

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:
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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

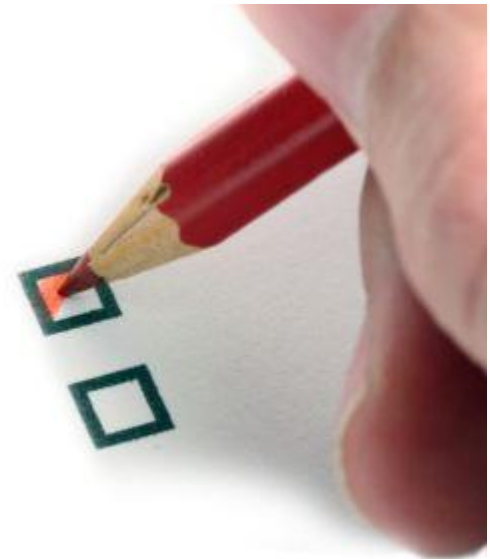


2. Do you consider measuring resident and family satisfaction to be a high priority?

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

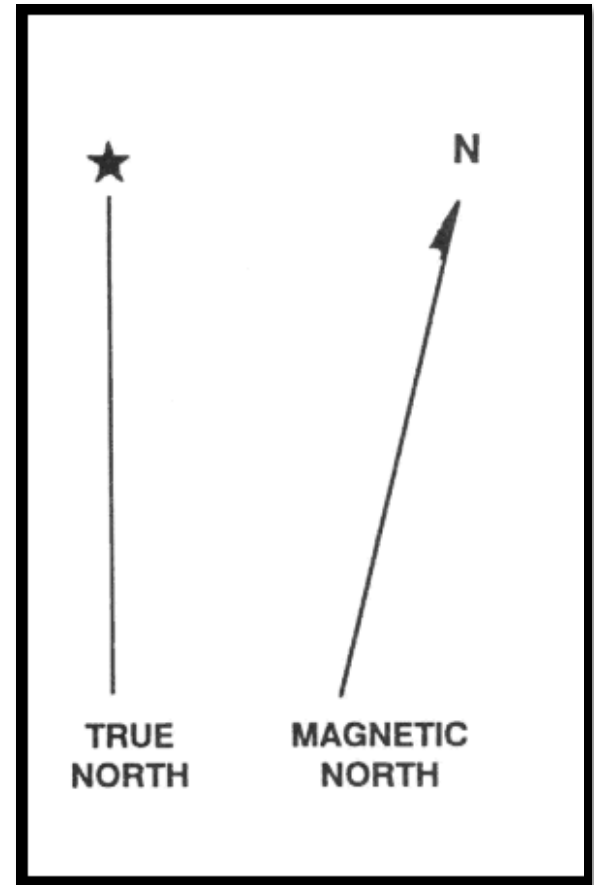
Focusing on the experience and the satisfaction of our residents and their families demonstrates that we are actively looking for ways to improve

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

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

Source: How's Your Health survey, <http://www.howsyourhealth.com>; question originally created by Don Berwick, <http://content.healthaffairs.org/content/28/4/w555.full>

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?

