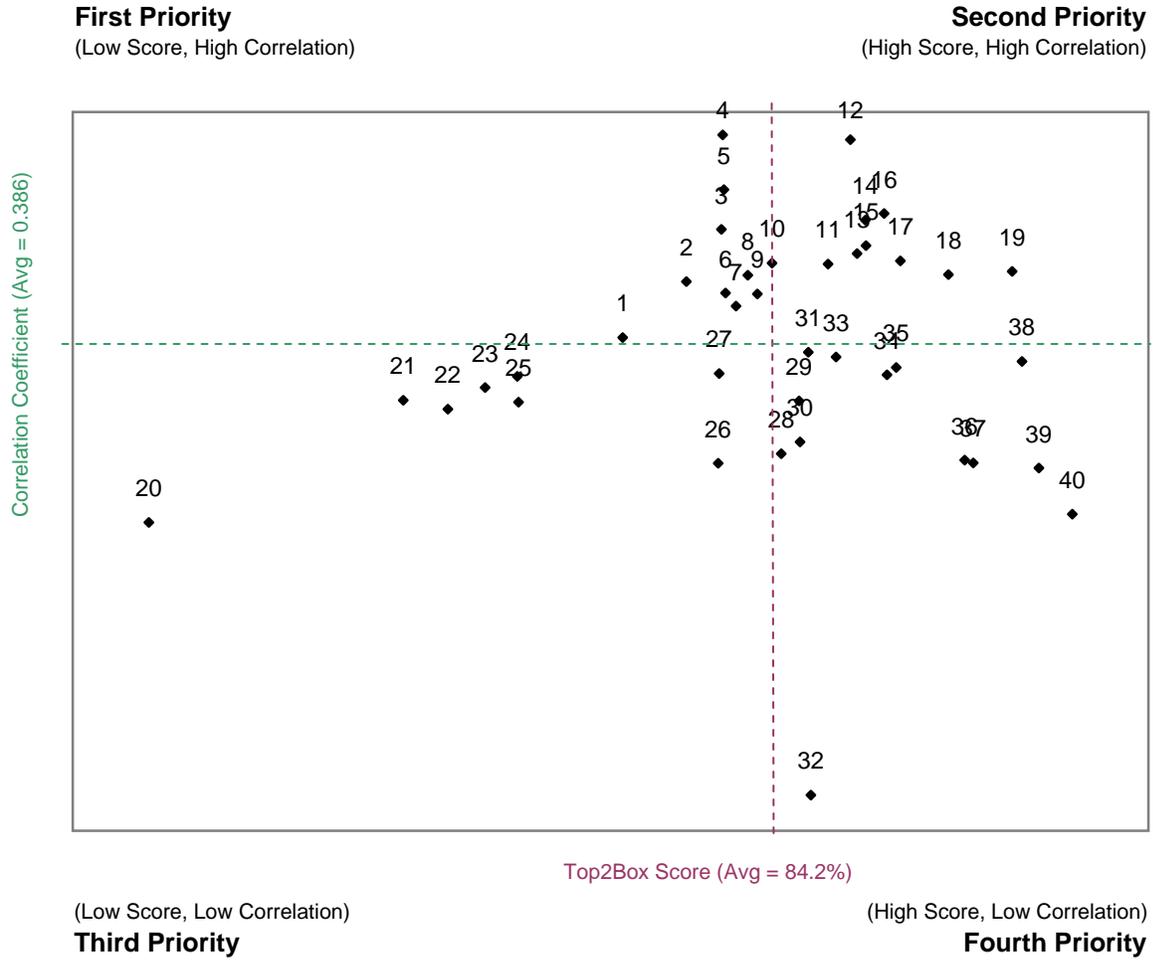


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# RESIDENT SATISFACTION PRIORITY MATRIX



