



Health Care Quality Performance (HCQP) Program

STEERING COMMITTEE

March 16, 2009, 3:00-4:30pm
Department of Health, Room 401

Goals/Objectives

- Obtain Steering Committee approval and input regarding ongoing Subcommittee work and recommendations

Voting Members (Quorum = 8+ Members)

- | | | |
|---|--|--|
| <input type="checkbox"/> Ted Almon | <input type="checkbox"/> David Gifford, MD, MPH | <input type="checkbox"/> Louis Pugliese |
| <input type="checkbox"/> Virginia Burke, Esq. | <input type="checkbox"/> Linda McDonald, RN | <input type="checkbox"/> Sharon Pugsley, BSN |
| <input type="checkbox"/> Ron Cotugno, RN | <input type="checkbox"/> Jim Nyberg | <input type="checkbox"/> Gina Rocha, RN, MPH |
| <input type="checkbox"/> Arthur Frazzano, MD | <input type="checkbox"/> Rhoda E. Perry | <input type="checkbox"/> Corrine Russo, MSW |
| <input type="checkbox"/> Neal Galinko, MD, MS, FACP | <input type="checkbox"/> Donna Policastro, NP, RCN | <input type="checkbox"/> Alan Tavares |

Time	Topic/Votes
3:00pm	Welcome & Remarks David Gifford, MD, MPH, HEALTH
	HCQP Program Updates Samara Viner-Brown, MS, HEALTH Rosa Baier, MPH, Quality Partners
3:05pm	1. Hospital-Acquired Infections (HAI) Subcommittee <i>Leonard Mermel, MD, Co-Chair</i> <i>Samara Viner-Brown, MS, Chair</i> <ul style="list-style-type: none">- Measure standardization:<ul style="list-style-type: none">o Employee flu vaccinationo MRSA process measure(s)- Data collection process and schedule- Next meeting: 8-9am, April 6, 2009, HEALTH- Vote: Approve (1) revised flu vaccination forms and (2) incremental reporting plan

Time	Topic/Votes
3:25pm	<p>2. Home Health Subcommittee <i>Rosa Baier, MPH, Chair</i></p> <ul style="list-style-type: none"> - Home Health CAHPS plans - Press Ganey update - 2009 Satisfaction Survey timeline - Next meeting: TBD (~April 2009)
3:35pm	<p>3. Hospital Subcommittee <i>Samara Viner-Brown, MS, Chair</i></p> <ul style="list-style-type: none"> - Pressure ulcer reports: <ul style="list-style-type: none"> o Process measure, ~May 2009 o Incidence measure, ~July 2009 - Incidence measure methods: <ul style="list-style-type: none"> o Hospital Discharge Data Set (HDDS) o 30-day preview, until Present on Admission (POA) indicator available in HDDS - Next meeting: TBD (~June 2009) - Vote: Approve plan to preview incidence measure until POA data are available
3:50pm	<p>4. Nursing Home Subcommittee <i>Gail Patry, RN, Chair</i></p> <ul style="list-style-type: none"> - Family/Resident Satisfaction Reports - Press release - Follow-up with select nursing homes - Next meeting: 3-4:30pm, April 21, 2009, RIHCA - Vote: Approve plan to follow-up with nursing homes based on survey distribution
4:05pm	<p>5. Physician HIT Adoption Workgroup <i>Rebekah Gardner, MD, Chair</i></p> <ul style="list-style-type: none"> - Physician and Summary Reports - Press release - Public use data file
4:15pm	<p>6. Administrative</p> <ul style="list-style-type: none"> - Work with Webmaster to ID website revisions
4:20pm	<p>Open Forum David Gifford, MD, MPH, HEALTH</p> <p>Next Meeting – 3-4:30pm, 5/18/09</p>

DRAFT – RI Department of Health

Acceptance of Influenza Vaccine among Health Care Workers in Rhode Island, 2007

Background: In 2007, the Rhode Island Department of Health (HEALTH) promulgated rules and regulations (rule) requiring licensed health care facilities (facilities) in the state to offer annual vaccination against seasonal influenza to all health care workers (HCWs) involved in direct patient contact, as soon as vaccine becomes available in a given year (or upon hiring, for those workers hired during the influenza season). The rule requires facilities to educate HCWs about the severity of influenza, with the intent that HCWs understand their role in influenza transmission and its prevention, and also that the offering of vaccine shall include an “active declination policy” and related record keeping. HCWs are permitted to decline influenza vaccination, but facilities must assure that HCWs who remain unvaccinated have personally declined the vaccine. As well, facilities must record a reason for each declination.

Methods: Facilities in Rhode Island were informed of the new rule prior to the 2007-2008 influenza vaccination season, which was defined as September 1 - April 30, and provided with suitable forms for the offering of influenza vaccine to all eligible HCWs (and students who may be working in similar capacities). HEALTH requested that facilities report aggregate results of facility-level influenza vaccination programs annually by July 1. A form was provided for this purpose, which could be mailed, faxed, emailed, or completed online. Facilities were prompted to report in the spring of 2008, but HEALTH engaged in no additional follow-up, except to field questions from facilities about reporting.