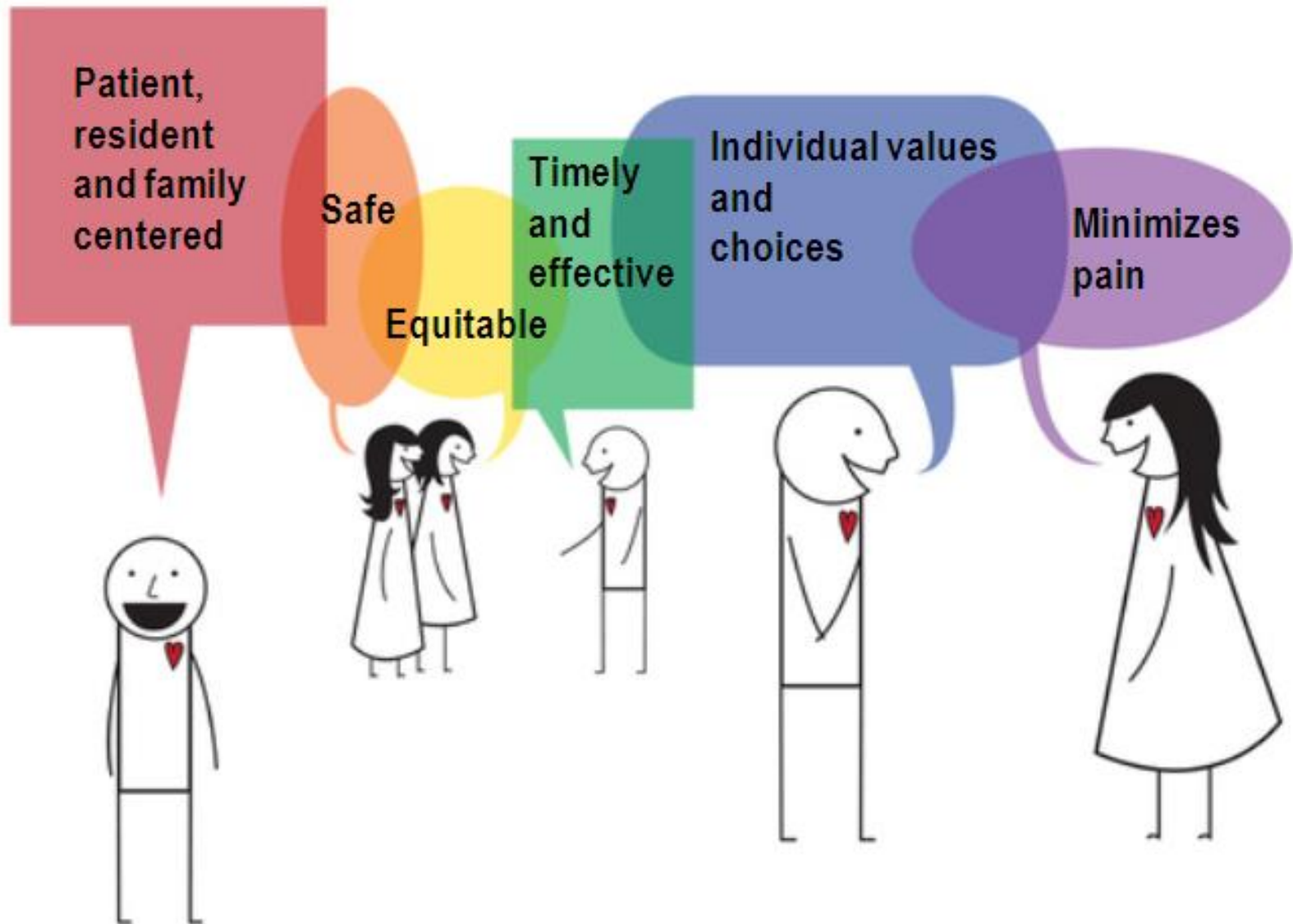


How can we really know ...
when we look from the “*outside in*”?

“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.

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:

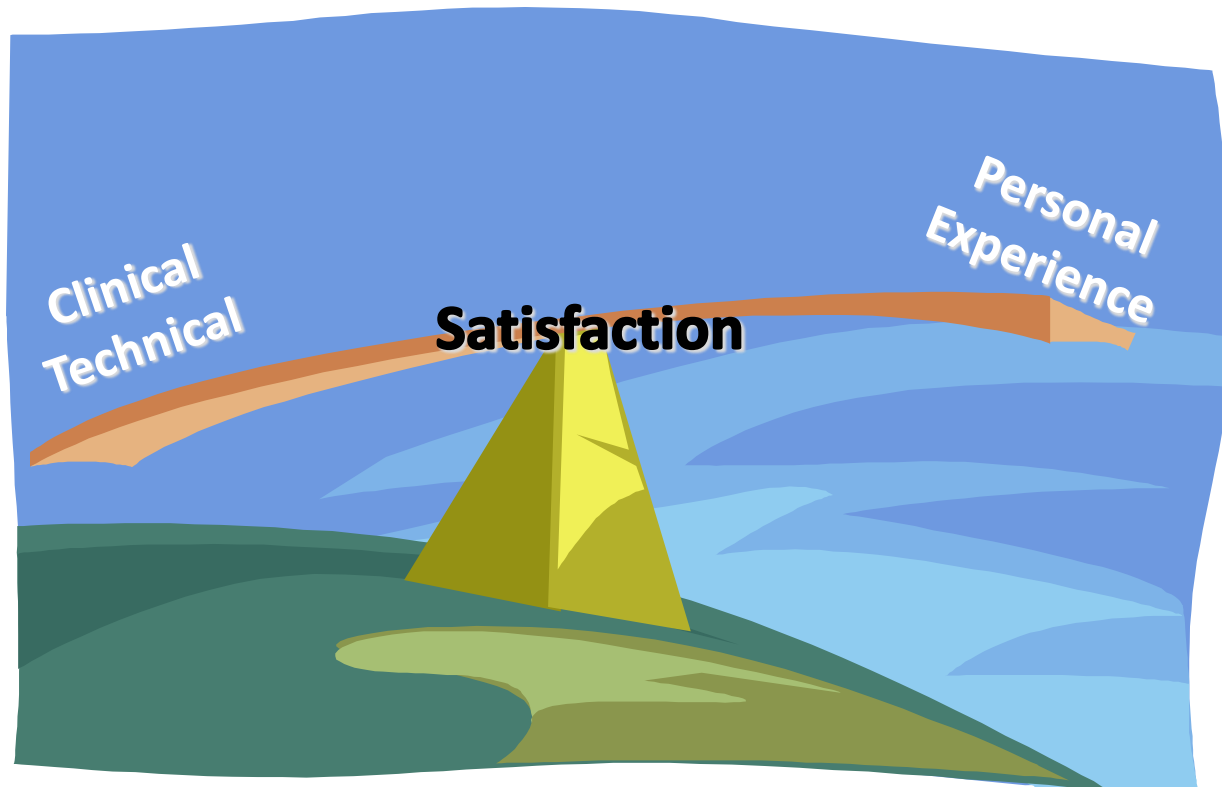
1. enhance the public accountability
of BC's health system
2. support the quality improvement initiatives
of health care providers and the Health Authorities

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.