# RESIDENT SATISFACTION PRIORITY MATRIX

	Point Label	Question	Top2Box Score	Correlation Coefficient	
Primary Opportunities	<b>1</b>	<b>Help going to bathroom as soon as wanted</b>	<b>78.0%</b>	<b>0.391</b>	
	<b>2</b>	<b>Dining experience is enjoyable</b>	<b>80.7%</b>	<b>0.420</b>	
	<b>3</b>	<b>Management responsive to suggestions and concerns</b>	<b>82.1%</b>	<b>0.448</b>	
	<b>4</b>	<b>Staff make residents feel included</b>	<b>82.2%</b>	<b>0.498</b>	
	<b>5</b>	<b>Staff take time to interact with residents</b>	<b>82.2%</b>	<b>0.469</b>	
	6	Staff communication	82.3%	0.414	
	7	Resident input in care	82.8%	0.407	
	8	Get enough info about condition/treatment	83.2%	0.424	
	9	Staff consistency	83.6%	0.414	
Primary Strengths	<b>10</b>	<b>Staff listened carefully to you</b>	<b>84.3%</b>	<b>0.430</b>	
	<b>11</b>	<b>Ease of finding someone to talk to</b>	<b>86.6%</b>	<b>0.430</b>	
	<b>12</b>	<b>Felt that staff really cared</b>	<b>87.5%</b>	<b>0.495</b>	
	<b>13</b>	<b>Staff know about residents</b>	<b>87.8%</b>	<b>0.435</b>	
	<b>14</b>	<b>Staff confidence/trust in</b>	<b>88.2%</b>	<b>0.453</b>	
		15	Staff informed re: all care/treatment	88.2%	0.439
		16	Staff aware of important health needs	88.9%	0.456
		17	Staff do everything to help your pain	89.6%	0.431
		18	Treated w/courtesy/respect by staff	91.6%	0.424
		19	Dining staff courtesy/respect	94.3%	0.426
		20	Staff offers opportunity to help others	58.2%	0.293
		21	Staff offers opportunity to learn	68.8%	0.358
		22	Taste of food	70.7%	0.353
		23	Staff enables residents to use talents	72.3%	0.364
		24	Got help as soon as wanted	73.6%	0.370
		25	Variety of food	73.6%	0.357
		26	Belongings safe from being damaged/lost/stolen	82.0%	0.324
		27	Quiet around room at night	82.0%	0.372
		28	Staff help the resident with grooming	84.6%	0.329
		29	Family inclusion in discussions	85.4%	0.357
		30	Pain well controlled	85.4%	0.335
		31	Staff explained things understandably	85.8%	0.383
		32	Clothes are damaged or lost	85.9%	0.149
		33	Staff enable residents to follow own daily routine	86.9%	0.381
		34	Privacy	89.1%	0.371
		35	Family able to talk w/ staff	89.5%	0.375
		36	Make it easy to practice religion	92.3%	0.326
		37	Makes it easy to be with resident	92.7%	0.325
		38	Made it easy to move around safely	94.7%	0.378
		39	Room kept clean during stay	95.4%	0.322
		40	Common areas kept clean during stay	96.8%	0.297

# RESIDENT SATISFACTION

## DIMENSIONS SUMMARY

5

Dimension	Top Box Score	
	RI	Nat'l
Autonomy	44.3%	40.3%
Coordination of care	51.1%	46.9%
Emotional support	61.0%	55.8%
Information & education	53.2%	49.8%
Involvement of family & friends	69.2%	66.1%
Patient safety	52.9%	48.6%
Physical comfort	61.5%	57.2%
Relationships	57.6%	52.9%
Respect for patient preferences	58.1%	52.7%
Supportive services	53.3%	50.3%

RHODE ISLAND

# RESIDENT SATISFACTION

## DEMOGRAPHICS AND BACKGROUND INFORMATION FOR 2015

6

### RESIDENT

Resident's Gender	
Male	28%
Female	72%

Resident's Age	
19 or under	0%
20 to 29	0%
30 to 39	0%
40 to 49	1%
50 to 59	6%
60 to 69	12%
70 to 79	19%
80 to 89	36%
90 or older	27%

Resident's overall health	
Excellent	8%
Very Good	17%
Good	44%
Fair	25%
Poor	6%

Hispanic origin	
No	98%
Mex./Chicano	0%
Puerto Rican	1%
Cuban	0%
Other	1%

Race	
White	92%
Black/Afr. Amer.	5%
Asian	0%
Hawaiian/Pacific Isl.	0%
Amer. Ind./Alaska Native	1%
Other	2%

How long lived in here	
Less than 1 month	0%
1 to 3 months	3%
3 to 6 months	5%
6 months to 1 year	16%
1 to 3 years	40%
3 or more years	35%

75%

### VISITOR

Person visiting most	
Spouse	6%
Child	52%
Brother or sister	14%
Grandchild	3%
Friend	9%
Another person	16%

How often visited	
Less than once a year	2%
Once a year	2%
Once every 3 months	6%
Once a month or more	20%
Once a week or more	48%
Almost daily	23%

70%

(May not total 100% due to rounding.)

