



Frequently Asked Questions about the Minnesota Resident Satisfaction Survey

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What is the Minnesota Nursing Facility satisfaction survey?

The Minnesota Department of Human Services and Department of Health require performance measurement and public reporting for all Minnesota Medicaid-certified nursing facilities. A standardized survey and interview procedure will be administered in order to measure satisfaction with your nursing facility. Current residents will participate in face-to-face interviews conducted by trained and supervised interviewers, and family representatives for all current residents will receive a mailed satisfaction survey. Family representatives will have the option to complete the survey online or on paper.

What is the purpose of the Minnesota Nursing Facility satisfaction survey?

The purpose of the 2010 survey is:

- 1) To increase nursing facility awareness of resident and family perspectives of their services;
- 2) To aid nursing facilities in making quality improvement plans; and
- 3) To provide an online public report that will help people who are looking for a nursing facility understand how the people who live there feel about it. The report card is available to the public at <http://www.health.state.mn.us/nhreportcard/> and will include Resident Satisfaction information. Family satisfaction results will not be made public on the NH Report Card this year.

Who is funding this project?

The Minnesota Department of Human Services is funding the Minnesota Resident and Family Satisfaction Survey project.

What is the sampling plan for Minnesota?

FAMILY SURVEY. Facilities will be responsible for submitting a list of primary responsible parties for all residents at the facility. A minimum of 95% of residents must have an identified primary responsible party. Facilities that do not provide a primary contact person for at least 95% of their residents will be reported to DHS. Every family representative at your facility will receive a survey, giving all families an opportunity to participate. Approximately two weeks after receiving the survey, families will receive a reminder card in the mail to encourage participation. We will calculate the number of returned surveys to meet the margin of error for your facility. If the number of returned surveys does not meet the margin of error, we will conduct phone interviews with family representatives who did not return their survey.

RESIDENT INTERVIEWS. We are conducting proportional stratified random sampling based on intent of admission (short-stay or long-term). The number of interviews to complete will be based on the resident census list that is submitted to Vital Research two weeks prior to the survey date. For long-term residents, we will interview from among only those residents who are in your facility the day you transmit the census list to us. That is, the list is frozen at that point in time. MDS data are used to calculate the Cognitive Performance Scale (CPS) score for each resident and residents with CPS 6 (very severely cognitively impaired) will be removed from the resident census list. For nursing facilities larger than 40 residents, a random sample of long-term residents will be selected at Vital Research and provided to the interviewers. For smaller facilities, the interviewers will receive the entire list and all residents will be asked to participate in the survey.

On the day of the interviews, you will be asked to provide an updated list of all short-stay residents. Interviewers will know how many interviews to complete from that list, as well as how many interviews to complete with long-term residents from the list they were given by Vital Research. On the day of the interview, you will also be asked to

provide a list of all residents in isolation or whose guardians have requested that they not be interviewed. Interviewers will cross those residents off their long-term and short-stay lists.

What is the definition of a Short-stay resident?

Short-stay residents are residents with the intent to stay fewer than 30 days, such as for rehabilitation or respite care.

Who was responsible for developing and testing the satisfaction survey?

The University of Minnesota developed both the Minnesota Resident Satisfaction Survey and the Minnesota Family Satisfaction Survey used in this project. These surveys have been extensively tested for reliability and validity.

How are interviewers trained?

Interviewers undergo an intensive 3-day training that includes classroom instruction and supervised practice interviews of residents. They learn how to administer a structured interview the same way to each resident and the same way as all the other interviewers are administering the survey. They are taught to approach each resident on the list with a positive attitude, regardless of appearance, believing that he or she will be able to provide opinions about their nursing facility experiences. If a resident gives no answer, or gives answers that are not related to the stated question, to four questions in a row, the interview is discontinued and the resident is thanked for their time and helpfulness. If the resident gets tired in the middle of the interview, the interviewer may come back at a later time to complete it. Interviewers also learn that they are not conducting an observation study, and that their own personal views about a nursing facility are not relevant. Interviewers serve a unique role as a vehicle for the opinions of residents. The three trained supervisors in the state will visit different

interviewers each day in your nursing facilities, conducting quality assurance activities and providing reinforcement and corrective feedback.

Why should a nursing facility participate in the statewide survey?

The statewide survey is an opportunity for nursing homes to view resident and family opinions that can be compared with statewide opinions. Nursing facilities will be provided with the overall scores on quality of life and resident satisfaction as well as family satisfaction and may use the information for quality improvement purposes, newsletters, or other materials. For residents and families, choosing a nursing facility is a difficult decision. The more information people have about every nursing facility, the better decisions they can make. By participating in standard satisfaction surveys, a nursing facility broadens its opportunity to convey information to new customers.

How many nursing facilities are likely to participate in the survey?

All Medicaid-certified nursing facilities in Minnesota will participate in the survey.

Will family or resident answers hurt the nursing facility?

