



Healthcare Quality Reporting Program

NURSING HOME SUBCOMMITTEE

3-4:30pm, 2/19/13

RIHCA, 57 Kilvert Street, Warwick, RI

Goals/Objectives

- To advise the Department on nursing home reporting and implement agreed-upon policies

Invitees

- | | | |
|--|--|---|
| <input type="checkbox"/> Rosa Baier, MPH | <input type="checkbox"/> Kathleen Nee, RN | <input type="checkbox"/> Arthur Pullano |
| <input type="checkbox"/> Lonnie Bisbano | <input type="checkbox"/> Maureen Marsella, RN, BS | <input type="checkbox"/> Adele Renzulli |
| <input type="checkbox"/> John Gage, MBA, CNHA, CAS, FACHCA | <input type="checkbox"/> Ann Messier | <input type="checkbox"/> Janet Robinson, RN, MEd, CIC |
| <input type="checkbox"/> Diane Gallagher | <input type="checkbox"/> Jim Nyberg, MPA | <input type="checkbox"/> Samara Viner-Brown, MS |
| <input type="checkbox"/> Hugh Hall, MA | <input type="checkbox"/> Gail Patry, RN, CPEHR (Chair) | |

Time

Topic/Notes

- | | |
|--------|---|
| 3:00pm | <p>Welcome
 <i>Rosa Baier, MPH</i></p> <ul style="list-style-type: none"> - Today's objectives - Previous meeting's action items: <ul style="list-style-type: none"> • Request facility level and aggregate data related to new questions (Rosa) • Write HEALTH letter to nursing homes regarding HHS Action Plan (Rosa) • Explore HAI educational opportunities (Gail/Rosa/Maureen) • Send Rosa address file sent to MIV (Hugh) • Send HHS Action Plan to Subcommittee (Rosa) • Determine if a press release will be released by Communications (Sam) • Ask MIV for an analysis of the new questions (Rosa) |
| 3:05pm | <p>Resident and Family Satisfaction Surveys
 <i>Rosa Baier, MPH</i>
 <i>Gail Patry, RN, CPEHR</i></p> <ul style="list-style-type: none"> - Facility-level report and audit (handouts) - Discussion: <ul style="list-style-type: none"> • How should the program act on the audit results? • What clarification is necessary, e.g., in the notification letter? (handout) • What other process improvements can we make for 2013? • Should we recommend the use/adaption of MIV's OK tool? (handout) - Next steps |

4:00pm

Open Forum & Next Steps

Rosa Baier, MPH

- Action items
- Next meeting: 4/16

**Rhode Island Department of Health
2012 Nursing Home Satisfaction Report**

Area of Performance							
Nursing Home (Alphabetical by Name)	Bed Size	Survey	Quality of Care	Quality of Life	Quality of Services	Overall Satisfaction	Total
ALPINE NURSING HOME INC.	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	I	I	I	I	I
APPLE REHAB CLIPPER	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆	◆◆◆
APPLE REHAB WATCH HILL	60	Family	◆	◆◆	◆◆	◆◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
AVALON NURSING HOME	31	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
BALLOU HOME FOR THE AGED	43	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
BANNISTER HOUSE, INC	95	Family	--	--	--	--	--
		Resident	--	--	--	--	--
BAYBERRY COMMONS	110	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆◆	◆
BERKSHIRE PLACE NURSING AND REHABILITATION CENTER	197	Family	I	I	I	I	I
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
BETHANY HOME OF RHODE ISLAND	33	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
BRENTWOOD NURSING HOME	96	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆	◆◆◆
BRIARCLIFFE MANOR	122	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
CEDAR CREST SUBACUTE & REHABILITATION CENTRE	156	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
CHARLESGATE NURSING CENTER	140	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CHERRY HILL MANOR NURSING AND REHABILITATION CENTER	172	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆

- ◆◆◆ Statistically better than the Rhode Island average
- ◆◆ Statistically about the same as the Rhode Island average
- ◆ Statistically worse than the Rhode Island average
- N/A Fewer than 10 responses, so no statistical comparison is possible
- I Insufficient number of surveys sent to obtain adequate data
- No completed surveys, so no rating is possible