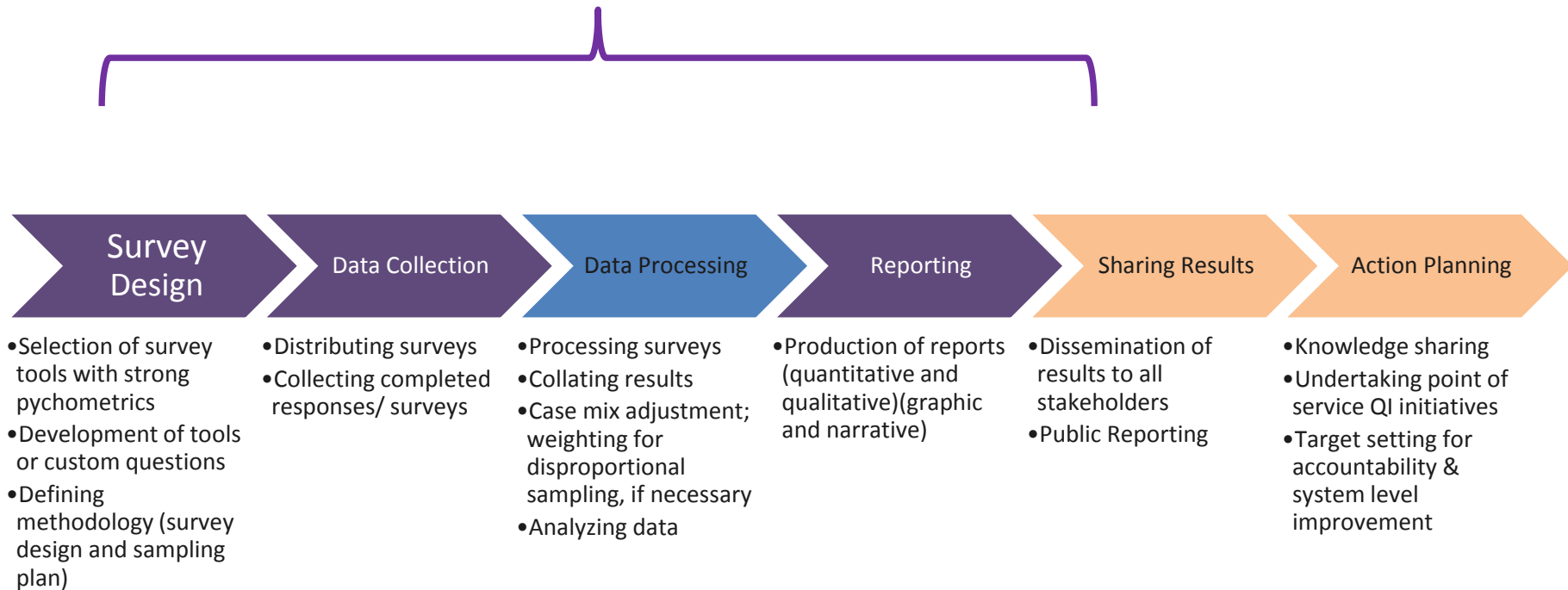
The Focus of BC PREMS

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



BC PREMS Sectors Surveys 2003 - 2013

Year	Sector	Methodology	Timeframe	Response Rate
2003	Emergency	Mail; Random sample 103 facilities	Point in time -- 3 months July 1 st to September 30 th , 2003	37.6%
2007		As above 111 facilities	Point in time – 3 months February 1 st – April 30 th , 2007	32.5%
2007 to 2015		As above 111 facilities	Continuous May 1st, 2007 to March 31, 2015	30%
2004	Long Term Care	RESIDENTS: Interview; Census 102 facilities	Point in time -- Oct 2003 to March 2004 All residents and their most frequent visitor (who was sometimes a family member, but not always) in directly funded and managed facilities	48.4% (n=8881)
		FAMILY/FREQUENT VISITOR: Mail; Census 102 facilities		69.8% (n=7589)
2005 2008 2011/12	Acute Inpatients, Maternity, Pediatrics Freestanding Rehab (added 2011/12)	Mail 80 hospitals	Point in time – 3 or 6 months I) June 1 st to Nov 30 th , 2005 II) Oct 1 st to Dec 31 st , 2008 III) Oct 1 st /11 to Mar 31/12	42.2% 52.8% 42.8%
2006 2012	Outpatient Cancer Care	Mail 5 regional cancer centres and 45 community cancer hospitals/services	Point in time -- 6 months I) Nov 15 th , 2005 to May 15 th , 2006 II) June 15 to December 16, 2012	60.2% TBD
2008	Mental Health (Riverview Redevelopment)	Interview 14 facilities	Point in time March 1 st to 31 st , 2008	23.6%
2010	Mental Health & Substance Use	PATIENTS/CLIENTS: Short stay Inpatient care Handout with telephone follow up	Point in time – 6 months Oct 12 th /2010 to April 11 th /2011	70% MH 60% SU
2011-13	Mental Health & Substance Use	FAMILY/SUPPORTERS Development of Survey Tool	Focus groups, cognitive interviews, pilot testing – in progress	TBD

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

Number of Questions

Topic Areas Covered (Domains)

Rating Scale Used

Psychometric Properties Tested

- 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”

Implementation Considerations

**Survey
Mode**

**Sample
Size**

**Sampling
Process**

**Cognitive
Screen**

**Length of
Stay**

- 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:

**Survey
Mode**

**Sample
Size**

**Sampling
Process**

**Cognitive
Screen**

**Length of
Stay**

- 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

Cognitive
Ability

Survey
Burden

Different
languages
and cultures

Willingness to
Participate

Family
members

Health Status

Age

Gender

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...