RHODE ISLAND

# RESIDENT SATISFACTION

## DEMOGRAPHICS AND BACKGROUND INFORMATION FOR 2015

6

### RESIDENT

Helped with survey	
Yes	81%
No	19%

Type of help with survey	
Read questions to me	49%
Wrote down answers I gave	43%
Answered questions for me	2%
Translated questions for me	1%
Helped in some other way	2%
No one helped me	3%

Preferred language	
English	96%
Spanish	1%
Chinese	0%
Vietnamese	0%
Korean	0%
Russian	0%
Other language	3%

Highest grade completed	
8th grade or less	15%
Some high school, but did not graduate	21%
High school graduate or GED	41%
Some college or 2-year degree	13%
4-year college graduate	7%
More than 4-year college degree	4%

(May not total 100% due to rounding.)

RHODE ISLAND

# FAMILY SATISFACTION

	2015	2014	2013
RESPONSE RATE	36%	36%	35%
FACILITIES SURVEYED	85	85	89
SURVEYS RECEIVED	1,841	2,030	1,913



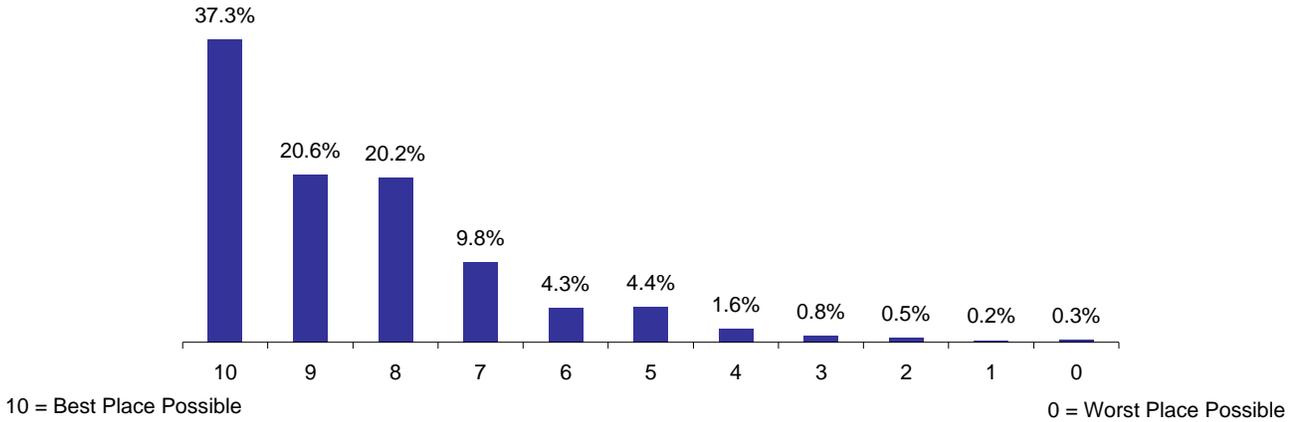
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**RHODE ISLAND**