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2012 Nursing Home Satisfaction Report**

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CHESTNUT TERRACE NURSING AND REHABILITATION CENTER	58	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆◆	◆◆	◆◆	◆
CORTLAND PLACE	80	Family	◆	◆	◆	◆	◆
		Resident	N/A	N/A	N/A	N/A	N/A
COVENTRY CENTER	210	Family	◆	◆	◆	◆	◆
		Resident	◆	◆	◆	◆	◆
CRA-MAR MEADOWS	41	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
CRESTWOOD NURSING AND CONVALESCENT HOME	76	Family	◆◆	◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
EASTGATE NURSING & RECOVERY CENTER	68	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
ELMHURST EXTENDED CARE	194	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆	◆◆	◆◆	◆◆
ELMWOOD HEALTH CENTER	70	Family	◆◆	◆	◆◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
EMERALD BAY RETIREMENT LIVING	30	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
EPOCH SENIOR HEALTHCARE ON BLACKSTONE BOULEVARD	55	Family	N/A	N/A	N/A	N/A	N/A
		Resident	--	--	--	--	--
EVERGREEN HOUSE HEALTH CENTER	160	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
FOREST FARM HEALTH CARE CENTER, LLC	50	Family	◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
THE FRIENDLY HOME, INC.	126	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	--	--	--	--	--
GOLDEN CREST NURSING CENTRE	152	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆

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GRACE BARKER NURSING CENTER, INC.	86	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆	◆◆	◆◆	◆◆
GRAND ISLANDER	146	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
GRANDVIEW CENTER	72	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
GREENVILLE CENTER	131	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
GREENWOOD CARE AND REHABILITATION CENTER	130	Family	◆	◆	◆	◆	◆
		Resident	◆	◆	◆◆	◆◆	◆
HALLWORTH HOUSE	57	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆	◆	◆◆	◆	◆
HARRIS HEALTH CARE NORTH	32	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
HARRIS HEALTH CENTER	31	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
HATTIE IDE CHAFFEE HOME	60	Family	N/A	N/A	N/A	N/A	N/A
		Resident	I	I	I	I	I
HEATHERWOOD NURSING & REHABILITATION CENTER	112	Family	--	--	--	--	--
		Resident	--	--	--	--	--
HEBERT HEALTH CENTER AN AMERICAN SENIOR LIVING COMMUNITY	133	Family	◆◆	◆	◆	◆◆	◆
		Resident	◆	◆◆	◆	◆	◆
HERITAGE HILLS NURSING CENTRE, LLC	95	Family	--	--	--	--	--
		Resident	--	--	--	--	--
THE HOLIDAY RETIREMENT HOME, INC.	170	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆◆	◆◆
HOPKINS MANOR, LTD.	200	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆

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JEANNE JUGAN RESIDENCE	44	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
THE JOHN CLARKE RETIREMENT CENTER	60	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
KENT REGENCY	153	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
KINDRED TRANSITIONAL CARE AND REHABILITATION - OAK HILL	139	Family	--	--	--	--	--
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
LINN HEALTH CARE CENTER	84	Family	I	I	I	I	I
		Resident	N/A	N/A	N/A	N/A	N/A
MANSION NURSING AND REHABILITATION CENTER	62	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
MORGAN HEALTH CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆
MOUNT ST. RITA HEALTH CENTRE	98	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
NANCYANN NURSING FACILITY	20	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
NORTH BAY RETIREMENT LIVING	44	Family	◆◆	◆	◆	◆	◆
		Resident	--	--	--	--	--
OAKLAND GROVE HEALTH CARE CENTER	172	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
ORCHARD VIEW MANOR NURSING AND REHAB	166	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
OVERLOOK NURSING & REHABILITATION CENTER	100	Family	◆◆	◆◆	◆◆◆	◆◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
PARK VIEW NURSING HOME	66	Family	--	--	--	--	--
		Resident	--	--	--	--	--