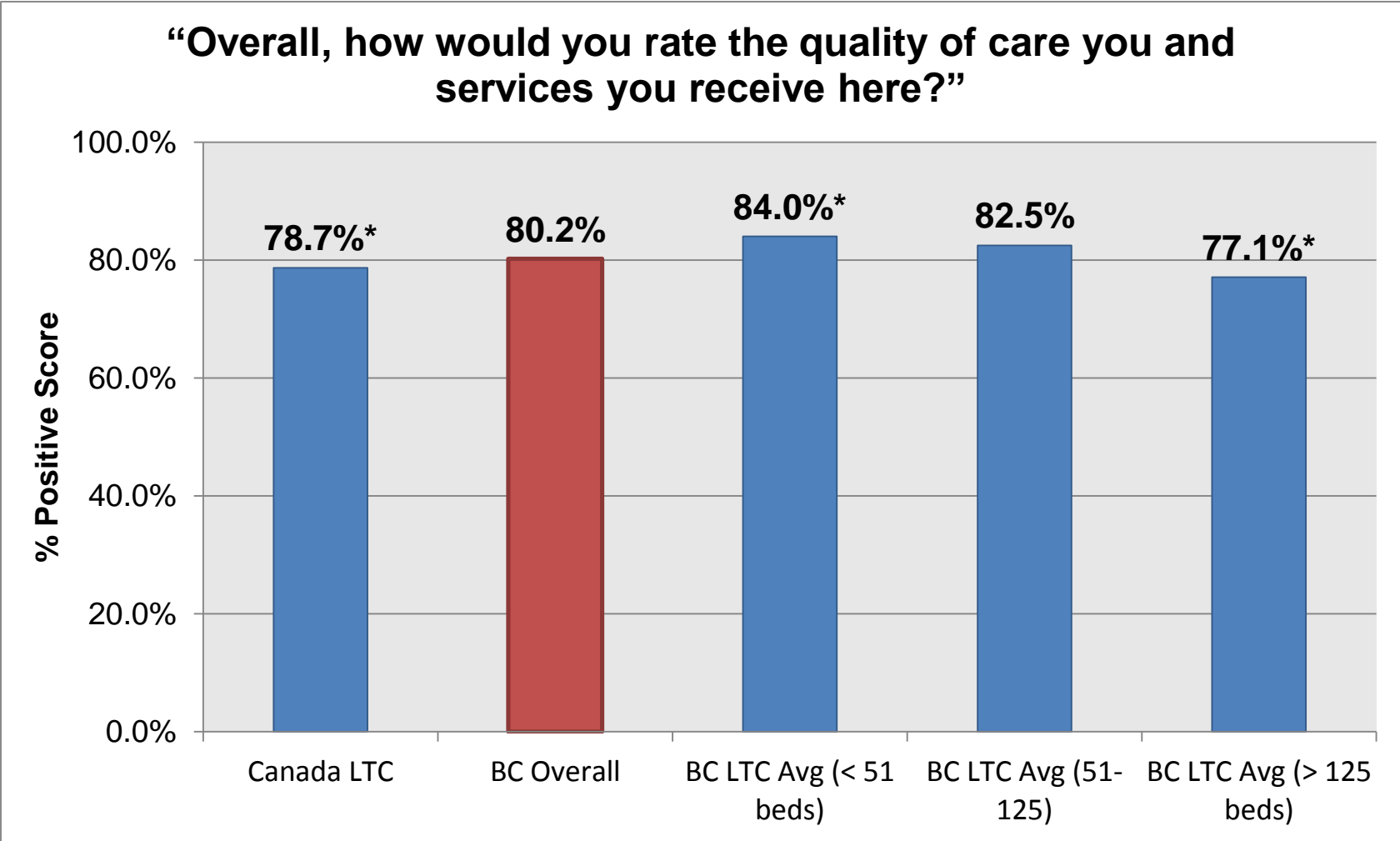
1. **External benchmarking** (i.e., with facilities, locations, etc. outside of BC) then the tool of choice is: **NHCAHPS**
2. **Trending BC data over time and making internal comparisons** (i.e., comparisons between facilities, regions, etc. within BC) then the tool of choice is: **SWC**
3. **Psychometric performance** then the tool of choice is: **OHIO**

Let's take a (quick) look back...



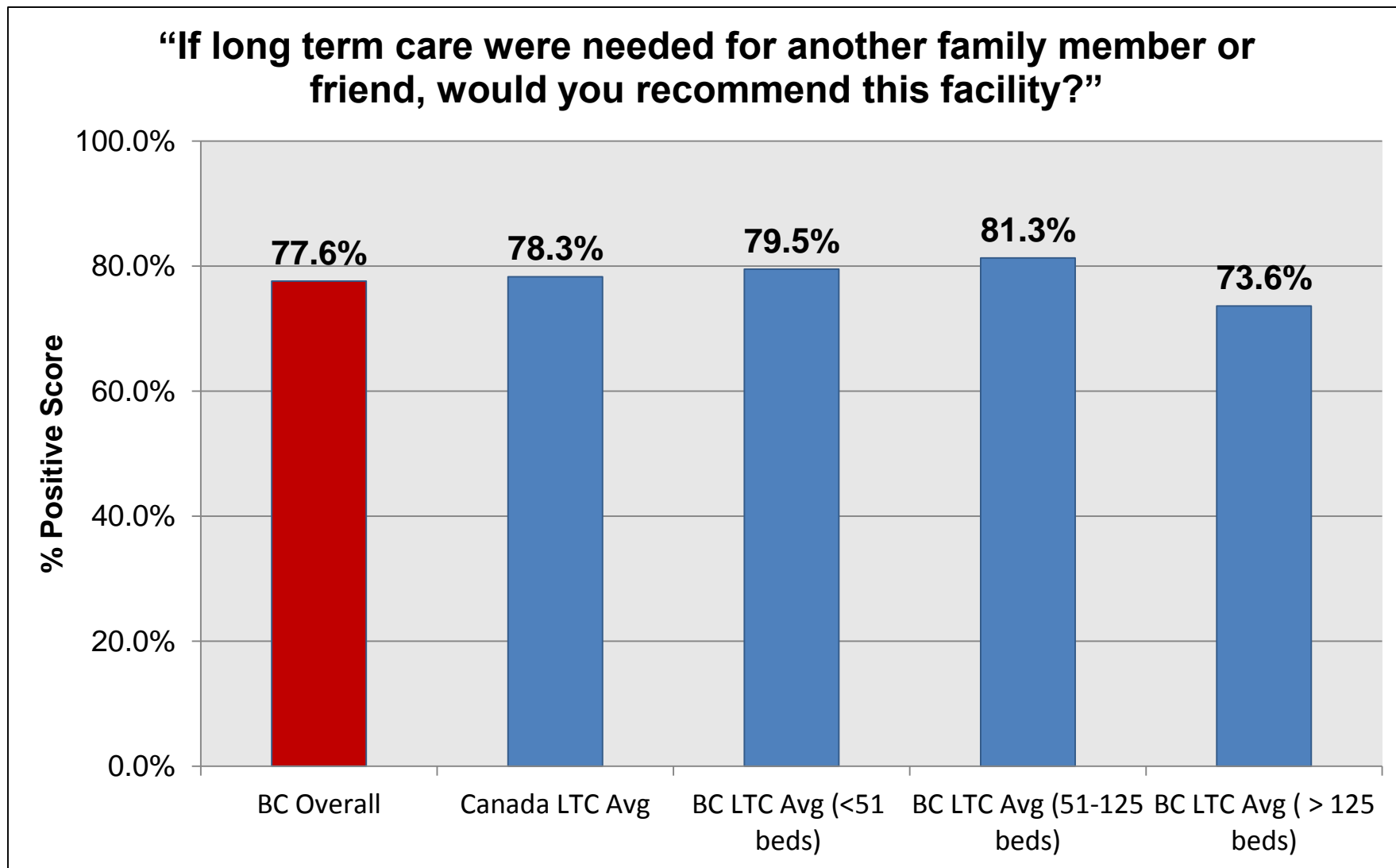
... at the high level results of 2003/04
Resident and Family surveys in BC

