



Department of  
Aging

Ted Strickland, Governor  
Barbara E. Riley, Director

Dear Administrator:

**It's time for Ohio's 2010 Nursing Home Family Satisfaction Survey!**

As you know, the Ohio Department of Aging publishes a Web-based Long-term Care Consumer Guide ([www.ltcoho.org](http://www.ltcoho.org)) that provides individuals, family members and professionals with a wide range of information about nursing homes. The guide assists individuals and families in selecting a long-term care provider, but also provides facilities like yours with consumer feedback to assist in quality improvement. The guide currently includes results from prior family and resident satisfaction surveys, quality measures, Ohio Department of Health inspection reports and information you may have entered about your facility's special care services, staff, bed availability and more.

This package contains everything you need to participate in the Family Satisfaction Survey. It includes the survey packets ready to be addressed; the criteria to select the most involved family member, friend or interested party in the life of the resident; mailing instructions and reminder postcards. We appreciate any effort you can make to encourage family members — especially those of short-term residents — to complete and return the survey. Family satisfaction scores provide one element of the quality incentive in the Medicaid reimbursement formula, so it is especially important for families to return their surveys.

We guarantee the complete anonymity of family members' responses. Scripps Gerontology Center will not know who participated and can only track surveys by the facility name printed on each survey. Results will be displayed in aggregate form only. Our goal is to post the survey results on the Consumer Guide by January 2011. Should you have questions about the survey process, please call the toll-free Family Satisfaction Survey helpline at **1-888-300-6911** or e-mail [familysurvey@muohio.edu](mailto:familysurvey@muohio.edu).

I hope that your facility will participate in this survey as mandated by Ohio Revised Code section 173.47 and thank you in advance for your efforts to make the survey a success. I ask that you also please take the time to make sure you have registered and entered data about your facility on the Consumer Guide. If you are already registered, please verify that your information is current. For assistance in registering, contact us at [consumerguide@age.state.oh.us](mailto:consumerguide@age.state.oh.us) or **(614) 466-1221**.

Sincerely,

Barbara E. Riley  
Director  
Ohio Department of Aging

# THE OHIO DEPARTMENT OF AGING 2010 NURSING HOME FAMILY SATISFACTION SURVEY

Your Family Satisfaction Survey package contains the following:

1. Packets with Family Satisfaction Surveys and Business Reply Envelopes inside ready for you to affix \$1.22 in postage on each and address to all families from your facility.
2. Reminder Postcards ready for you to affix \$.28 postage on each and address to the same person to whom you sent the survey.
3. General instructions for selecting families of residents and mailing surveys with a letter from ODA Director Riley.
4. A list of Frequently Asked Questions and their answers.
5. A pink Survey Audit Form to be completed and returned in the pink Business Reply Envelope, faxed to the Scripps Gerontology Center or completed online at <http://survey.muohio.edu/snaponline/surveylogin.asp?k=127048683220>
6. A pink Business Reply Envelope for you to mail your Survey Audit Form to the Scripps Gerontology Center.

## Important Dates to Remember:

- ✓ Survey forms mailed to families: No later than June 30, 2010
- ✓ Follow-up postcards sent to families: Two weeks after mailing initial survey
- ✓ Audit form returned to Scripps: Two weeks after follow-up postcards  
(no later than September 1, 2010)

**PLEASE READ THESE MATERIALS CAREFULLY**

*If you have any questions after reading the information in this packet, please call or e-mail the Survey Helpline,  
Monday through Friday, 8:30-4:30:*

**1-888-300-6911**

**[familysurvey@muohio.edu](mailto:familysurvey@muohio.edu)**

**For additional information, a copy of the survey and all survey materials,  
visit :**

**<http://www.aging.ohio.gov/services/ombudsman/2010familysurvey.aspx>**

**THANK YOU FOR YOUR PARTICIPATION**

# SURVEY INSTRUCTIONS

## Selecting Survey Recipients:

Please follow these instructions for selecting a family member, friend, or other interested party who is “most involved” in the care of each resident. Include all residents residing in your licensed or certified nursing home. **Do not include residents in other types of facilities (such as an adult group home or residential care facility).**