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PAWTUCKET CENTER	154	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
PINE GROVE HEALTH CENTER	69	Family	◆◆	◆◆	◆	◆	◆
		Resident	◆	◆	◆	◆	◆
RHODE ISLAND VETERANS HOME	260	Family	◆◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
RIVERVIEW HEALTHCARE COMMUNITY	190	Family	◆◆	◆◆	◆	◆◆	◆◆
		Resident	◆	◆	◆◆	◆◆	◆◆
ROBERTS HEALTH CENTRE INC.	66	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SAINT ANTOINE RESIDENCE	260	Family	◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆	◆	◆◆	◆◆
SAINT ELIZABETH HOME	120	Family	◆◆◆	◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SAINT ELIZABETH MANOR	133	Family	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
SAKONNET BAY MANOR	30	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
SCALABRINI VILLA	120	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	I	I	I	I	I
SCALLOP SHELL NURSING & REHABILITATION CENTER	72	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SCANDINAVIAN HOME	74	Family	◆◆	◆◆	◆◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
SHADY ACRES, INC.	55	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A

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SILVER CREEK MANOR	128	Family	◆◆◆	◆◆	◆◆◆	◆◆	◆◆◆
		Resident	N/A	N/A	N/A	N/A	N/A
SOUTH BAY RETIREMENT LIVING	57	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	--	--	--	--	--
SOUTH COUNTY NURSING AND REHABILITATION CENTER (4025)	120	Family	--	--	--	--	--
		Resident	◆	◆	◆◆	◆◆	◆◆
SOUTH KINGSTOWN NURSING AND REHABILITATION CENTER	112	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆	◆	◆◆	◆	◆
ST. CLARE HOME	47	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
STEEER HOUSE NURSING AND REHABILITATION CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆	◆
SUMMIT COMMONS	130	Family	N/A	N/A	N/A	N/A	N/A
		Resident	N/A	N/A	N/A	N/A	N/A
SUNNY VIEW NURSING HOME	57	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	I	I	I	I	I
TOCKWOTTON HOME	42	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
TRINITY HEALTH & REHABILITATION CENTER	158	Family	◆	◆	◆	◆	◆
		Resident	◆◆	◆	◆◆	◆◆	◆◆
THE VILLAGE AT WATERMAN LAKE	22	Family	N/A	N/A	N/A	N/A	N/A
		Resident	I	I	I	I	I
VILLAGE HOUSE NURSING & REHABILITATION CENTER	95	Family	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
		Resident	◆	◆	◆	◆	◆
WARREN CENTER	63	Family	N/A	N/A	N/A	N/A	N/A
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
WATERVIEW VILLA	132	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆	◆	◆	◆◆	◆

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WEST SHORE HEALTH CENTER	145	Family	◆◆	◆◆	◆	◆	◆
		Resident	◆◆◆	◆◆◆	◆◆◆	◆◆	◆◆◆
WEST VIEW HEALTH CARE CENTER	120	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆◆	◆◆◆	◆◆	◆◆◆	◆◆◆
WESTERLY HEALTH CENTER	106	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆◆	◆◆	◆◆	◆◆
WESTERLY NURSING HOME	66	Family	◆◆◆	◆◆◆	◆◆◆	◆◆◆	◆◆◆
		Resident	I	I	I	I	I
WOODLAND CONVALESCENT CENTER, INC	40	Family	--	--	--	--	--
		Resident	--	--	--	--	--
WOODPECKER HILL HEALTH CENTER	41	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	◆◆	◆◆	◆◆	◆◆	◆◆
WOONSOCKET HEALTH CENTRE	150	Family	◆◆	◆◆	◆◆	◆◆	◆◆
		Resident	I	I	I	I	I

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◆◆ Statistically about the same as the Rhode Island average

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Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

August 2, 2012

Dear Nursing Home Administrator,

For the past three years, Rhode Island nursing homes have, on average, outperformed nursing homes nationwide using My InnerView's resident and family satisfaction surveys. **It is now time to begin the 2012 survey process and continue to demonstrate our state's commitment to high-quality nursing home care.** Instructions and deadlines are included below and in the attached timeline from My InnerView.