The Resident Experience: Survey Results (2004)



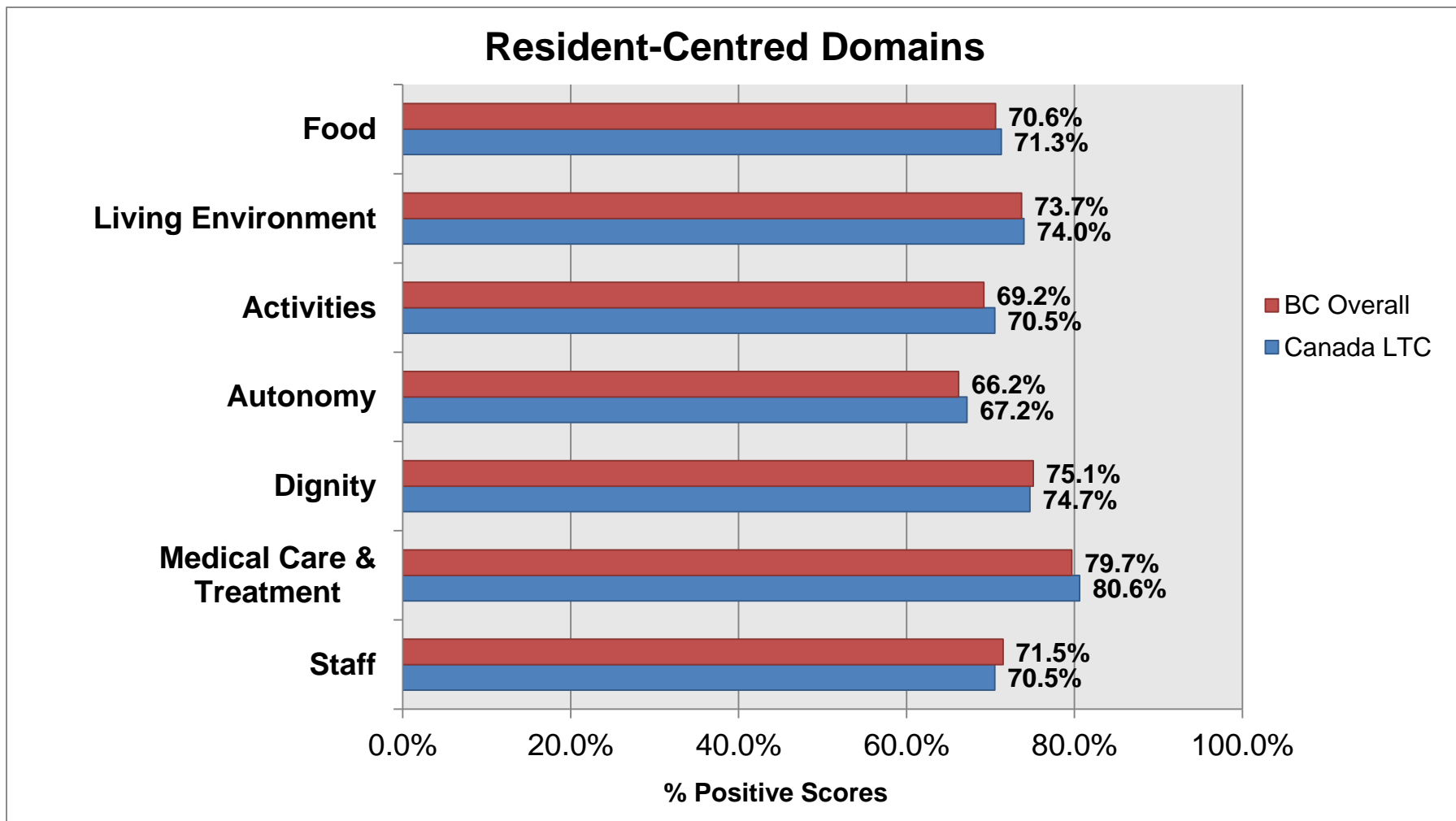
NB: Scores shown represent the % of respondents who selected “Good”, “Very Good” or “Excellent” in response to the question.