# FAMILY SATISFACTION

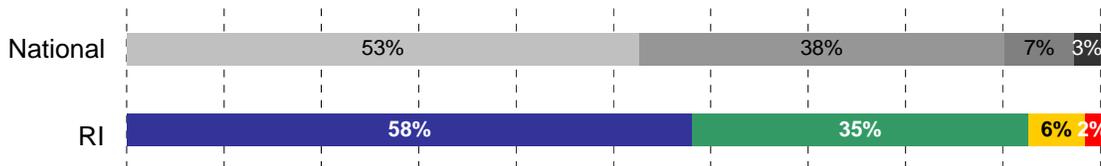
## OVERALL RATING & IMPRESSIONS

Facility rating as a place to live



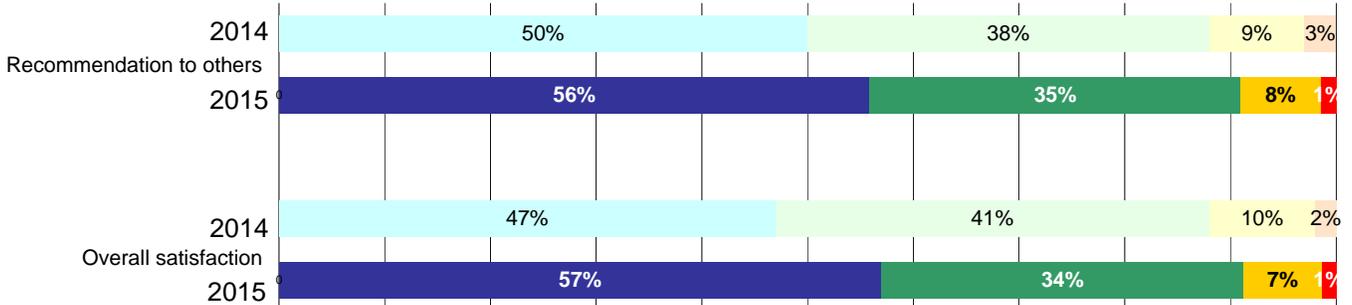
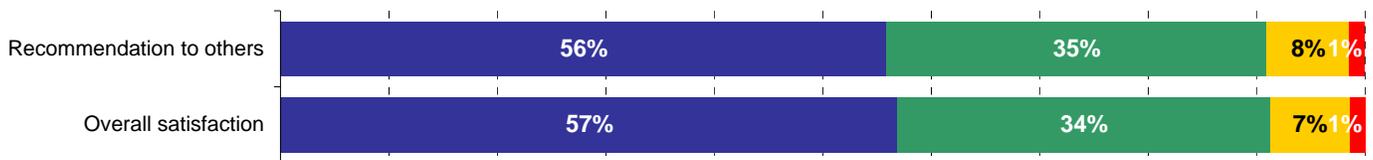
**Defn. Yes**   **Prob. Yes**   **Prob. No**   **Defn. No**