As a reminder, the annual resident and family satisfaction survey process:

- Is legislatively mandated and included in the nursing home regulations
- Requires you to sign an annual contract with My InnerView, due 8/24/12
- Requires you to provide My InnerView with resident and family mailing lists for:
 - 100% of your long-stay (100+ days) residents' family members, and
 - 100% of non-terminal, long-stay (100+ days) residents who can answer the survey alone or with help.

You will receive your nursing home's contract directly from My InnerView. Please return it promptly and also note the following important dates:

Due Date	Task
8/24/12	1. Review and update your facility profile at www.myinnerview.com .
8/24/12	2. Return a signed contract to My InnerView.
9/7/12	3. Provide My InnerView with mailing lists for: <ul style="list-style-type: none">• 100% of your long-stay (100+ days) residents' family members, and• 100% of non-terminal, long-stay (100+ days) residents who can answer the survey alone or with help

For a copy of My InnerView's screening tool, which will help you identify survey-appropriate residents, or help with any of the above tasks, contact Joel Steuben at My InnerView: 800-601-3884 or jsteuben@myinnerview.com

Again, participation in the survey process is mandatory and these dates are firm. The Department of Health tracks participation closely, and will follow up with nursing homes as needed. If you have questions, or would like to participate in the stakeholder group that advises the public reporting program about nursing home reports, please contact Gail Patry, Chair of the Nursing Home Subcommittee: 401-528-3256 or gpatry@riqio.sdps.org.

I wish you the best in your continued quality improvement work, and look forward to seeing your survey results.

Sincerely,

A handwritten signature in black ink that reads "Samara Viner-Brown".

Samara Viner-Brown, MS
Chief, Center for Health Data and Analysis
401-222-5122
samara.viner-brown@health.ri.gov

2012 Satisfaction Survey Timeline Schedule for Rhode Island Department of Health

To optimize the value of your survey results, you must take the lead on these critical steps. If you have questions regarding your timeline, please e-mail help@myinnerview.com or call us at 800-601-3884.

No later than ...	You should ...	Helpful information
Friday August 24th	<p>Complete or update your entire facility profile</p> <p>Note: for information about ordering foreign language surveys please email surveys@myinnerview.com.</p>	<p>Go to www.myinnerview.com; enter the user name and password provided by My InnerView or your corporate office. On the Home page, click on Organization Editor and review the information to ensure the facility information is accurate. To make a change, click on the Edit button in the lower-right of the screen, and then click on Submit to save changes.</p> <p>Important: Capitalize and spell information exactly as it should appear on your surveys. <u>Facility name information printed on the survey is taken from the information you enter.</u></p> <p><u>Include full-time and part-time employees when preparing for employee surveys. Provide an accurate count as this is the number of employee surveys printed.</u></p> <p><i>A separate charge will apply for any additional surveys needed after the original production run has been completed.</i></p> <p><i><u>Do not photocopy surveys for distribution. Photocopied surveys received by My InnerView will not be included in your results.</u></i></p>
Friday, September 7	<p>Submit mailing addresses for residents, family members or other individuals knowledgeable of resident</p>	<p>Go to www.myinnerview.com. Enter your user name/password. On the Home page, click on 'eLearning site' link. Click on Satisfaction Survey Resources. Under the Pre-Survey Toolkit scroll down to Screening Residents and Clients. You may use the resident screening tool to determine if residents are capable of completing the survey.</p> <p>Select the Data File Template under 'Submitting Customer Addresses'. Review the instructions on how to complete the spreadsheet. Accurate names and complete mailing addresses are critical for residents, family members or other responsible parties. <u>Your survey response rate is directly affected by the accuracy of your mailing list.</u></p> <p style="text-align: center;">E-mail all facilities on <u>one data file</u> as an attachment to surveys@myinnerview.com.</p> <p><i>A separate charge will apply for any additional surveys needed after the original production run has been completed.</i></p> <p><i><u>Do not photocopy surveys for distribution. Photocopied surveys received by My InnerView will not be included in your results.</u></i></p>