Results: 106 facilities reported to HEALTH as required, representing about two-thirds of all eligible facilities. Reports were submitted in the aggregate on the influenza vaccination status of 19,665 HCWs, of which 58% had received the vaccine, 24% had refused, and 18% were of unknown status. (That facilities did not know the vaccination status of all HCWs employed at any time during the influenza vaccination season is due in part to staff turnover, as explained in detail by several reporters.) HCWs employed by home healthcare agencies and by staffing agencies (“temp” agencies) were less likely than HCWs employed by other facilities to be immunized for influenza (44-47 percent versus 59-67 percent, respectively.) Of HCWs who were not immunized, only five percent were medically exempt, e.g., because of egg allergy. Another 10 percent did not perceive themselves as being at risk for contracting influenza, and 10 percent refused the vaccine because they “do not want to put anything unnatural” in their bodies. Almost one-third of those HCWs who actively declined to receive influenza vaccine did so because they “think the vaccine makes me sick.” Four out of ten HCWs who refused to receive the vaccine did so for a variety of other reasons. Some of these individuals may have offered little by way of explanation, and facilities were not required to press them for clarity.

Discussion: A majority of facilities in the state complied with the new rule without much prompting. HEALTH may elect to follow up with those facilities that were expected to report but did not. Acceptance of influenza vaccine by HCWs in Rhode Island is higher than recent national estimates (42% in 2006). It is possible that the state’s “active declination” policy may have contributed to improvement in the past influenza season. At any rate, HEALTH has a new, solid baseline for measuring improvement in future seasons. As well, insights about the reasons for refusing influenza vaccine may be helpful to facilities, which are required to educate HCWs about the importance of immunization (under the rule).

Table 1 – Percentage of healthcare workers with patient contact who were immunized for influenza, by type of health care agency, Rhode Island, 2007-2008 influenza season, with reasons for not receiving vaccine.

	<u>Hospitals</u>	<u>Specialty Care (1)</u>	<u>Health Centers (2)</u>	<u>Home Healthcare</u>	<u>Nursing Facilities</u>	<u>Staffing Agencies (3)</u>	<u>All Agencies</u>
<u>Immunization Status</u>							
% Immunized	59	65	67	44	59	47	58
% Not Immunized	19	34	28	30	32	48	24
% Unknown Vaccine Status	22	1	5	26	8	5	18
% Total	100	100	100	100	100	100	100
Number of Workers	11779	368	767	1808	4741	202	19665
Number of Agencies	8	17	12	21	43	5	106
<u>Reasons Not Immunized</u>							
% "I have a medical exemption."	7	6	1	3	4	2	5
% "I do not think I am at risk for getting the flu."	6	6	31	14	12	9	10
% "I do not want to put anything unnatural in my body."	4	30	5	15	14	22	10
% "I think the vaccine makes me sick."	20	50	46	32	44	33	32
% "Other"	64	9	17	36	27	33	43
% Total	100	100	100	100	100	100	100
Number of Workers	1754	101	102	506	1643	129	4235
Number of Agencies	8	17	12	21	43	5	106

(1) Includes dialysis centers, surgi-centers, etc.

(2) Includes urgent care centers.

(3) Includes one ambulance service.

INSTRUCTIONS: This form may be used to record information on influenza vaccination of healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). Information should be collected from each HCW who is employed by you during that period of time. Information aggregated from the responses recorded on this form or its equivalent must be reported to the Rhode Island Department of Health between May 1st and June 30th (inclusive), in a manner prescribed by the Department. (The Department will specify modes of report transmission prior to May 1st.)

FACILITY NAME: _____ **DATE:** ____ / ____ / ____

HCW Name: _____

HCW Status: Employed by facility? YES NO **HCW Type:** CNA Nurse (RN, LPN) Physician (MD, DO) Other (e.g., student) **HCW ID:** _____

YES NO Did you have any direct patient contact (defined as any face-to-face interaction with patients in a healthcare facility) at this facility between September 1st and April 30th (influenza vaccination season)?
 IF YES, which one of the following statements best describes you? (**Check one option.**)

- I **RECEIVED** the influenza vaccine* **offered by THIS facility** for this year's influenza season (September 1st to April 30th)
- I **RECEIVED** the influenza vaccine* **at ANOTHER location** (facility or site) for this year's influenza season (September 1st to April 30th)
- I **DID NOT RECEIVE** the influenza vaccine* for this year's influenza season (September 1st to April 30th)
- I **DO NOT KNOW** whether or not I received the influenza vaccine* (offered by this or any other facility) for this year's influenza season (September 1st to April 30th)

DECLINATION

- If you **DID NOT RECEIVE** the influenza vaccine,* what is the **main** reason? (**Check one option.**)
- I have a medical exemption.**
 - I do not think I am at risk for getting the flu – or – I do not think my patients are at risk of getting the flu from me.
 - I do not want to put anything unnatural in my body.
 - I do not think the vaccine works.
 - I think the vaccine makes me sick.
 - Other reason. Specify: _____

HCW Signature: _____

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>
 * Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine
 ** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.