The Resident Experience: Survey Results (2004)



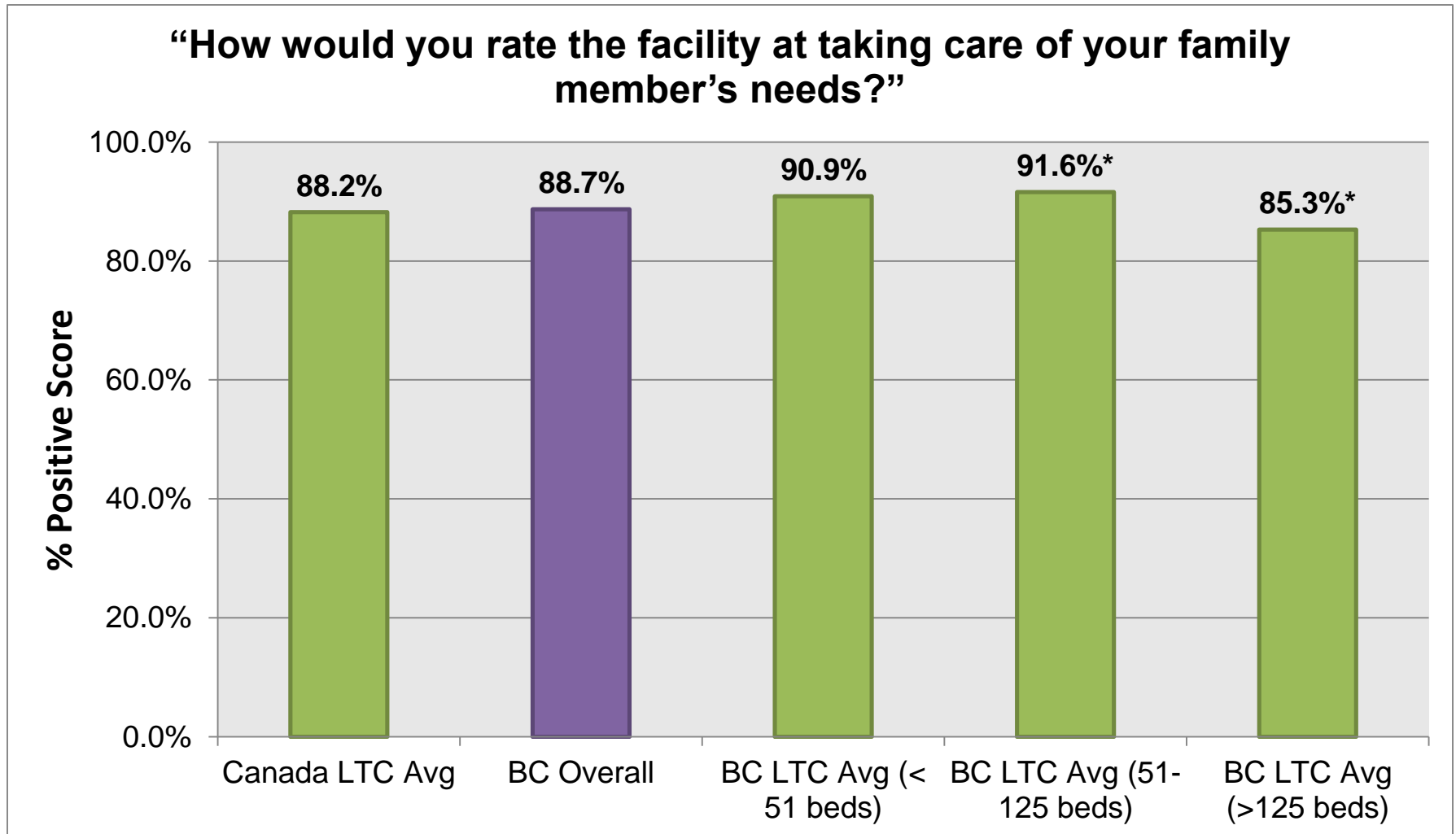
NB: Scores shown represent the % of respondents who selected “Yes” in response to the question.

The Resident Experience: Survey Results (2004)