2012 Satisfaction Survey Timeline Schedule for Rhode Island Department of Health

No later than ...	You should ...	Helpful information
Friday, September 7	Submit Logo Optional: for an additional charge per unique logo submitted	<p>We only accept .jpg, .bmp, or .gif as valid image formats. They will need to be submitted in the proper format.</p> <p>E-mail the Logo as an attachment to surveys@myinnerview.com.</p>
Friday, September 14	Mail notification letters to family members or other individuals knowledgeable of the resident	<p>Go to www.myinnerview.com. Enter your user name/password. On the Home page click on 'eLearning site' link. Click on Satisfaction Survey Resources. Scroll down to Notifying Survey Recipient-Customer.</p> <p><i>Notification of the survey process will encourage your response rates.</i></p>
Friday, September 14	Distribute notification letters to residents	<p>Go to www.myinnerview.com. Enter your user name/password. On the Home page click on 'eLearning site' link. Click on Satisfaction Survey Resources. Scroll down to Notifying Survey Recipient-Customer</p> <p><i>Notification of the survey process will encourage your response rates.</i></p>
Thursday, September 19	My InnerView mails resident and family surveys	<p>My InnerView will personalize Resident/Family Satisfaction Surveys with the facility's name (as entered on the Web site.) The established cut-off date will be printed on the survey.</p> <p>A survey packet will be mailed to each family, resident or responsible party listed on the mailing list provided to My InnerView. The envelope contains the appropriate cover letter, survey, comment form and self-addressed (to My InnerView), postage-paid return envelope.</p>
No later than ...		Helpful information
Monday, October 8	Mail sealed surveys to My InnerView	<p>You can choose to collect the resident surveys at the facility or instruct the residents to mail their individual surveys directly to My InnerView. If you collect the surveys, do not open surveys at the facility. You will mail (in bulk) sealed envelopes directly to My InnerView.</p>
On Going	Monitor survey activity	<p>You can monitor survey activity throughout the survey process. Go to www.myinnerview.com. Enter your user name/password. On the Home page, click on Satisfaction Survey, then on the Survey Response tab and "Build" to monitor your response rates.</p>

2012 Satisfaction Survey Timeline Schedule for Rhode Island Department of Health

Friday, October 12	My InnerView's due date for accepting surveys!	<p>The quality of information you can glean from your survey results is directly related to the number of completed surveys returned. It is critical to reinforce the established due date, which is printed on the survey.</p> <p>My InnerView as an independent third party handles all survey collection, processing and reporting.</p> <p>Submitted surveys are never read at the facility. On the established due date surveys are electronically scanned by My InnerView into the security-protected system, which will electronically:</p> <ol style="list-style-type: none"> 1. Sort surveys by facility name. 2. Compile information into the established survey database <p>Begin the report-generation phase.</p>
No later than ...	You should ...	Helpful information
Friday, October 19	Reports published on-line by the <u>end of the business day</u>	<p>Access to reports is granted by the Super User of your organization. If you have been assigned access reports will be available at www.myinnerview.com.</p> <p>For instructions on accessing your survey reports, go to www.myinnerview.com. Enter your user name/ password. On the Home page, you will find links to several pre-recorded Webinars as well as a schedule of live Webinar dates. Click on HELP or eLearning site to find a library of "How To" guides.</p> <p>NOTE: Adobe© Flash© Player 9 must be installed, as it is required to use certain features. For more information on how to install Adobe© Flash© Player 9, go to www.myinnerview.com and review the How to Prepare Computer document on the eLearning site.</p>
Daily	View comments	<p>Access to Comment Viewer is granted by the Super User of your organization. If you have been assigned access, comments are available at www.myinnerview.com daily.</p> <p>For instructions on accessing your comments, go to www.myinnerview.com. Enter your user name/ password. On the Home page click on HELP or eLearning site to find a library of "How To" guides.</p>

My InnerView Data File

Instructions: Please enter the following information:

- o Facility Type (FType) = SNF (Skilled Nursing Facility), ILF (Independent Living Facility), ALF (Assisted Living Facility), ADC (Adult Day Care), H (Hospice), HH (Home Health), REHAB (Rehabilitation), CORP (Corporate)

- o Facility Name

- o Corporate Name (if applicable)

Survey Type (Type column):

If the individual is a family member, select "F" in the Survey Type Column.