FORM 2a

AGGREGATE **EMPLOYEE** HCW INFLUENZA VACCINATION ASSESSMENT

Revised 02/28/09 RRB

INSTRUCTIONS: This form may be used to aggregate information on influenza vaccination of **employee** healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). (The Rhode Island Department of Health will specify modes of report transmission prior to May 1st)

FACILITY NAME: _____

DATE: ___ / ___ / _____

Facility Administrator: _____

Phone: (_____) _____ - _____

Email: _____

Person Reporting: _____

Phone: (_____) _____ - _____

Email: _____

Vaccinations for this year's flu season (September 1st to April 30th):

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* offered by THIS facility
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* at ANOTHER location
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who DID NOT RECEIVE the influenza vaccine*
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs for whom it is UNKNOWN whether or not they received the influenza vaccine* (offered by this or any other location)
E				<input type="text"/>	<input type="text"/>	TOTAL NUMBER of HCWs engaged in direct patient contact (any face-to-face interaction with patients in a healthcare facility) that worked in this facility between September 1 st and April 30 th (influenza vaccination season) (= sum of Total column)



Primary reasons for **declinations**:

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
C1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Have a medical exemption**
C2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think they are at risk for getting the flu – or – do not think their patients are at risk of getting the flu from them
C3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not want to put anything unnatural in their bodies
C4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think the vaccine works
C5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Think the vaccine makes them sick
C6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other reason. Specify most common: _____
C6				<input type="text"/>	<input type="text"/>	TOTAL NUMBER of declinations (= C row total)

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>

* Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine

** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.

FORM 2b

AGGREGATE **NON-EMPLOYEE** HCW INFLUENZA VACCINATION ASSESSMENT

Revised 02/28/09 RRB

INSTRUCTIONS: This form may be used to aggregate information on influenza vaccination of **non-employee** healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). (The Rhode Island Department of Health will specify modes of report transmission prior to May 1st)

FACILITY NAME: _____

DATE: ___ / ___ / _____

Facility Administrator: _____

Phone: (_____) _____ - _____

Email: _____

Person Reporting: _____

Phone: (_____) _____ - _____

Email: _____

Vaccinations for this year's flu season (September 1st to April 30th):

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* offered by THIS facility
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* at ANOTHER location
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who DID NOT RECEIVE the influenza vaccine*
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs for whom it is UNKNOWN whether or not they received the influenza vaccine* (offered by this or any other location)
E				<input type="text"/>	<input type="text"/>	TOTAL NUMBER of HCWs engaged in direct patient contact (any face-to-face interaction with patients in a healthcare facility) that worked in this facility between September 1 st and April 30 th (influenza vaccination season) (= sum of Total column)



Primary reasons for **declinations**:

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
C1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Have a medical exemption**
C2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think they are at risk for getting the flu – or – do not think their patients are at risk of getting the flu from them
C3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not want to put anything unnatural in their bodies
C4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think the vaccine works
C5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Think the vaccine makes them sick
C6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other reason. Specify most common: _____
C6				<input type="text"/>	<input type="text"/>	TOTAL NUMBER of declinations (= C row total)

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>

* Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine

** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.

MRSA Survey
January 6, 2009

Total number of hospitals surveyed = 16

Total number of surveys returned = 14 (one survey may represent 2 hospitals, but no response to request to clarify)

1. Are you conducting active surveillance screening (nares swab) on **high risk admissions** to your facility? *High risk admissions are as defined by the R.I. MRSA Best Practice Guidelines 2001 which include residents of LTC facilities; transfers from other hospitals; admissions to rehab units; dialysis patients and readmissions within 30 days of last discharge.*

Yes – All high risk admissions groups 10 (71%)

Yes – Some high risk admissions groups 3 (21%)

No 1 (7%)

2. Are contact precautions implemented for ALL patients colonized or infected with MRSA in accordance with HICPAC guidelines?

Yes 12 (86%)

No If no, please explain 2 (14%)

3. Do you require gown and gloves to be donned **before entry** into a patient's room in contact precautions for MRSA?

Yes 13 (93%)

No If no, please explain 1 (7%)

4. Does your hospital have a method (e.g. flag system; alert system) to identify new admissions previously known to be colonized or infected with MRSA?

Yes 12 (86%)

If yes, is this an automated system?

Yes 9 (75%)

No 3 (25%)

No If no, please explain 2 (17%)

5. Are you measuring compliance of active surveillance screening cultures indicated in question 1 (i.e. % of high risk admissions that actually get nares screening culture)?

Yes 7 (50%)

No If no, please explain 6 (43%)

NA 1 (7%)

6. Are you measuring compliance with contact precautions indicated in question 3 (i.e. % of times gown and gloves are donned before entry into a patient's room in contact precaution for MRSA)?

Yes 10 (71%)

No If no, please explain 4 (29%)

7. Are you measuring hand hygiene compliance?

Yes 13 (93%)

No If no, please explain 1 (7%)

8. Is your compliance data reported to the Executive Leadership or CEO at your hospital?

Yes If yes, please indicate which data is reported. 10 (71%)

A. Compliance data for active surveillance screening of high risk admissions as indicated in questions 1 and 5?

Yes 5 (50%) No 4 (40%) NA 1 (10%)

Yes 5 (36%) No 7 (50%) NA 1 (7%) DNA 1 (7%)

Note: The above numbers reflect the overall responses to this sub-question, even though the respondent answered "no" to main question of reporting to ExL/CEO. The denominator of 14 was used.