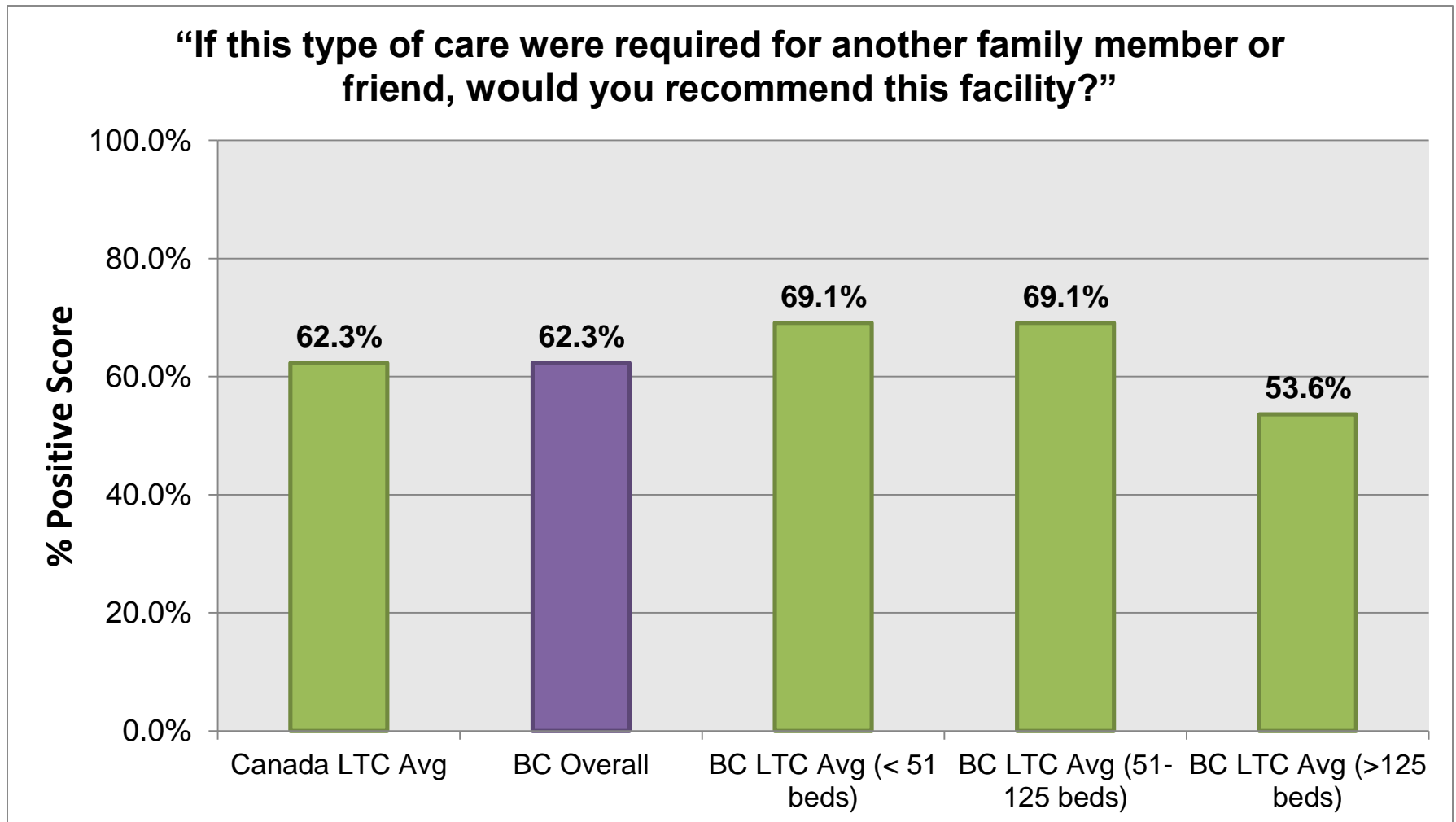
A domain represents an aspect of resident-centred care. Each question in a domain has been statistically shown to relate to what the domain measures.

The Frequent Visitor Experience: Survey Results (2004)



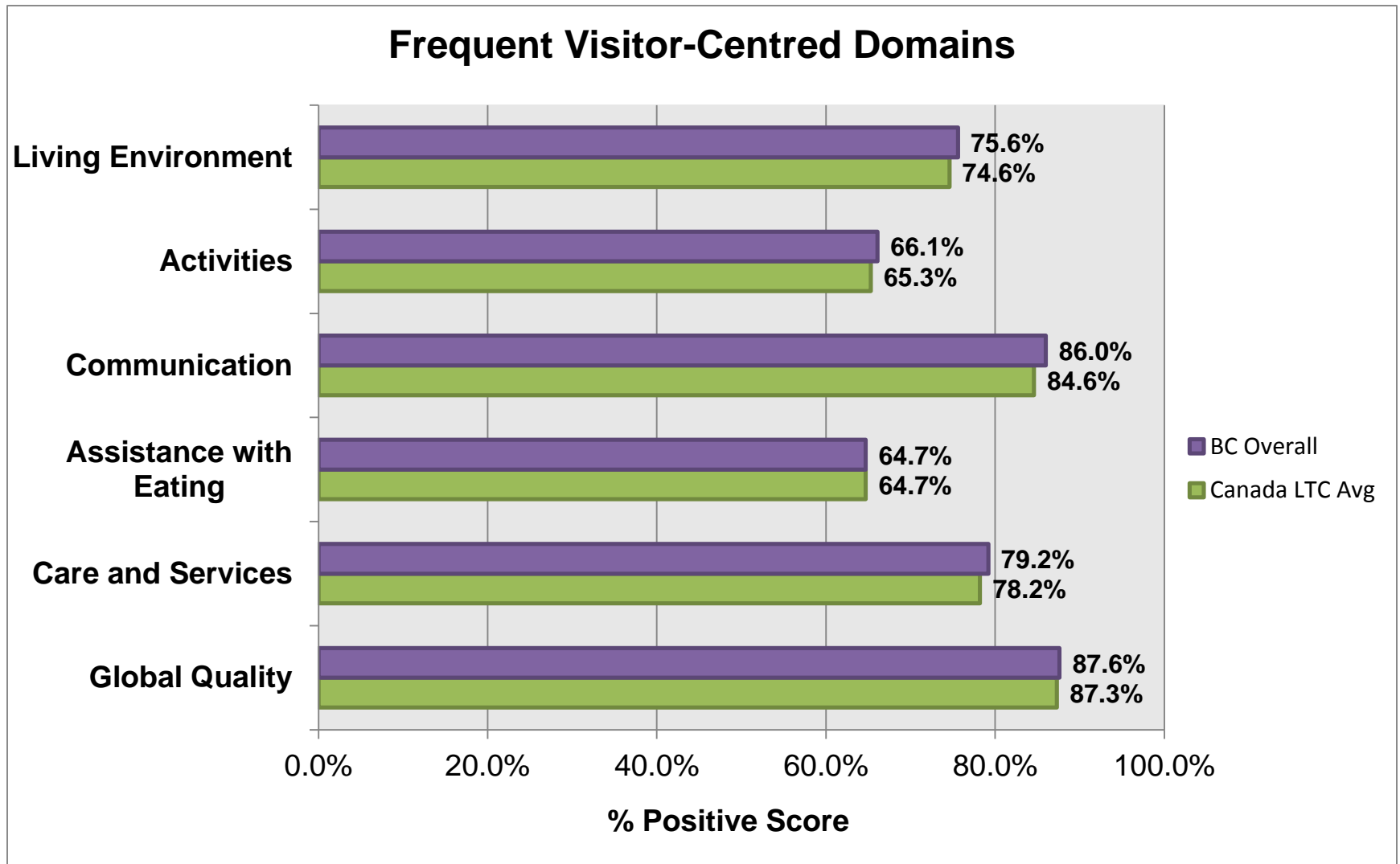
NB: Scores shown represent the % of respondents who selected “Good”, “Very Good” or “Excellent” in response to the question.