If the individual is a resident, patient, client or participant, select "R" in the Survey Type Column.

If an employee survey, select "E" in the Survey Type Column. If an employee is a new employee, select "N" in the Survey Type Column.

If the survey is a Discharge survey, select "D" in the Survey Type Column.

Language Column: Indicate if language should be in another language other than English (Leave blank if English): Spanish = **S**, Chinese* = **C**, Portugese* = **P**, Russian* = **R**, Korean* = **K**

* available for SNF Family and Resident surveys only - view the SurveysLanguage tab for more information

Use one line for each individual that will receive a satisfaction survey.

Once data file is complete, upload to: <https://nationalresearch.sharefile.com/r/r3bbeb28b2dc4b408>

Note: data files must be uploaded in electronic Excel format to ShareFile. All other formats (hand written, fax, etc.) **will not be accepted.**

Facility Address:

FType	Facility Name	Corporation	First Name	Last Name	Address 1	Address 2	City	State	Zip	Type	Language
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[current policy statement of the Oklahoma Health Care Authority*]

(Satisfaction surveys of residents, family members, and employees are among the components of that state's Medicaid Pay for Performance scheme)

Procedure for Identification of Surveyable Residents

Facilities will be required to use the following common protocol for determining the cognitive ability of residents to take part in the resident survey process. This process will center on the results of the Brief Interview for Mental Status, an assessment that all facilities are required to perform as part of the Minimum Data Set 3.0 (MDS 3.0).

Determination and Selection of Surveyable Residents

All nursing facility residents who possess the cognitive capacity to understand and respond knowledgeably to the Focus on Excellence resident satisfaction survey, either without help or without more than incidental assistance, will be offered the opportunity to do so. Cognitive capacity will be determined from the results of each resident's most recent assessment using the tools and procedures specified by the Minimum Data Set 3.0 (MDS 3.0), Section C.

The Centers for Medicare and Medicaid Services (CMS) requires all Medicare and Medicaid-participating nursing facilities to periodically complete MDS during each resident's stay. MDS 3.0, Section C is an assessment of cognitive patterns. Under this section, facility staff must make an attempt to administer the Brief Interview for Mental Status ("BIMS") to all residents and calculate a BIMS score. If a BIMS assessment cannot be completed for any resident, facilities are required to complete a "staff assessment" using MDS Sections C7-C10. Additionally, all residents must be assessed for signs and symptoms of delirium, with results recorded in Sections C11-C12.

The following residents will be deemed to be surveyable via the Focus on Excellence resident satisfaction survey instrument, based on results of MDS 3.0, Section C.

1. Residents with BIMS scores of 13-15 (intact/borderline)
2. Residents with BIMS scores of 8-12 (moderate impairment)
3. Residents for whom no BIMS could be completed; *provided however*, that a staff assessment is conducted which indicates no disqualifying short- or long-term memory deficits and no present signs or symptoms of delirium.

Assistance with Satisfaction Survey Completion

Some surveyable residents will require incidental assistance in completing the satisfaction survey due to physical limitations or mild-to-moderate cognitive impairment. Incidental assistance means assistance that is no more substantial than reading the survey items to the resident and/or marking responses on the survey form based on oral instructions from the resident.

Individuals authorized to provide incidental assistance to residents with their surveys include family members, volunteers, or (if a family member or volunteer is not available) facility staff with the permission of the resident or resident's family or guardian. Individuals providing assistance to residents must identify themselves and provide a contact phone number on the survey form or other form provided for that purpose.

* excerpted from OHCA Focus on Excellence revised program guide