1. Set aside a day in the next week to mail out surveys. On the day you are ready to send the surveys, obtain a copy of that day’s resident census list. Please check to make sure that the name of each resident in all licensed nursing home beds is included in the census. Make sure that **no discharged or deceased residents** are on the list. Record the number of residents on your pink audit form or in the online form at: <http://survey.muohio.edu/snaponline/surveylogin.asp?k=127048683220> . Login with the facility id sent to you in your advance notice e-mail. This is your state assigned identifier beginning with OH.
2. Review the *Selection Criteria for Person Designated to Respond to the Ohio Nursing Home Family Satisfaction Survey* located on page 4 of this instruction guide.
3. Based on the selection criteria, exclude any resident(s) who does not have a ‘most involved’ family member, friend, or interested person by crossing them off the census list. Record the number of residents without families on your audit form. You will now have a list of residents (all of whom have a most involved person) with family or friends to mail surveys to.

<i>Number of Residents with a Most Involved Person</i>	<i>Number of Returned Surveys Your Facility Needs to Meet Margin of Error</i>
10 or fewer	5
11-12	6
13	7
14-15	8
16-18	10
19-23	11
25-26	13
27-28	14
29-31	15
32-33	16
34-35	17
36-37	18
38-45	19
46	20
47-55	21
56	22
57-67	23
68-80	24
81-86	25
87-91	26
92-111	27
112-134	28
135-155	29
156-177	30
178-238	31
239-312	32
313 and more	33

4. We have provided you with enough surveys to **mail to one member of each of your residents’ families**.

We strongly recommend you mail to all of them as many may hear about the survey and want to be included.

We made assumptions about the number of survey packets your facility will need. If you do not have enough survey packets please call 1-888-300-6911 and we will mail more to you. Do not destroy extra survey packets; you may need to resend surveys if any are returned as undeliverable.

5. Use the “*Selection Criteria for Person Designated to Respond to the Ohio Department of Aging Family Satisfaction Survey,*” (page 4) to determine who should receive a survey for each resident chosen. Even though the survey is called the Family Satisfaction Survey, it is very important that you select the family member, friend, guardian, or other interested party who is ‘most involved’ in the care of the resident by following the criteria.

- Once you have identified the appropriate person to receive the survey, check your records for up-to-date address information and make a list of the names and addresses of those individuals. **In no case should any family member/guardian receive more than one survey from your facility.** Therefore, if you find that there are residents in your facility who share the same 'most involved' party, send only one survey to that most involved person and record the second resident on the audit form as a resident without involved family. Retain the list of families/friends who received surveys.

**Sending the Survey Packets:**

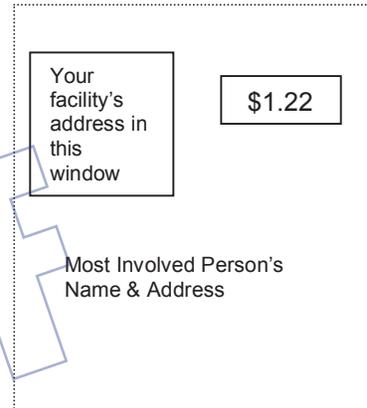
You are now ready to address and mail the individual survey packets to the selected families. Each envelope includes:

- Survey form with a cover letter to families from Director Barbara Riley at ODA
- Postage paid return envelope addressed to the Scripps Gerontology Center

- Affix or meter \$1.22 postage on each envelope.

- Each of the selected family members should receive one of the survey packets. **Please check that the address for the most involved person is up-to-date and that you are not sending a survey to the family of a deceased or discharged resident.** Write the address or affix a label to the envelope.

Address the envelopes this way:



- In the event a survey is returned by the post office marked 'undeliverable' please attempt to locate the respondent's current address and resend the survey. If you need to, repackage the survey materials in a new envelope. Record the number of undeliverable surveys that you could not correctly resend on your pink audit form or on the online audit form. The population in your facility on which the margin of error for returned surveys based is the number of residents with families to whom you were able to mail a survey. Record the number of undeliverable surveys on the pink audit form or, if you prefer, you may complete your audit form online at: <http://survey.muohio.edu/snaponline/surveylogin.asp?k=127048683220>. Login with your state facility ID beginning with OH. This identifier was sent to you in an advance notice e-mail.