Recommendation to friends/family as a place to live



Legacy Global Satisfaction Items

**EXCELLENT**   **GOOD**   **FAIR**   **POOR**



### RHODE ISLAND

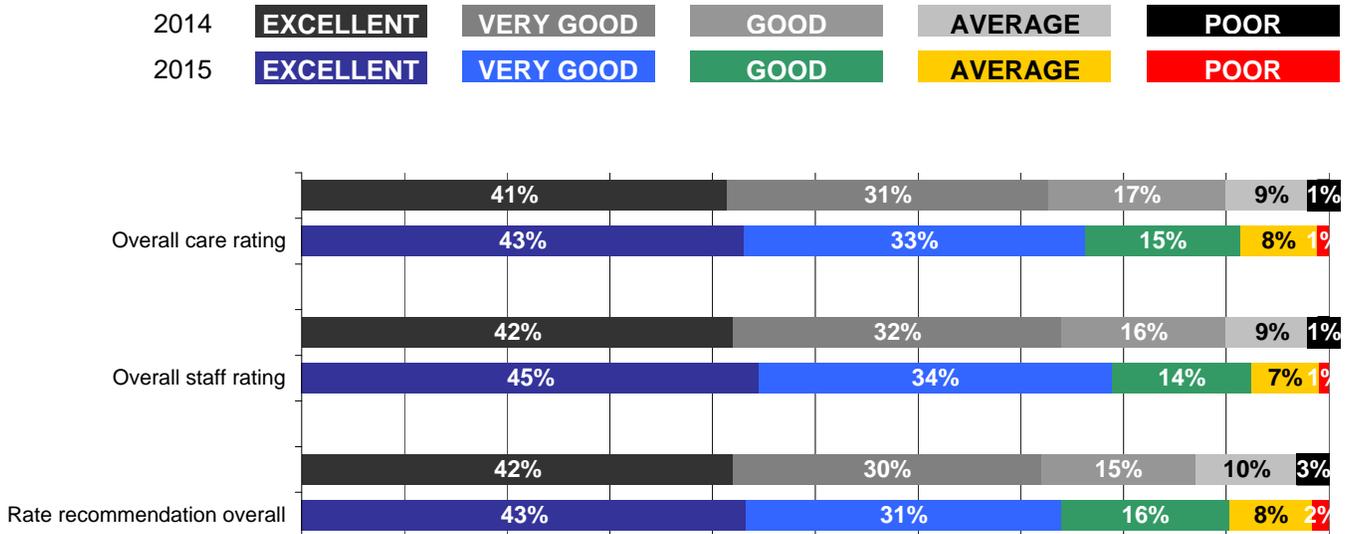
# FAMILY SATISFACTION

AHCA CoreQ Items: Current Year & Trend