B. Compliance data for contact precautions (gown and glove use) as indicated in questions 3 and 6?

Yes 3 (30%) No 6 (60%) NA 1 (10%)

Note: The above numbers reflect the denominator of 10 above for main question re. which data is reported to ExL/CEO.

Yes 4 (29%) No 8 (57%) NA 1 (7%) DNA 1 (7%)

C. Hand hygiene data as indicated in question 7?

Yes 10 (100%) No 0

Note: The above numbers reflect the denominator of 10 above for main question re. which data is reported to ExL/CEO.

Yes	12 (86%)	No	1 (7%)	DNA	1 (7%)
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The numbers above reflect the overall responses to this sub-question, even though the respondent answered “no” to main question of reporting to ExL/CEO. The denominator of 14 was used.

No	If no, please explain	4 (29%)
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9. If it becomes necessary to report hospital acquired primary MRSA bloodstream infections would you be able to comply with that data request at this time?

Yes	11 (78%)
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If yes, would you be able to report this data for FY 2008?

Yes	10 (91%)
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No	0
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Did not answer	1 (9%)
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If yes, would you be able to report this data for calendar year 2008?

Yes	10 (91%)
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No	1 (9%)
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Did not answer	1
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No	If no, please explain	2 (14%)
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NA	1 (7%)
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Home Health Care CAHPS[®] Survey

DRAFT

October 16, 2008

Survey Instructions

- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → If yes, go to Question 1
 No

Your Home Health Care

1. According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?

- ¹ Yes
² No → If No, Please stop and return the survey in the postage-paid envelope provided.

2. As you answer the questions in this survey, think only about your experience with this agency.

When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?

- ¹ Yes
² No
³ Do not remember

3. When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely?

- ¹ Yes
² No
³ Do not remember

4. When you started getting home health care from this agency, did someone from the agency talk with you about all the prescription medicines you were taking?

- ¹ Yes
² No
³ Do not remember

5. When you started getting home health care from this agency, did someone from the agency ask to see all the prescription medicines you were taking?

- ¹ Yes
² No
³ Do not remember

Your Care from Home Health Providers in the Last 2 Months

These next questions are about all the different staff from [AGENCY NAME] who gave you care in the last 2 months. Do not include care you got from staff from another home health care agency. Do not include care you got from family or friends.

6. In the last 2 months of care, was one of your home health providers from this agency a nurse?

- ¹ Yes
² No

7. In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?

¹ Yes

² No

8. In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide?

¹ Yes

² No

9. In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I only had one provider in the last 2 months of care

10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?

¹ Yes

² No

11. In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?

¹ Yes

² No → If no, go to Question 15

12. In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines?

¹ Yes

² No

³ I did not take any new prescription medicines or change any medicines

13. In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?

¹ Yes

² No

³ I did not take any new prescription medicines or change any medicines

14. In the last 2 months of care, did home health providers from this agency talk with you about the important side effects of these medicines?

¹ Yes

² No

³ I did not take any new prescription medicines or change any medicines

15. In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?

¹ Never

² Sometimes

³ Usually

⁴ Always

16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

17. In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

20. We want to know your rating of your care from this agency's home health providers.

Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?

- ⁰ 0 Worst home health care possible
- ¹ 1
- ² 2
- ³ 3
- ⁴ 4
- ⁵ 5
- ⁶ 6
- ⁷ 7
- ⁸ 8
- ⁹ 9
- ¹⁰ 10 Best home health care possible

Your Home Health Agency

The next questions are about the office of [AGENCY NAME].

21. In the last 2 months of care, did you contact this agency's office to get help or advice?

- ¹ Yes
- ² No → If no, go to Question 24

22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?

- ¹ Yes
- ² No → If no, go to Question 24
- ³ I did not contact this agency during regular office hours

23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed?

- ¹ Same day
- ² 1 to 5 days
- ³ 6 to 14 days
- ⁴ More than 14 days
- ⁵ I did not contact this agency during regular office hours

24. In the last 2 months of care, did you have any problems with the care you got through this agency?

- ¹ Yes
- ² No

25. Would you recommend this agency to your family or friends if they needed home health care?

- ¹ Definitely yes
- ² Probably yes
- ³ Probably no
- ⁴ Definitely no

About You

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

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

27. In general, how would you rate your overall mental or emotional health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

28. What is your age?

- ¹ 18 to 24
- ² 25 to 34
- ³ 35 to 44
- ⁴ 45 to 54
- ⁵ 55 to 64
- ⁶ 65 to 74
- ⁷ 75 or older

29. Are you male or female?

- ¹ Male
- ² Female

30. Do you live alone?

- ¹ Yes
- ² No

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

- ¹ 8th grade or less
- ² Some high school, but did not graduate
- ³ High school graduate or GED
- ⁴ Some college or 2-year degree
- ⁵ 4-year college graduate
- ⁶ More than 4-year college degree

32. Are you Hispanic or Latino/Latina?

- ¹ Yes
- ² No

33. What is your race? Please select one or more.

- ¹ American Indian or Alaska Native
- ² Asian
- ³ Native Hawaiian or other Pacific Islander
- ⁴ Black or African American
- ⁵ White

34. What language do you mainly speak at home?

- ¹ English
- ² Spanish
- ³ Some other language:

(Please print)

35. Did someone help you complete this survey?

- ¹ Yes
- ² No → If No, Please return the completed survey in the postage-paid envelope.

