Information to Improve Seniors Care: Resident and Family Experience of Care/Satisfaction Surveys

Presented at the BC Care Providers Association 36th Annual Conference 2013

Presented by:
Lena Cuthbertson
On behalf of the BC PREMS (Patient Reported Experience Measures Steering Committee)
“...stand-alone surveys aren’t sufficient in providing the public with a clear picture of customer satisfaction.”

“That is why the BC Care Providers Association has long advocated for the government to conduct standardized province-wide satisfaction surveys for residential care facilities throughout the province. If implemented, they could become a powerful tool to further empower residents as well as their family members.”

The ‘silver tsunami’ is already here, by Daniel Fontaine April 14th, 2013; Special to the Vancouver Sun
Objectives of Today’s Presentation:

To provide background on the work of the British Columbia Patient Reported Experience Measures Steering Committee (BC PREMs)

To share information about scientifically robust survey tools available in the public domain for the Long Term Care sector

To increase understanding of how to:
- select or develop a survey/survey questions
- field a survey
- report and disseminate results
- support action on results
- trend results over time and set performance targets

To generate excitement about working together to understand and improve care “through the eyes” of residents and their families
1. Do you consider **ensuring** resident and family satisfaction to be a high priority?

☐ Yes
☐ No
☐ I don’t know
2. Do you consider **measuring** resident and family satisfaction to be a high priority?

☐ Yes
☐ No
☐ I don’t know
3. Do you consider working to improve resident and family satisfaction to be a high priority?

☐ Yes
☐ No
☐ I don’t know
The imperative to survey

The health care environment we work in AND the general public are demanding data as evidence of quality of care.

Survey results show all our stakeholders that we’re interested in quality; “acceptability” is the dimension of quality as seen “through the eyes” of our residents and their families and frequent visitors.

Focusing on the experience and the satisfaction of our residents and their families demonstrates that we are actively looking for ways to improve.
Resident + Family Experience = Facility Reputation

- There is a proven link between resident and family experience and consumer/public perception (1)

- Experience is positively and significantly related to consumer perception... and is strongest 6 months later (2)

- Building the best experience requires thinking outside of the walls of your facility

(1) (2) Image, Reputation & Loyalty: VBP Meets Consumerism, Ryan Donohue, Sept 17, 2012
Resident + Family Experience = Facility Reputation

• Being good isn’t enough, we need to be unique and different!

• Your residents and their family members and frequent visitors must be your compass (aka Don Berwick’s “True North”)
But, it isn’t easy.
The challenge is to ensure that ...

• Data from surveys are reliable
• Results justify costs
• Measuring isn’t simply for the sake of measuring
• Time is devoted to:
  – analyzing the results
  – acting on the results
  – determining if actions have resulted in improvements
Resident and Family satisfaction is an indicator of quality

And can influence the delivery of care and services by supporting:

• Identification of priority areas for quality improvement

• Home-to-home comparisons (establishment of benchmarks)

• Sharing of quality improvement ideas

• Examination of the relationship of resident satisfaction with clinical indicators
So, how does your facility shape up?

1. What do you believe is the overall quality of the care and services provided in your facility?

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

Note: This is a “satisfaction” question, asking for a “rating”.
So, how does your facility shape up?

2. What is the **likelihood that you would recommend** the facility where you work to YOUR family and friends?

3. What is the **likelihood that you would** find it be an acceptable place for YOU to live? To receive care?

- [ ] Yes, definitely
- [ ] Yes, probably
- [ ] No

Note: This question is a measure of “loyalty”.
Would your residents say....?

“They give me **exactly** the help I need and want **exactly** when and how I need and want it.”

☐ Strongly Agree
☐ Somewhat Agree
☐ Somewhat Disagree
☐ Disagree Strongly

How do you (really) know?

Do you have information...

☑️ That is representative of your whole population?

☑️ That is collected in a uniform manner?
  • Asking the same questions in the same way so answers are influenced by the respondents' experiences NOT due to how the questions are worded/asked

☑️ That tells you what your residents and families “really think”?
  • Collected so residents and family members/visitors feel no fear of retaliation?
  • Feel their views will be kept anonymous and/or held in confidence?
How do you (really) know?

Do you have information...

✔ That is objective, rather than based on subjective “gut” feelings of care providers?
  • Focused on what is important to residents and their families (not providers)?