## Current Year (2015)



## Trend

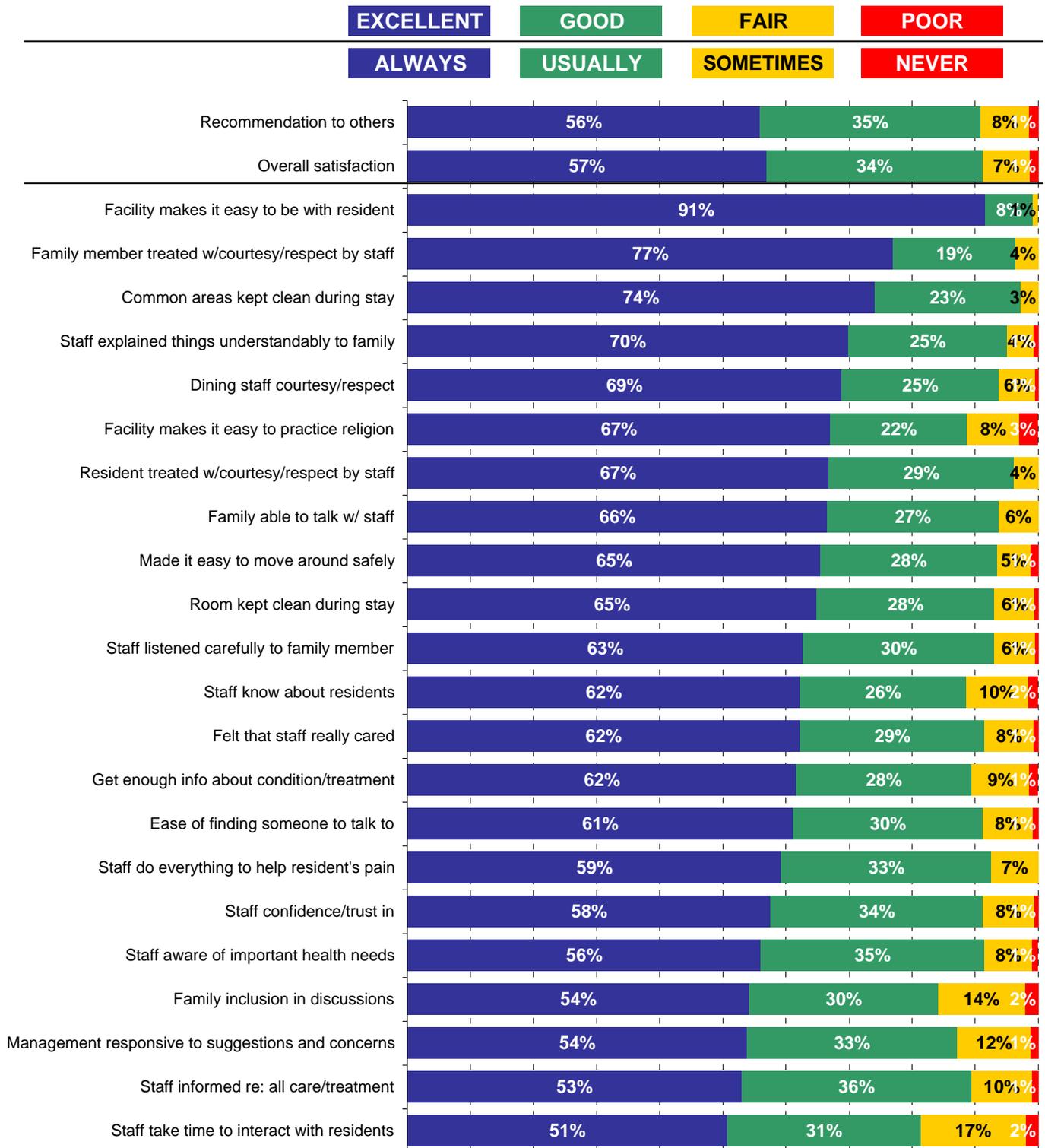


RHODE ISLAND

# FAMILY SATISFACTION

## ITEMS RANKED BY PERCENT "ALWAYS" FOR 2015

3



*(May not total 100% due to rounding.)*

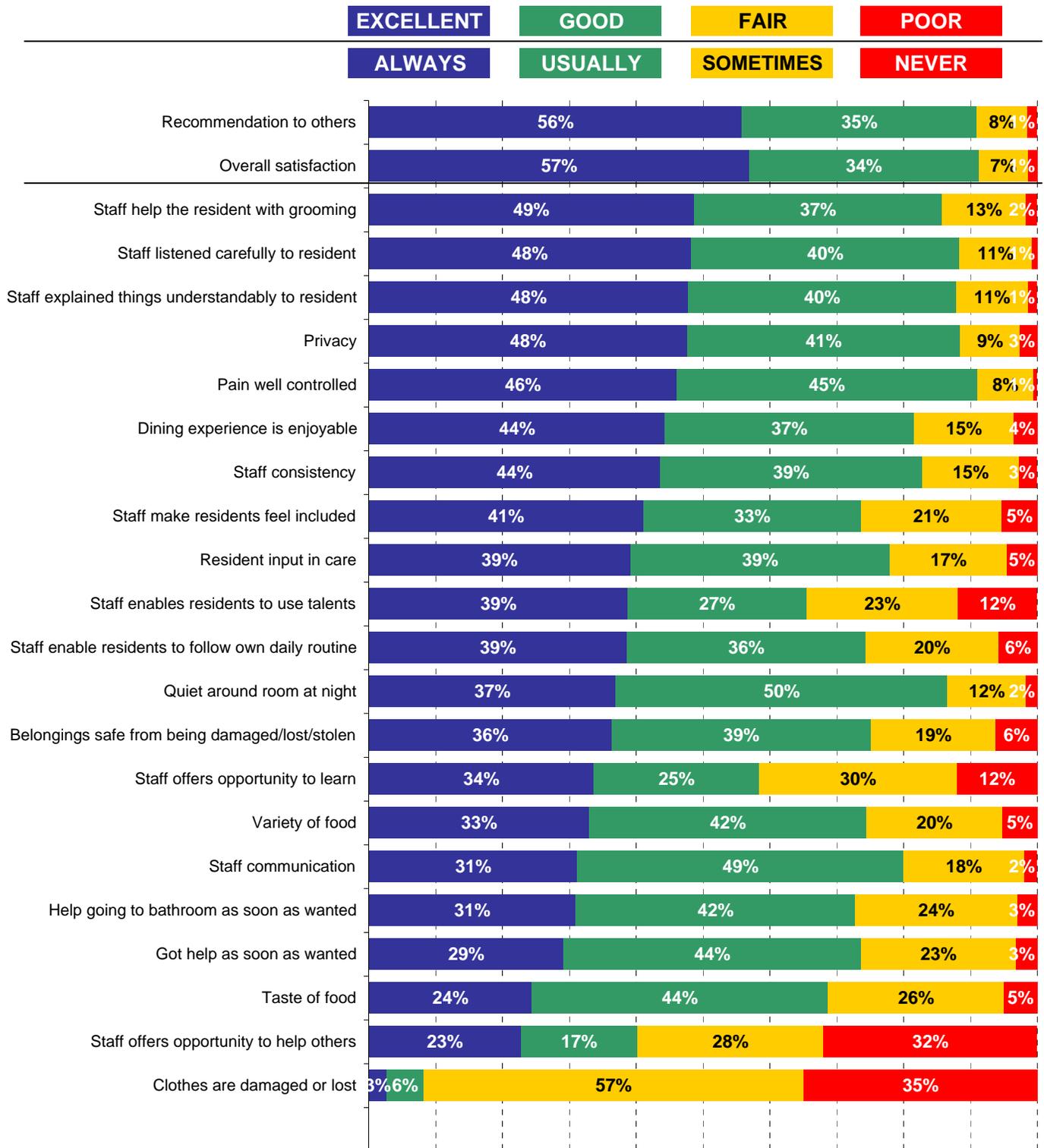
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# FAMILY SATISFACTION