36. How did that person help you? Check all that apply.

- ¹ Read the questions to me
- ² Wrote down the answers I gave
- ³ Answered the questions for me
- ⁴ Translated the questions into my language
- ⁵ Helped in some other way:

(Please print)

- ⁶ No one helped me complete this survey

Thank you!

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

Rhode Island Department of Health
 2008 Nursing Home Satisfaction Survey, Last Updated: 2/13/09

Nursing Home Satisfaction			Area of Performance				
Nursing Home Name	Bed Size	Type of Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	TOTAL SCORE
ALPINE NURSING HOME	60	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
AVALON NURSING HOME	31	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆	◆◆	◆	◆◆	◆
BALLOU HOME FOR THE AGED	43	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆◆	◆◆
BANNISTER HOUSE, INC.	95	Family	◆◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
BAYBERRY COMMONS	110	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
BERKSHIRE PLACE	165	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆	◆	◆◆	◆
BETHANY HOME OF RHODE ISLAND	33	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
BRENTWOOD NURSING HOME	96	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
BRIARCLIFFE MANOR	122	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
CEDAR CREST NURSING CENTRE	156	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
CHARLESGATE NURSING CENTER	140	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆	◆◆	◆
CHERRY HILL MANOR	172	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	--	--	--	--	--
CHESTNUT TERRACE	58	Family	◆◆◆	◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CLIPPER HOME	60	Family	◆◆	◆◆	◆◆	◆◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CORTLAND PLACE HEALTH CENTER	80	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆	◆◆	◆◆	◆◆
COVENTRY HEALTHCARE	210	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CRA-MAR MEADOWS	41	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	--	--	--	--	--
CRESTWOOD NURSING HOME	76	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆◆	◆◆	◆◆	◆◆
EASTGATE NURSING & RECOVERY CENTER	68	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
ELMHURST EXTENDED CARE FACILITY	194	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆	◆◆	◆◆
ELMWOOD HEALTH CENTER	70	Family	◆◆	◆	◆	◆◆	◆
		Resident	--	--	--	--	--

◆◆◆ The home's score is statistically above the Rhode Island average.
 ◆◆ The home's score is statistically about the same as the Rhode Island average.
 ◆ The home's score is statistically below the Rhode Island average.
 N/A Indicates that the facility did not have enough responses to calculate the score.
 -- Indicates that the home did not have any surveys, so a score can't be calculated.

Rhode Island Department of Health
 2008 Nursing Home Satisfaction Survey, Last Updated: 2/13/09

Nursing Home Satisfaction			Area of Performance				
Nursing Home Name	Bed Size	Type of Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	TOTAL SCORE
EMERALD BAY MANOR	30	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	--	--	--	--	--
EPOCH SENIOR HEALTH CARE	55	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	--	--	--	--	--
EVERGREEN HOUSE HEALTH CENTER	160	Family	♦♦	♦♦	♦	♦♦	♦♦
		Resident	♦	♦	♦	♦♦	♦
FOREST FARM HEALTH CARE CENTER	50	Family	♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦♦	♦♦♦	♦♦
FRIENDLY HOME	126	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
GOLDEN CREST NURSING CENTRE	157	Family	♦♦	♦♦	♦	♦♦	♦♦
		Resident	♦	♦	♦	♦	♦
GRACE BARKER NURSING CENTER	86	Family	♦♦	♦♦	♦♦	♦♦♦	♦♦
		Resident	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
GRAND ISLANDER CENTER	148	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
GRANDVIEW CENTER	72	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦	♦♦	♦♦
HALLWORTH HOUSE	57	Family	♦♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦♦	♦♦♦	♦♦
HARBORSIDE HEALTHCARE PAWTUXET	131	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
HARBORSIDE GREENWOOD NURSING CENTER	136	Family	♦	♦	♦	♦	♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
HARRIS HEALTH CENTER	34	Family	--	--	--	--	--
		Resident	♦♦	♦♦	♦♦	♦	♦♦
HARRIS HEALTH CARE CENTER-NORTH	32	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	--	--	--	--	--
HATTIE IDE CHAFFEE HOME	59	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	--	--	--	--	--
HAVEN HEALTH CENTER OF GREENVILLE	131	Family	♦	♦	♦	♦	♦
		Resident	♦♦	♦♦	♦	♦♦	♦♦
HEATHERWOOD NURSING & SUBACUTE CENTER	114	Family	♦♦	♦♦	♦♦	♦♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
HEBERT NURSING HOME	133	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦♦	♦♦

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Rhode Island Department of Health
 2008 Nursing Home Satisfaction Survey, Last Updated: 2/13/09