✔ That provides a “snapshot” or baseline against which you can compare your progress with improvement efforts over time and against others?
How can we really know ... when we look from the “outside in”?
“Given the intensity of the relationships within care that is 24/7 on a forever basis, the need to have a voice without fear is more important than in other sectors. My sense is that many working in LTC think they know what residents and family have to say. But my experience is that even those who seem vocal usually have a lot more to say (the hallway conversations among family can be pretty intense, as can the private comments by residents). So anything you can do to build on the role of surveys as offering a safe avenue of expression will be well worth it.”
"I'm so glad you are planning a family survey in LTC. I now won't have the chance to be a respondent, but do I ever wish I could have. It is such a position of vulnerability to have a loved one in LTC. You worry about meeting their needs and being a good advocate for them, but you fear what might happen if you complain too loudly. A survey is really a critical tool to let family have a voice without fear. I know far too many families who have serious concerns that they never voice just out of fear of what might happen to the care of their loved one."
What do we know about the care people want, when they need care?

(1) In 2000 and 2001, the Institute of Medicine issued two reports, To Err is Human and Crossing the Quality Chasm, documenting a glaring divergence between the rush of progress in medical science and the deterioration of health care delivery.
Where to begin??!

Right here!

Using the Patient’s Experience to Transform Healthcare.

BC PREMS can help!
Measuring and Improving Experience and Satisfaction with Care in BC

Mandate of BC PREMS:

To develop and implement a provincial strategy for the measurement of satisfaction and experience of care in order to:

1. **enhance the public accountability** of BC’s health system

2. **support the quality improvement initiatives** of health care providers and the Health Authorities

Objective of Experience of Care Surveys:

To obtain province-wide, standardized information from those who have experienced care in a scientifically rigorous and cost-effective manner that permits trending over time and benchmarking.
The Focus of BC PREMS

Is to use survey results to focus on aspects of the personal experience and quality of care to learn what drives overall satisfaction and likelihood to recommend.
The Role of BC PREMS

**BC PREMS’ mandate**

**Survey Design**
- Selection of survey tools with strong psychometrics
- Development of tools or custom questions
- Defining methodology (survey design and sampling plan)

**Data Collection**
- Distributing surveys
- Collecting completed responses/surveys

**Data Processing**
- Processing surveys
- Collating results
- Case mix adjustment; weighting for disproportional sampling, if necessary
- Analyzing data

**Reporting**
- Production of reports (quantitative and qualitative)(graphic and narrative)

**Sharing Results**
- Dissemination of results to all stakeholders
- Public Reporting

**Action Planning**
- Knowledge sharing
- Undertaking point of service QI initiatives
- Target setting for accountability & system level improvement
PREMS’ Accomplishments 2003 - 2013

• Coordination of province-wide surveys in BC for 10 years

• Feedback from more than 1 million users of health care services across 9 sectors/subsectors and all age groups