## ITEMS RANKED BY PERCENT "ALWAYS" FOR 2015

3

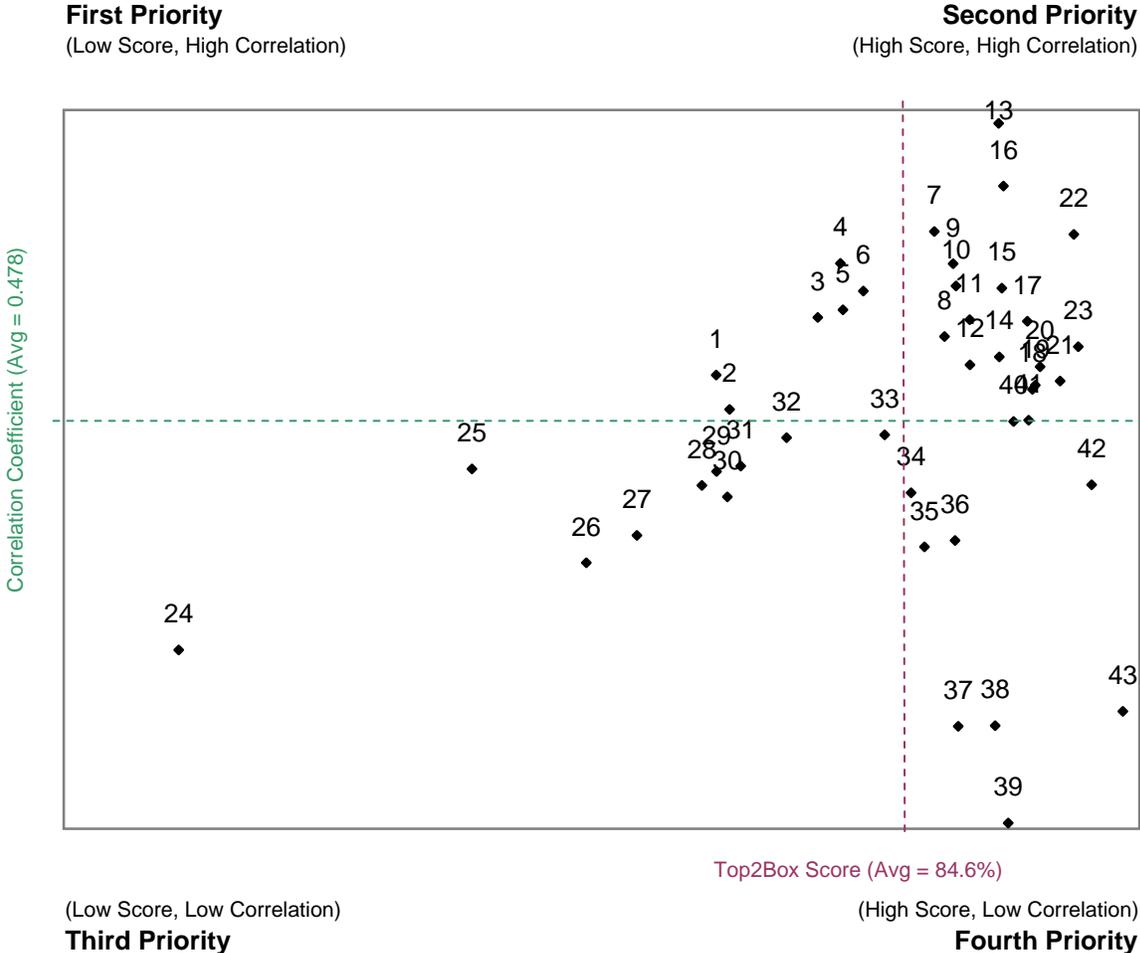


(May not total 100% due to rounding.)

### RHODE ISLAND

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# FAMILY SATISFACTION PRIORITY MATRIX