Nursing Home Satisfaction			Area of Performance				
Nursing Home Name	Bed Size	Type of Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	TOTAL SCORE
HERITAGE HILLS NURSING CENTRE	110	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
HOLIDAY RETIREMENT HOME	170	Family	♦♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
HOPKINS MANOR	200	Family	♦♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	♦♦♦	♦♦	♦♦	♦♦	♦♦
JEANNE JUGAN RESIDENCE	44	Family	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
		Resident	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
JOHN CLARKE RETIREMENT CENTER	60	Family	♦♦	♦♦	♦♦	♦♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
KENT REGENCY GENESIS ELDERCARE	153	Family	♦♦	♦♦	♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
LINN HEALTH CARE CENTER	84	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦	♦♦	♦	♦♦	♦
MANSION NURSING HOME	62	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
MORGAN HEALTH CENTER	120	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
MOUNT ST. FRANCIS HEALTH CENTER	158	Family	N/A	N/A	N/A	N/A	N/A
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
MOUNT ST. RITA HEALTH CENTRE	98	Family	--	--	--	--	--
		Resident	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
NANCY ANN NURSING HOME	20	Family	--	--	--	--	--
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
NORTH BAY MANOR	60	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦	♦	♦♦
OAK HILL NURSING AND REHAB CENTER	143	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
OAKLAND GROVE HEALTH CARE CENTER	172	Family	♦♦	♦♦	♦	♦♦	♦♦
		Resident	♦	♦♦	♦♦	♦♦	♦
ORCHARD VIEW MANOR	180	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
OVERLOOK NURSING & REHAB CENTER	100	Family	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
		Resident	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
PARK VIEW NURSING HOME	66	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
PAWTUCKET HEALTHCARE	154	Family	♦♦	♦♦	♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦	♦	♦
PINE GROVE HEALTH CENTER	71	Family	♦	♦	♦	♦	♦
		Resident	♦♦	♦♦	♦	♦♦	♦♦

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Rhode Island Department of Health
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Nursing Home Satisfaction			Area of Performance				
Nursing Home Name	Bed Size	Type of Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	TOTAL SCORE
RHODE ISLAND VETERANS HOME	260	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
RIVERVIEW HEALTHCARE COMMUNITY	190	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
ROBERTS HEALTH CENTRE	66	Family	♦♦	♦♦	♦♦	♦♦♦	♦♦
		Resident	--	--	--	--	--
ST. ANTOINE RESIDENCE	260	Family	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
ST. CLARE HOME FOR THE AGED	47	Family	♦♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦	♦♦	♦♦
ST. ELIZABETH MANOR, EAST BAY	133	Family	♦♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦♦	♦♦♦	♦♦♦
ST. ELIZABETH HOME, EAST GREENWICH	120	Family	♦♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦♦	♦♦♦	♦♦
SAKONNET BAY MANOR	30	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	N/A	N/A	N/A	N/A	N/A
SCALABRINI VILLA	120	Family	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
SCALLOP SHELL NURSING & REHAB	72	Family	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
		Resident	♦♦♦	♦♦♦	♦♦♦	♦♦♦	♦♦♦
SCANDINAVIAN HOME	74	Family	♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
SHADY ACRES	55	Family	♦♦	♦♦	♦♦	♦♦♦	♦♦
		Resident	♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
SILVER CREEK MANOR	128	Family	♦♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	--	--	--	--	--
SOUTH BAY MANOR	57	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	N/A	N/A	N/A	N/A	N/A
SOUTH COUNTY NURSING & SUBACUTE CENTER	120	Family	♦♦	♦	♦	♦♦	♦♦
		Resident	♦♦	♦	♦	♦	♦
SOUTH KINGSTOWN NURSING & REHAB	112	Family	♦♦	♦♦	♦♦	♦♦	♦♦
		Resident	♦♦	♦♦	♦	♦♦	♦
STEERE HOUSE NURSING & REHAB	120	Family	♦♦	♦♦	♦♦	♦♦♦	♦♦
		Resident	♦♦	♦♦	♦♦	♦♦	♦♦
SUNNY VIEW NURSING HOME	57	Family	♦♦♦	♦♦♦	♦♦	♦♦♦	♦♦♦
		Resident	--	--	--	--	--
TOCKWOTTON HOME	42	Family	♦♦	♦♦	♦♦	♦♦♦	♦♦
		Resident	♦♦	♦	♦	♦♦	♦♦
VILLAGE AT WATERMAN LAKE	22	Family	♦♦♦	♦♦	♦♦	♦♦♦	♦♦♦
		Resident	N/A	N/A	N/A	N/A	N/A

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Nursing Home Satisfaction			Area of Performance				
Nursing Home Name	Bed Size	Type of Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	TOTAL SCORE
VILLAGE HOUSE	95	Family	◆◆◆	◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	N/A	N/A	◆◆◆
WARREN HEALTHCARE	63	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆◆◆	◆◆	◆◆◆
WATCH HILL CARE & REHAB	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
WATERVIEW VILLA	132	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆	◆◆	◆◆
WEST SHORE HEALTH CENTER	145	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	◆	◆◆	◆◆	N/A	◆◆
WEST VIEW HEALTH CARE CENTER	120	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆	◆◆	◆◆◆	◆◆
WESTERLY HEALTH CENTER	108	Family	◆◆	◆	◆	◆◆	◆◆
		Resident	◆	◆◆	◆	◆	◆
WESTERLY NURSING HOME, INC.	66	Family	◆◆	◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
WOODLAND CONVALESCENT CENTER	40	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
WOODPECKER HILL	41	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆	◆
WOONSOCKET HEALTH CENTRE	180	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆

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Survey: State's nursing homes given high grades

01:00 AM EST on Saturday, February 14, 2009

By Felice J. Freyer

Journal Medical Writer

Nine out of 10 residents of nursing homes in Rhode Island — and the same proportion of their relatives — are satisfied with the care patients receive, according to a recent survey.