• Quantitative AND qualitative reporting and analysis

• Practical support to make effective use of data for QI and for accountability

• Public reporting
<table>
<thead>
<tr>
<th>Year</th>
<th>Sector</th>
<th>Methodology</th>
<th>Timeframe</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td>37.6%</td>
</tr>
<tr>
<td>2007</td>
<td>Emergency</td>
<td>Mail; Random sample 103 facilities</td>
<td>Point in time -- 3 months July 1&lt;sup&gt;st&lt;/sup&gt; to September 30&lt;sup&gt;th&lt;/sup&gt;, 2003</td>
<td>32.5%</td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td>As above 111 facilities</td>
<td>Point in time – 3 months February 1&lt;sup&gt;st&lt;/sup&gt; – April 30&lt;sup&gt;th&lt;/sup&gt;, 2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>As above 111 facilities</td>
<td>Continuous May 1&lt;sup&gt;st&lt;/sup&gt;, 2007 to March 31, 2015</td>
<td>30%</td>
</tr>
<tr>
<td>2004</td>
<td>Long Term Care</td>
<td>RESIDENTS: Interview; Census 102 facilities</td>
<td>Point in time -- Oct 2003 to March 2004</td>
<td>48.4% (n=8881)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FAMILY/FREQUENT VISITOR: Mail; Census 102 facilities</td>
<td>All residents and their most frequent visitor (who was sometimes a family member, but not always) in directly funded and managed facilities</td>
<td>69.8% (n=7589)</td>
</tr>
<tr>
<td>2005</td>
<td>Acute Inpatients, Maternity, Pediatrics</td>
<td>Mail 80 hospitals</td>
<td>Point in time – 3 or 6 months</td>
<td>42.2%</td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td>I) June 1&lt;sup&gt;st&lt;/sup&gt; to Nov 30&lt;sup&gt;th&lt;/sup&gt;, 2005</td>
<td>52.8%</td>
</tr>
<tr>
<td>2011/12</td>
<td>Freestanding Rehab (added 2011/12)</td>
<td></td>
<td>II) Oct 1&lt;sup&gt;st&lt;/sup&gt; to Dec 31&lt;sup&gt;st&lt;/sup&gt;, 2008</td>
<td>42.8%</td>
</tr>
<tr>
<td>2006</td>
<td>Outpatient Cancer Care</td>
<td>Mail 5 regional cancer centres and 45 community cancer hospitals/services</td>
<td>Point in time -- 6 months</td>
<td>60.2%</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td>I) Nov 15&lt;sup&gt;th&lt;/sup&gt;, 2005 to May 15&lt;sup&gt;th&lt;/sup&gt;, 2006</td>
<td>TBD</td>
</tr>
<tr>
<td>2008</td>
<td>Mental Health (Riverview Redevelopment)</td>
<td>Interview 14 facilities</td>
<td>Point in time March 1&lt;sup&gt;st&lt;/sup&gt; to 31&lt;sup&gt;st&lt;/sup&gt;, 2008</td>
<td>23.6%</td>
</tr>
<tr>
<td>2010</td>
<td>Mental Health &amp; Substance Use</td>
<td>PATIENTS/CLIENTS: Short stay Inpatient care Handout with telephone follow up</td>
<td>Point in time -- 6 months Oct 12&lt;sup&gt;th&lt;/sup&gt;/2010 to April 11&lt;sup&gt;th&lt;/sup&gt;/2011</td>
<td>70% MH 60% SU</td>
</tr>
<tr>
<td>2011-13</td>
<td>Mental Health &amp; Substance Use</td>
<td>FAMILY/SUPPORTERS: Development of Survey Tool</td>
<td>Focus groups, cognitive interviews, pilot testing – in progress</td>
<td>TBD</td>
</tr>
</tbody>
</table>
Background of LTC surveys in BC

Oct 2003 to March 2004:
  • Province-wide survey of matched sample of Residents and Family/Frequent Visitors in 102 directly funded and managed homes, using Smaller World Communications (SWC) tool developed in Canada

February 2011:
  • BC PREMs commissioned a review of survey tools (Faye Schmidt, PhD) in use in Canada and internationally

September 2012:
  • Discussions with HCIC Executive Leadership Team

March 2013:
  • Healthy Authorities and MoH undertake 2013/14 ranking exercise of sector priorities
Evaluation criteria for review of LTC tools

Five tools were shortlisted based on the lit review and contacts made across North America; each was then further reviewed against the following criteria\(^{(1)}\):

1. Tool Overview and Fit
2. Psychometric Properties
3. Benchmarking
4. Scope of the Data
5. Quality Improvement
6. Language
7. Administrative Burden

\(^{(1)}\) Criteria used for tool selection for all sector surveys in BC since 2003
Learning #1: LTC surveying is an active, growing area

Noticeable increase in activity reported in the literature over last 5 years – some states/provinces have mandated surveys in LTC

For example,

*Advancing Excellence in America’s Nursing Homes Campaign*
  Goal 7: Assessing Resident and Family Satisfaction with the Quality of Care

*Ontario LTCHA/OHQC*

85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. (2) A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly. 2007, c. 8, s. 85 (2).

**HOWEVER, no one tool has yet emerged as the single leading choice.**
Survey Tools/Instruments

- Range in length/number of questions
- Utilize a range of scales: open-ended responses, yes/no (dichotomous), Likert (3 to 7 options), visual analogue
- Cover different domains; most common domains = environment, meals, treatment, caregivers, activities, trust, security; continuity and consistency in care are not well covered in any tools
Learning #2: Defining the target population is critical

Issues:

- Ability of residents to provide input
- Cost and effort of gathering resident input

Solution of convenience:

- Gather proxy input from Family/Frequent Visitors

**BUT** research shows Family/Frequent Visitor views differ from those of residents:

Ontario’s position:

“Family is not a proxy; separate stakeholder group”

Natalie Ceccato, LTC Reporting Project Manager
LTC Applied Research Education Day, OLTCA
Implementation Considerations

- Higher response rates with in-person interviews of residents; Families/Frequent Visitors surveys garner good response rates with mailed surveys (or mail with web self-report option)

- Few studies identify sample size or sampling process
  - Sample size is critical to measure changes within a home and between homes (census vs sample)
  - Inclusion/exclusion criteria need to be clearly defined and standardized
Implementation Considerations continued:

- To conduct cognitive screening or not?