The Frequent Visitor Experience: Survey Results (2004)



NB: Scores shown represent the % of respondents who selected “Definitely Recommend” in response to the question.

The Frequent Visitor Experience: Survey Results (2004)



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?**



9. Make it matter

8. Get your results

7. Collect your info

6. Write & test your tool

5. Decide on how

4. Identify the who

3. Do your homework

2. Set your goals

1. Launch your project

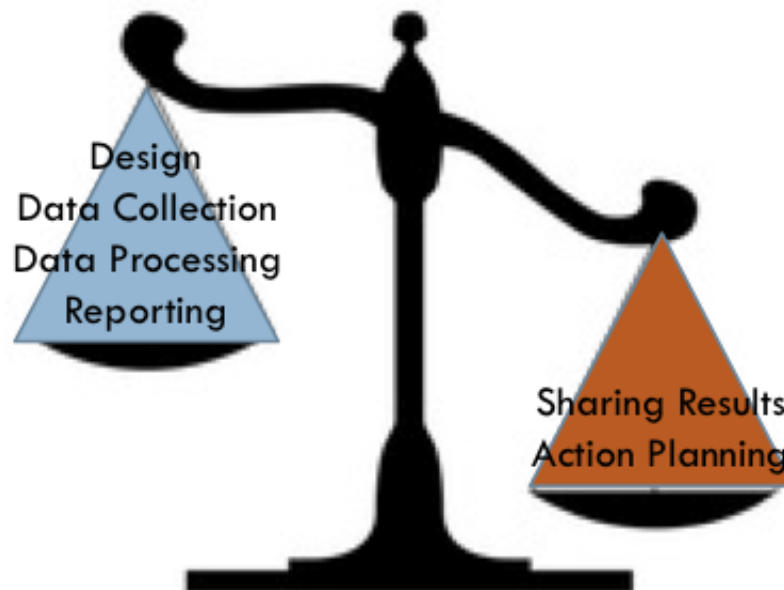
Next steps: Don't reinvent the wheel!



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

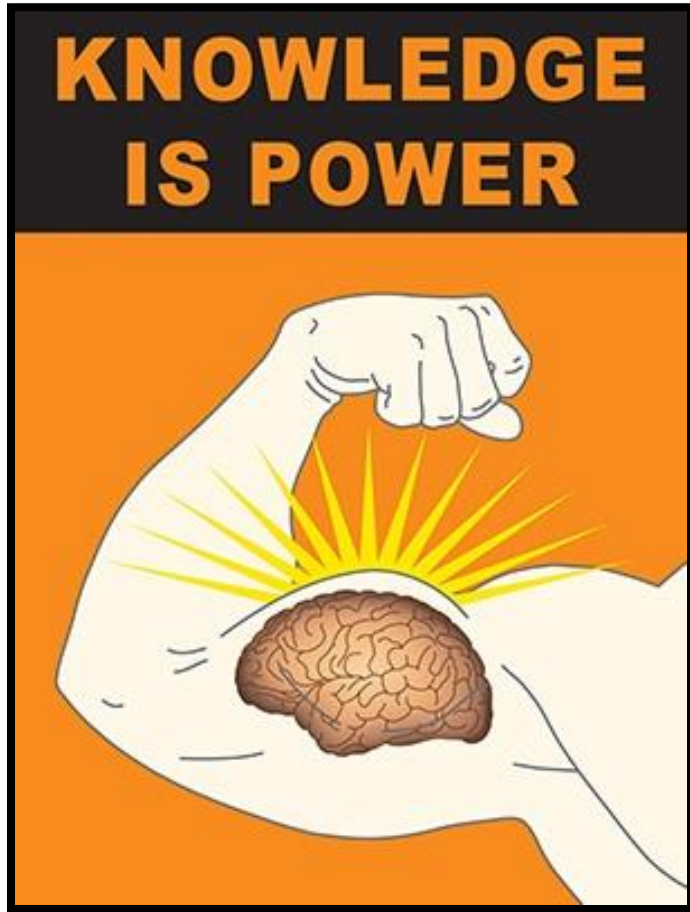
From data collection...
To dissemination of results...
To acting on results...
REPEAT!



"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