That percentage is higher than the average of 5,087 other nursing homes around the country that participated in an identical survey.

In Rhode Island, 91 percent of residents and 91 percent of family members rated their nursing homes as either “good” or “excellent” in 2008, in the third annual patient-satisfaction survey of nursing homes. All 90 nursing homes participated.

At nursing homes elsewhere that participated in the survey — which add up to roughly a third of the nation's nursing homes — 87 percent of residents and 85 percent of family members had such high satisfaction.

The survey results, released this week, have been compiled into a list rating each nursing home in Rhode Island in comparison with others within the state, based on how residents and families feel about the medical care and services, and whether the place is comfortable to live in. The list can be viewed at <http://www.health.ri.gov/chic/performance/nursinghome.php>.

Information on how an individual nursing home compares with the national average is not being made available to the public.

Kathleen Heren of the Rhode Island Alliance for Better Long Term Care, an advocacy group, said that she is skeptical of satisfaction surveys because the choice of respondents can bias the results. But even so, she said she believes these high scores reflect reality in Rhode Island.

“I think we have excellent nursing homes in Rhode Island. I really do,” said Heren, who has visited nursing homes in the Midwest and the South.

“It really shouldn't surprise anybody,” said Virginia M. Burke, president and CEO of the Rhode Island Health Care Association, a nursing home trade group. “We do very well on virtually every national measure of quality.”

But Burke said that planned cuts to the state Medicaid program, which pays for most nursing home care, could “devastate quality of care at nursing homes.”

The survey, conducted last fall, is part of a state Health Department effort, mandated by a 1998 law, to measure and report on the quality of care in every health-care institution. Consumers

have long had access to information about inspections and clinical care, and in 2006 the state began asking what it's like to live in each nursing home.

In 2007, the state hired My InnerView Inc., a national company, to conduct the survey. The results that year were similar to 2008.

Gail Patry, senior director of quality programs at Quality Partners of Rhode Island — the agency hired by the Health Department to oversee the survey process — said the high scores result from statewide efforts to focus care on the needs of individuals rather than institutions. For example, some nursing homes are changing their food services so that residents can choose when and what to eat.

James P. Nyberg, director of the Rhode Island Association of Facilities and Services for the Aging, said that the satisfaction results should “reduce some of the stress and anxiety that individuals and family members feel” when choosing a nursing home. “They will find, and the results bear this out, that nursing homes today are much different than they were years ago.”

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Department of Health

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IMMEDIATE ATTENTION REQUIRED

To: [Nursing Home]
From: Raymond Rusin, Chief, Office of Facilities Regulation
Date: February 27, 2009
Subject: Failure to comply with satisfaction survey requirement

Upon review of the 2008 Resident and Family Satisfaction Survey Results, **the Rhode Island Department of Health (HEALTH) has identified [Nursing Home] as being at-risk of violating the legislative requirement to conduct satisfaction surveys.** If this information is incorrect, please respond to this notice within 30 days to avoid a state citation for non-compliance.

Participation in the annual resident and family satisfaction survey process is mandatory. 2008 was the fourth year that Rhode Island nursing homes conducted satisfaction surveys, and the third year that results were publicly reported on HEALTH's website: www.health.ri.gov/chic/performance/nursinghome.php

HEALTH's instructions, mailed and faxed on July 1, 2008, were to provide My InnerView with mailing lists for:

- (1) All residents' family members; and
- (2) All non-terminal, long-stay residents who can answer the survey alone or with help.

[Nursing Home]'s data are on the following page.



Health Care Quality Performance (HCQP) Program

2009 PHYSICIAN HIT SURVEY SUMMARY REPORT

In early 2009, the Rhode Island Department of Health (HEALTH) administered the Physician HIT Survey to 3,248 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 58.1% (n=1,888). Results for these 1,888 respondents and all 3,248 physicians (including 1,360 non-respondents) are below.

Table: 2009 Physician HIT Survey Summary Results

Measure ¹	Survey Respondents (N=1,888)		All Physicians ² (N=3,248)	
	Population	Score	Population	Score
1: Physicians with EMRs, n (%) ³	1,888	1,277 (67.6%)	3,248	1,277 (39.3%)
2: Physicians with 'qualified' EMRs ⁴	1,888	236 (12.5%)	3,248	236 (7.3%)
3: Basic EMR functionality use, mean ⁵	1,277	63.6	--	--
4: Advanced EMR functionality use, mean ⁶	1,277	44.1	--	--
5: Physicians who are e-prescribing, n (%)	1,888	777 (41.2%)	3,248	777 (23.9%)

CCHIT: Certification Commission on Health Information Technology certification

EMR: Electronic Medical Record, sometimes called an Electronic Health Record or EHR.

-- Same as survey respondents' population and scores, since non-respondents are not applicable for this measure.