# FAMILY SATISFACTION PRIORITY MATRIX

	Point Label	Question	Top2Box Score	Correlation Coefficient
Primary Opportunities	1	Staff make residents feel included	73.6%	0.498
	2	Variety of food	74.5%	0.482
	3	Staff communication	80.0%	0.525
	4	Staff take time to interact with residents	81.4%	0.550
	5	Dining experience is enjoyable	81.5%	0.528
Primary Strengths	6	Staff consistency	82.8%	0.537
	7	Management responsive to suggestions and concerns	87.2%	0.564
	8	Staff explained things understandably to resident	87.9%	0.516
	9	Staff listened carefully to resident	88.4%	0.549
	10	Staff know about residents	88.6%	0.539
	11	Staff informed re: all care/treatment	89.4%	0.524
	12	Get enough info about condition/treatment	89.5%	0.503
	13	Staff confidence/trust in	91.2%	0.614
	14	Ease of finding someone to talk to	91.3%	0.507
	15	Staff aware of important health needs	91.4%	0.538
	16	Felt that staff really cared	91.5%	0.585
	17	Staff listened carefully to family member	93.0%	0.523
	18	Family able to talk w/ staff	93.3%	0.492
	19	Made it easy to move around safely	93.5%	0.494
	20	Dining staff courtesy/respect	93.8%	0.502
	21	Staff explained things understandably to family	95.1%	0.496
	22	Resident treated w/courtesy/respect by staff	95.9%	0.563
	23	Family member treated w/courtesy/respect by staff	96.2%	0.511
	24	Staff offers opportunity to help others	40.2%	0.372
	25	Staff offers opportunity to learn	58.4%	0.455
	26	Staff enables residents to use talents	65.5%	0.412
	27	Taste of food	68.7%	0.425
	28	Help going to bathroom as soon as wanted	72.8%	0.448
	29	Got help as soon as wanted	73.7%	0.454
	30	Staff enable residents to follow own daily routine	74.3%	0.442
	31	Belongings safe from being damaged/lost/stolen	75.2%	0.457
	32	Resident input in care	78.0%	0.469
	33	Family inclusion in discussions	84.1%	0.471
	34	Staff help the resident with grooming	85.8%	0.444
	35	Quiet around room at night	86.6%	0.419
	36	Privacy	88.5%	0.422
	37	Facility makes it easy to practice religion	88.7%	0.337
	38	Pain well controlled	91.0%	0.337
	39	Clothes are damaged or lost	91.8%	0.293
	40	Staff do everything to help resident's pain	92.2%	0.477
	41	Room kept clean during stay	93.1%	0.478
	42	Common areas kept clean during stay	97.0%	0.448
	43	Facility makes it easy to be with resident	99.0%	0.344

# FAMILY SATISFACTION

## DIMENSIONS SUMMARY

5

Dimension	Top Box Score	
	RI	Nat'l
Autonomy	33.6%	28.4%
Coordination of care	46.1%	38.8%
Emotional support	60.2%	52.0%
Information & education	60.0%	52.0%
Involvement of family & friends	70.6%	63.7%
Patient safety	48.9%	42.2%
Physical comfort	50.5%	43.9%
Relationships	51.3%	45.1%
Respect for patient preferences	55.9%	49.0%
Supportive services	45.2%	40.8%

RHODE ISLAND

# FAMILY SATISFACTION

## DEMOGRAPHICS AND BACKGROUND INFORMATION FOR 2015

6

### RESIDENT

Resident's Gender	
Male	25%
Female	75%

Resident's Age	
19 or under	0%
20 to 29	0%
30 to 39	0%
40 to 49	0%
50 to 59	2%
60 to 69	5%
70 to 79	13%
80 to 89	36%
90 or older	44%

Resident's overall health	
Excellent	6%
Very Good	20%
Good	38%
Fair	28%
Poor	8%

Hispanic origin	
No	98%
Mex./Chicano	0%
Puerto Rican	0%
Cuban	0%
Other	1%

Race	
White	95%
Black/Afr. Amer.	2%
Asian	0%
Hawaiian/Pacific Isl.	0%
Amer. Ind./Alaska Native	0%
Other	2%

How long lived in here	
Less than 1 month	0%
1 to 3 months	2%
3 to 6 months	7%
6 months to 1 year	16%
1 to 3 years	38%
3 or more years	35%

74%

### VISITOR

Person visiting most	
Spouse	9%
Child	65%
Brother or sister	11%
Grandchild	2%
Friend	3%
Another person	11%

How often visited	
Less than once a year	0%
Once a year	1%
Once every 3 months	3%
Once a month or more	11%
Once a week or more	47%
Almost daily	39%

86%

(May not total 100% due to rounding.)

RHODE ISLAND

# FAMILY SATISFACTION

## DEMOGRAPHICS AND BACKGROUND INFORMATION FOR 2015

6

### RESPONDENT

Relationship to resident	
Spouse	10%
Child	65%
Brother or sister	9%
Grandchild	1%
Friend	2%
Someone else	12%

Age	
18 or under	0%
18 to 24	0%
25 to 34	0%
35 to 44	2%
45 to 54	12%
55 to 64	38%
65 to 74	33%
75 or older	15%

Preferred language	
English	99%
Spanish	0%
Chinese	0%
Vietnamese	0%
Korean	0%
Russian	0%
Other language	1%

Highest grade completed	
8th grade or less	1%
Some high school, but did not graduate	2%
High school graduate or GED	23%
Some college or 2-year degree	30%
4-year college graduate	19%
More than 4-year college degree	25%

(May not total 100% due to rounding.)

RHODE ISLAND