**Mail all surveys no later than June 30, 2010.**

**Reminder Postcard:**

- The reminder postcard should be addressed to the same person you sent the survey to and addressed in the same manner as the survey envelope. Postage for a postcard is twenty-eight cents (\$.28). **Do not mail the postcard at the time you mail the initial survey. The reminder postcards should be mailed two weeks after the surveys are sent.** Do not mail a reminder postcard to a family whose survey was returned undeliverable.

**Completing the Audit Form:**

- The audit form will be used to determine whether enough surveys for your facility have been returned for a valid sample. **The form MUST be completed and returned for your facility to receive valid survey results.** Incomplete or unreturned forms will result in an inaccurate response rate for your facility and an increased likelihood that your results will not meet the necessary margin of error for reporting or to qualify for a quality payment.
- After you mail the reminder postcards, complete the pink audit form. Fax or return the form in the pink Business Reply Envelope addressed to the Scripps Gerontology Center. This audit form is due **no later than September 1, 2010.**

**13. After August 15, 2010 please shred any leftover surveys.**

If families call with questions regarding the survey, please refer to the following "Frequently Asked Questions" to give appropriate responses. If family members have additional questions that you are not comfortable addressing, please refer them to The Family Satisfaction Survey Helpline at: **1-888-300-6911 until September 30**. They may call the number any time and leave a message and a phone number and their call will be returned. Phones will be answered during regular business hours, 8:30-4:30, Monday through Friday. They may also send e-mail to [familysurvey@muohio.edu](mailto:familysurvey@muohio.edu).

**Selection Criteria for Person Designated to Respond to  
The Ohio Department of Aging Family Satisfaction Survey**

The goal is to select the 'most involved person' in the care of the resident to complete the survey. It is expected that this person will be most knowledgeable about the care provided to the resident in the nursing home and therefore, will be able to evaluate the care and services most effectively.

Since it is important that only one family survey be completed for each nursing home resident, it is critical that the following selection criteria are used to determine who should receive the survey.

**STEP 1: Identify ONE family member, friend, or other interested person who is most involved in the resident's care.** Use one or more of the following criteria for considering extent of involvement with care.

- Visits resident most often;
- Talks to staff about the resident's condition;
- Participates in resident care planning process;
- Attends family council meetings;
- Runs errands and takes care of residents' personal needs.

**Using the above listed criteria send the survey to the most involved person.**

**STEP 2:** If there is more than one family member, friend, or other interested person that meets the above criteria:

- 1<sup>st</sup> Send the survey to the most involved person who is also the legal guardian.
- 2<sup>nd</sup> If there is no legal guardian AND it's difficult to identify ONE most involved person, families may jointly complete a single survey. Designate one person to receive and return the jointly completed survey.

**STEP 3:** If the resident does not have an involved family member, friend, or other interested person, do not send the survey for that resident. Count the number of residents who do not have an involved family member and record this on the audit form.

**NOTE: In no case should any guardian or family member receive more than one survey from your facility.** Therefore, if you find that there are residents in your sample who share the same 'most involved' party, send only one survey to that most involved person and record the other residents who share the family member or guardian in the number of residents without an involved person on your audit form.

# Frequently Asked Questions about the Family Satisfaction Survey and the Long-Term Care Consumer Guide ([www.ltcoho.org](http://www.ltcoho.org))

## General questions and answers

### 1. **What is the Ohio Long-Term Care Consumer Guide?**

The Ohio Long-Term Care Consumer Guide provides information about nursing homes in Ohio on a website developed and maintained by the Ohio Department of Aging (ODA). Ohio Revised Code Sec. 173.45-173.49 forms the legal basis for the Guide. To visit the guide, see [www.ltcoho.org](http://www.ltcoho.org).