HEALTH worked with stakeholders to create benchmarks for Measures 3, 4, and 5:⁷

- Among the 1,277 physicians who report using EMR components:
 - 731 (57.6%) are using all **basic functionalities** at least 60% of the time, and
 - 577 (45.2%) are using all **advanced functionalities** at least 60% of the time.
- Among all 1,888 respondents, 426 (22.6%) are **e-prescribing** at least 60% of the time and through an EMR.

The 2009 Physician HIT Survey is the second administration of this required annual survey, but the first to publicly report physician-level data (see the Physician Report). The 2008 Physician HIT Survey was a pilot effort and was reported in aggregate form only.

For more information, visit the public reporting program's Web site: www.health.ri.gov/chic/performance

¹ See the Measure Specifications for definitions of these measures.

² Includes the 1,459 non-respondents as not using HIT, or having responses of "No" for Measures 1, 2, and 5 and "N/A" for Measure 3 and 4. Because non-respondents are included, the All Physician measures reflect conservative estimates (underestimates) of HIT use.

³ **EMR**: operationalized as "EMR components," or integrated electronic clinical information systems that tracks patient health data, and may include such functions as visit notes, prescriptions, lab orders, etc.

⁴ **Qualified EMRs**: EMRs with specific clinical documentation, reporting, results management, decision support, and e-prescribing functionalities AND CCHIT certification. If CCHIT certification is excluded, 429 physicians qualify (22.7% of respondents; 13.2% of all physicians).

⁵ **Basic EMR functionality**: Clinical documentation and results management functionalities. Scores range from 0-100 based on use of indicated functionalities.

⁶ **Advanced EMR functionality**: Decision support, external communication, order management, and reporting functionalities. Scores range from 0-100 based on use of indicated functionalities.

⁷ See the Measure Specifications for definitions of these benchmarks.



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Public Health Press Release

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Date:
Contact:

Reports Provide Consumers with Information about Physicians' Technology Use

Nearly four out of every 10 Rhode Island physicians report using electronic clinical information systems to help care for their patients, according to two reports released today from the Rhode Island Department of Health (HEALTH). The reports also indicate that approximately one in four physicians transmit their prescriptions electronically, or e-prescribe. Altogether, five measures of health information technology (HIT) adoption were calculated based on a Physician HIT Survey developed and administered by HEALTH. This information will help consumers understand how their physicians are using HIT.

"With these reports, Rhode Island becomes part of a growing national trend to measure and report how physicians provide care," says Deidre Gifford, MD, MPH, of Quality Partners of Rhode Island, one of the survey's lead authors.

The survey reflects a three-year collaborative process to implement physician reporting in Rhode Island. HEALTH has a 1998 legislative mandate to publicly report healthcare quality for licensed providers; that law was expanded to include physician-level reporting in 2006. Working with community leaders and physician stakeholders, HEALTH and its public reporting contractor, Quality Partners of Rhode Island, identified HIT adoption as a local priority and developed the Physician HIT Survey to assess physicians' technology use.

"We're pleased to have worked with HEALTH and Quality Partners to measure Rhode Island's progress towards HIT adoption," says Laura Adams, President and CEO of the Rhode Island Quality Institute. "While we understand that technology is not a cure-all, it is certainly a critical foundation for so many of our efforts to improve healthcare quality, safety, and value."

In addition to the Rhode Island Quality Institute, which will use the survey results to evaluate local trends in HIT adoption, Blue Cross & Blue Shield of Rhode Island and UnitedHealthCare of New England plan to use the survey's results to inform their HIT-based incentive programs.

According to Dr. Gifford, "One of the things that distinguishes Rhode Island's reporting program is the work of our healthcare community to align the public reporting with both payment reform and direct assistance to practices in improving care delivery. When those three pieces of the

puzzle are all focused on the same measures, we believe we will truly start to see dramatic changes in the way that care is delivered—and improved satisfaction among consumers and providers alike.”

The survey was first administered in January 2008 as a pilot test, with results shared privately with each physician, but not released at the individual physician level. The January 2009 survey, which incorporated pilot feedback, represents Rhode Island’s first effort to collect and publicly report physician-level HIT adoption. HEALTH plans to administer the survey annually.

“The survey supports the Governor’s healthcare policy priorities, which include using HIT to increase the efficient delivery of healthcare, as well as President Obama’s stimulus plans,” explains Samara Viner-Brown, MS, who leads HEALTH’s public reporting program. “By collecting and reporting these data annually, we’ll be able to monitor our state’s incremental progress towards increasing HIT adoption.”

Between January 19, 2009 and February 6, 2009, the survey was sent to approximately 3,248 physicians licensed in Rhode Island and in active practice in Rhode Island, Connecticut, or Massachusetts. Results from 1,888 (58.1%) survey respondents and 1,360 (41.9%) non-respondents are reported for individual physicians in the Physician Report and in aggregate in the Summary Report. Because non-response is reported as failure to use HIT, the averages included in these reports are likely underestimates of Rhode Island HIT adoption.

To view the 2009 Physician Report and 2009 Summary Report, visit www.health.ri.gov/chic/performance/physician.php. Additional information about the public reporting program is available at www.health.ri.gov/chic/performance.

This project is the result of a collaboration led by HEALTH and Quality Partners, and reflecting input from local healthcare leaders, including Blue Cross & Blue Shield of Rhode Island, the Rhode Island Quality Institute, and UnitedHealthCare of New England.

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