- Determine if necessary to differentiate between different populations
  For example:
  - short and long stay
  - length of time resident has resided in the home/ensure long enough to be able to comment on care and services
Learning #3: Fielding methodology differs for Residents vs F/FVs

• There is general agreement that the best approach with LTC residents is an in-person interview conducted by a neutral interviewer

• Benefits include:
  – Allows the greatest number of residents to participate
  – Offers opportunities for clarification of survey questions
  – Can be structured to address vision, hearing and other limitations
  – Can readily allow for a capacity screen to be built into the interview (e.g., a set number of attempts to conduct an interview can be established, a set number of inappropriate answers can be established, etc.)

• Mailed, paper & pencil surveys are fine for Family/FV’s
Learning #4: 
Differing approaches to in/exclusion criteria

• Pre-screening based on cognitive capacity vs including all residents is a HOT topic

• Examples:
  – BC’s use of SWC tool in 2003/04 attempted to include all; Ontario uses the same approach
  – Alberta’s use of NHCAHPS pre-screened residents; SK used CPS and nursing review to pre-screen

• Conclusion:

  “While there are divergent opinions, it appears that the majority of the literature supports the inclusion of all residents in the survey sample frame and also highlights the need to be careful in ensuring the design of the survey and its approach to fielding are supportive of resident participation.” (F. Schmidt, 2011)
Population

Guiding Principles:

- Include as many residents as possible
- Family is not a proxy, rather should be viewed as a separate stakeholder group
LTC Survey Tools that met BC PREMS’ criteria

Tools with versions for Residents AND Family/FVs:
1. Smaller World Communications (SWC) Long-Term Care Survey (tool used in BC in 2003/04)
2. Consumer Assessment of Healthcare Providers and Systems Nursing Home Survey (NHCAHPS) (Used in Ontario and Alberta)
3. Ohio’s Nursing Home Satisfaction Survey (OHIO) (used in FHA)
4. My InnerView (MIV)
5. Press Ganey Nursing Home Survey (NH)
6. Gallup Long-Term Care / Extended Care Patient Satisfaction Tool (Gallup)

Tools with versions for Family/FV only:
1. Market Decisions
2. Nursing Facility Family Satisfaction Questionnaire (NF-FSQ)
And the best tool choice for BC is ...?

Well, IT ALL DEPENDS on your objectives...

Although the SWC and OHIO tools both performed well in the Schmidt review, the decision depends on the relative importance various factors.

If the most important factors is...

1. **External benchmarking** (i.e., with facilities, locations, etc. outside of BC) then the tool of choice is: **NHCAHPS**

2. **Trending BC data over time and making internal comparisons** (i.e., comparisons between facilities, regions, etc. within BC) then the tool of choice is: **SWC**

3. **Psychometric performance** then the tool of choice is: **OHIO**
Let’s take a (quick) look back…

… at the high level results of 2003/04 Resident and Family surveys in BC
The Resident Experience: Survey Results (2004)

“Overall, how would you rate the quality of care you and services you receive here?”

- Canada LTC: 78.7%
- BC Overall: 80.2%
- BC LTC Avg (< 51 beds): 84.0%
- BC LTC Avg (51-125): 82.5%
- BC LTC Avg (> 125 beds): 77.1%

NB: Scores shown represent the % of respondents who selected “Good”, “Very Good” or “Excellent” in response to the question.
The Resident Experience: Survey Results (2004)

“If long term care were needed for another family member or friend, would you recommend this facility?”