### 2. **Who funds the Long Term Care Consumer Guide?**

The Ohio Long Term Care Consumer Guide is funded through the State budget and an annual fee of \$400 from each nursing home and \$300 from each residential care facility. These funds are used to help support the cost of both the resident and family satisfaction surveys.

### 3. **What does the Long-Term Care Consumer Guide include?**

The Long-Term Care Consumer Guide displays information provided by individual nursing facilities, the consumer satisfaction survey results, and inspection reports from the Ohio Department of Health. Information about Medicaid and Medicare, nursing home organizations, and other long-term care options are also provided. Links to existing websites are used to provide additional information about funding and other long-term care options.

### 4. **How will ODA get information about nursing facilities?**

Nursing homes provide information about special services, policies, beds and rates and more through secured access to the site. After registering on the site, nursing facility staff can update information about their facility, provide pictures, and address inspection reports as needed. For registration instructions, email [consumerguide@age.state.oh.us](mailto:consumerguide@age.state.oh.us)

Regulatory performance data is provided by the Ohio Department of Health and CMS. Facilities with their own websites also have the opportunity to link to the Consumer Guide website.

### 5. **Why should a facility participate in the family satisfaction survey?**

**Consumer Choice:** The Long-Term Care Consumer Guide receives an average of 5,000 visitors each month, evidence that choosing a nursing home is a difficult decision and consumers want more information about their options. The more information people have about every nursing home, the better decisions they can make. Consumers have shared a negative response to data missing from the website. This is likely to impact their impression of a nursing home.

**Quality Improvement:** Nursing homes are provided reports of their survey results and may use that information for quality improvement purposes, newsletters, or marketing materials. By participating in the satisfaction surveys and providing other information on the Consumer Guide, a facility can convey commitment to quality and reach out to new customers.

**Legal Requirement:** In state budget bill H.B. 66 of the 126<sup>th</sup> General Assembly, the Ohio legislature included a requirement that all facilities participate in the consumer satisfaction surveys conducted by the Ohio Department of Aging. This includes all licensed facilities, not just those certified for Medicaid.

**Financial Incentive:** Performance on the consumer satisfaction surveys is used as a measure of quality in Ohio's Medicaid reimbursement formula. Your overall satisfaction score — the average of all scores on all items — is used to determine whether your facility qualifies for the consumer satisfaction incentive payment.

### 6. **What is the Scripps Gerontology Center doing?**

Scripps Gerontology Center, located at Miami University in Oxford, Ohio has a contract with the Ohio Department of Aging to conduct the family satisfaction survey. Scripps will scan the returned surveys, compile the results, and provide a summary of responses for every facility. They will also answer questions from facilities and families on the toll-free helpline.

**7. Who are the members of the LTC Consumer Guide Advisory Council?**

Members include representatives of family members of nursing home residents, representatives from the Office of the Long-Term Care Ombudsman, the Ohio Association of Area Agencies on Aging, representatives from three nursing home trade organizations, the Ohio Assisted Living Association, the American Association of Retired Persons, and the Ohio Departments of Aging, Health and Job and Family Services.

**8. How many nursing homes are likely to participate in the family satisfaction survey?**

As participation is required, we anticipate receiving results from all Ohio nursing homes and sub-acute hospital units.

**9. What will happen if a facility does not participate in the family satisfaction survey?**

House Bill 66 of the 126<sup>th</sup> General Assembly requires all facilities to participate. However, if a facility does not participate in the satisfaction surveys the statement *Refused to Participate* will appear next to a facility's listing on the Consumer Guide.

Performance on the Family Satisfaction Surveys is also part of Ohio's Medicaid reimbursement formula for nursing homes. A lack of family satisfaction data may negatively impact the amount of reimbursement available to your facility.

**10. What if my facility doesn't meet the margin of error?** Overall satisfaction scores for your facility will not be calculated so no Medicaid reimbursement quality payment can be awarded. **Make sure to return your audit form so that the response rate can be calculated accurately.** Encourage families to complete and return their surveys by using posters, flyers, and articles in your newsletter or other communications. Unfortunately, we cannot know if the margin of error has been met until scanning of over 20,000 surveys is completed.