<table>
<thead>
<tr>
<th>% Positive Score</th>
<th>BC Overall</th>
<th>Canada LTC Avg</th>
<th>BC LTC Avg (&lt;51 beds)</th>
<th>BC LTC Avg (51-125 beds)</th>
<th>BC LTC Avg ( &gt; 125 beds)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>77.6%</td>
<td>78.3%</td>
<td>79.5%</td>
<td>81.3%</td>
<td>73.6%</td>
</tr>
</tbody>
</table>

NB: Scores shown represent the % of respondents who selected “Yes” in response to the question.
The Resident Experience: Survey Results (2004)

A domain represents an aspect of resident-centred care. Each question in a domain has been statistically shown to relate to what the domain measures.
The Frequent Visitor Experience: Survey Results (2004)

“How would you rate the facility at taking care of your family member’s needs?”

<table>
<thead>
<tr>
<th>Category</th>
<th>% Positive Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada LTC Avg</td>
<td>88.2%</td>
</tr>
<tr>
<td>BC Overall</td>
<td>88.7%</td>
</tr>
<tr>
<td>BC LTC Avg (&lt; 51 beds)</td>
<td>90.9%</td>
</tr>
<tr>
<td>BC LTC Avg (51-125 beds)</td>
<td>91.6%*</td>
</tr>
<tr>
<td>BC LTC Avg (&gt;125 beds)</td>
<td>85.3%*</td>
</tr>
</tbody>
</table>

NB: Scores shown represent the % of respondents who selected “Good”, “Very Good” or “Excellent” in response to the question.
The Frequent Visitor Experience: Survey Results (2004)

“If this type of care were required for another family member or friend, would you recommend this facility?”

<table>
<thead>
<tr>
<th>Category</th>
<th>% Positive Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada LTC Avg</td>
<td>62.3%</td>
</tr>
<tr>
<td>BC Overall</td>
<td>62.3%</td>
</tr>
<tr>
<td>BC LTC Avg (&lt; 51 beds)</td>
<td>69.1%</td>
</tr>
<tr>
<td>BC LTC Avg (51-125 beds)</td>
<td>69.1%</td>
</tr>
<tr>
<td>BC LTC Avg (&gt;125 beds)</td>
<td>53.6%</td>
</tr>
</tbody>
</table>

NB: Scores shown represent the % of respondents who selected “Definitely Recommend” in response to the question.
The Frequent Visitor Experience: Survey Results (2004)

Frequent Visitor-Centred Domains

- **Living Environment**: BC Overall - 75.6%, Canada LTC Avg - 74.6%
- **Activities**: BC Overall - 66.1%, Canada LTC Avg - 65.3%
- **Communication**: BC Overall - 86.0%, Canada LTC Avg - 84.6%
- **Assistance with Eating**: BC Overall - 64.7%, Canada LTC Avg - 64.7%
- **Care and Services**: BC Overall - 79.2%, Canada LTC Avg - 78.2%
- **Global Quality**: BC Overall - 87.6%, Canada LTC Avg - 87.3%

The domains in the Family/Frequent Visitor survey tool **DIFFER** from the domains in the Resident survey tool.
Now, a look forward ... 
....what road to take?
1. Launch your project
2. Set your goals
3. Do your homework
4. Identify the who
5. Decide on how
6. Write & test your tool
7. Collect your info
8. Get your results
9. Make it matter
Next steps: Don’t reinvent the wheel!

There are **very good** tools available in the public domain.

1. Choose one
2. Conduct a gap analysis to define any gaps/missing areas
3. Develop, test, add “your” custom/additional questions
4. Field the survey
From data collection...  
To dissemination of results...  
To acting on results...  
REPEAT!

"Only when data has been analyzed, interpreted and presented in a manner that makes it understandable and useful to others does it become information"

Michael Murray, PhD
Knowing about your Resident and Family/FV satisfaction and experience means knowing:

- What data are available – quantitative and qualitative
- What your data are telling you (the INFORMATION!)
- Who is responsible and accountable
- How to support staff to improve performance
Remember:
Resident and Family satisfaction is...

An indicator of **QUALITY** that will influence the delivery of care and services by supporting:

- Identification of priority areas for quality improvement
- Home-to-home comparisons—establishment of benchmarks
- Sharing of quality improvement ideas
- Examination of the relationship of resident satisfaction with clinical indicators
And ... BC PREMS can help!

- survey tool selection
- question customization
- survey implementation
- project management
- analysis of results
- formatting/reporting results
- establishing performance targets
- using results to make improvements

For more info: lcuthbertson@providencehealth.bc.ca