**11. What is the cost to an individual facility to participate in the Family Satisfaction Survey?**

Nursing homes are required by law to pay an annual fee of \$400.00 to the Department of Aging to help cover the cost of the family and resident satisfaction surveys. This fee is subject to Medicaid reimbursement through the Medicaid program pursuant to sections 5111.20 to 5111.32 of the Revised Code.

**12. How often are these surveys going to be completed?**

The law requires the family surveys and resident surveys to each be completed biannually. Resident satisfaction surveys are completed in odd-numbered years and family satisfaction surveys are completed in even-numbered years.

**Questions and answers specifically related to persons participating in the Family Satisfaction Survey:**

**1. Why was my name chosen to participate in the family satisfaction survey?**

For all residents in a facility, a family member, friend, or other interested person was identified. You were identified by the facility staff as being the most involved person in the care of the resident.

**2. How did nursing home staff identify me as the appropriate person to receive the family survey? What were the selection criteria for participating in the family satisfaction survey?**

An attempt was made to select one person who was 'most involved' in the care of a nursing home resident. Criteria to define being 'most involved' included identifying the person who visited the resident the most, talked to staff, participated in resident care planning etc. Thus, even though the survey is called the Family Satisfaction Survey, the most involved person could be a family member, a friend, or another interested party. Your name was identified as being the 'most involved' person in the care of the resident.

**3. What about my privacy?**

The names and addresses of those receiving the survey have not been given to anyone outside the facility. No one outside this nursing home knows who received surveys and follow-up postcards. Nothing on the survey form identifies individuals; the code number on the pages identifies the nursing home where the resident lives. You mail your survey back to the Scripps Gerontology Center to conduct the analyses. They do not know who received surveys or who responded to the survey. When a facility receives the results from the survey they will receive only aggregate data; i.e., data that is averaged for their facility. They will not know individual answers or responses.

**4. Will facilities get to see the individual answers to the family surveys?**

No, all of the answers are anonymous. Facilities will never get to see individual answers. All answers will be reported in aggregate form using numbers and percentages. That is why objective research institutions have been hired to implement the survey. This system protects the anonymity of all the families who are participating in the survey.

**5. Are residents completing a satisfaction survey?**

Residents completed a satisfaction survey in summer 2009. The survey was developed and tested by the Scripps Gerontology Center at Miami University, Oxford, Ohio and The Margaret Blenkner Research Institute of Benjamin Rose with input from the Consumer Guide Advisory Council. The resident survey was a face-to-face interview (unlike the mailed survey approach that is being used with families) with randomly selected nursing home residents.

**6. Why are there numbers on my survey?**

This number is a facility code that identifies the nursing home in which your resident resides. This information will help the Scripps Gerontology Center track the responses for different facilities. There is also a 7-digit password that allows families to login and complete their survey online. This number does not identify you in any way since Scripps does not know family names and addresses.

**7. Why did I receive two surveys?**

If you are involved with residents living in more than one nursing facility, it is possible that you may receive more than one survey. The name of the facility that you should report about is printed on the front of the survey. However, if you are involved with only one resident in a nursing home in Ohio, you may have received a duplicate survey by mistake. If this is the case, please complete only one survey. Mark "duplicate" on the extra survey and return it in its business reply envelope or login to the survey online, leave it blank, and hit submit on the last page. If you have more than one relative in a nursing home, you may be asked to complete two surveys for the different nursing homes. **In no case should any guardian or family member complete more than one survey for the same nursing home.**

**8. Whom should I contact if I have additional questions?**

Please call The Ohio Department of Aging Ohio Family Satisfaction Survey Toll-Free Helpline at **1-888-300-6911**. The Scripps Gerontology Center is staffing the toll-free number. You may call the number any time and leave a message and your call will be returned the next business day. Calls will be answered from 8:30-4:30 Monday through Friday until September 30. You may also send an e-mail to [familysurvey@muohio.edu](mailto:familysurvey@muohio.edu).