The philosophy and purpose of the resident and family satisfaction surveys are not to identify “bad apples,” but rather to learn how residents and families view their experiences and to provide an opportunity to make things better, from the consumer’s point of view. The best way to help the nursing facility is for residents to provide honest opinions.

Can we get a copy of the results?

The Department of Human Services will provide you with your results compared with statewide data. The results of the Resident Survey will be available to the public on the Internet in the Nursing Home Report Card:

<http://www.health.state.mn.us/nhreportcard/>. The information will inform people who are looking for a nursing facility about how the people who live there feel about the facility. There are no plans to include the results of the Family Survey on the Nursing Home Report Card.

Is this a confidential survey?

Yes. All surveys are sent directly to the independent research organization, Vital Research. The surveys use identification numbers assigned by Vital Research to keep answers confidential. Only a summary of the results will be reported.

How long does the resident interview take?

The interview is brief and takes approximately 15-20 minutes to complete.

Why are residents with dementia being interviewed?

Residents with dementia comprise the largest and most vulnerable group of nursing facility residents. Their inclusion strengthens the reliability of the results and provides a more realistic view of residents' experience in nursing facilities. It is ethical to try to include all residents' perspectives. If the majority of residents are systematically omitted from satisfaction surveys, the information cannot be considered realistic.

In nursing home satisfaction research, families and nursing facility staff once served as surrogates for residents because their varying levels of dementia led some to believe that they could not speak for themselves. Numerous research groups worked in the 1990s to develop reliable and valid resident satisfaction tools to capture perceptions of nursing facility residents, including those with dementia. The survey being used for this statewide project has been designed and field-tested for use with this population. Only those residents with a Cognitive Performance Scale (CPS) of 6 (very severely impaired) will be excluded for purposes of drawing the random sample. The interviewer training

program, which includes methods proven to achieve a high response rate, is based on Vital Research's decade of experience conducting over 175,000 resident interviews. The interviewers are trained in how to interview residents who are cognitively impaired and/or hearing impaired. They are trained in strategies for handling challenging situations and know when to discontinue an interview if a resident is non-responsive.

Why not just ask the people with the highest cognitive functioning about their satisfaction?

Residents with dementia comprise the largest and most vulnerable group of nursing facility residents. Their inclusion strengthens the reliability of the results and provides a more realistic view of residents' experience in nursing facilities. It is ethical to try to include all residents' perspectives. If the majority of residents are systematically omitted from satisfaction surveys, the information cannot be considered realistic.

Why not let staff or families guide the interviewer to residents who can be interviewed?

Interviewers use questions and techniques that are specially designed to elicit answers from residents with impairments. People who appear unresponsive or uncooperative to family members or staff may very well be able to participate in an interview.

Why not let the staff and families answer for residents?

Many studies have shown that staff and families provide different answers from one another and different answers from residents. Each group's opinions are important, but cannot substitute for one another.

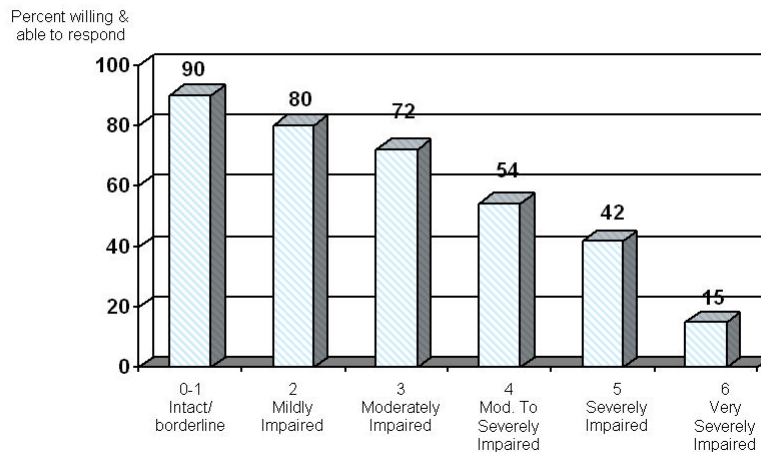
To what extent are residents with dementia being included in nursing facility consumer satisfaction surveys today?

A number of resident satisfaction tools are being implemented statewide in order to inform consumers of residents' perspectives, including those with dementia:

Year	Location	Interviewing Methodology
2004	British Columbia	Every resident in every nursing facility invited to participate
2002, 2003, 2007, 2009	Ohio	Sample of residents in every nursing facility and residential care facility
2005 and 2006	Rhode Island	Resident sampling plan similar to Ohio

Here is an example of response rates for residents of different cognitive levels, when using a satisfaction tool designed specifically for use across all cognitive levels.

Responsiveness to Interview by Cognitive Performance Scale (CPS) Score



What are the characteristics of a resident satisfaction tool that is appropriate for residents across cognitive levels?

Resident satisfaction tools should be multi-dimensional, covering various aspects of daily experience in the nursing facility. The questions should be concrete, rather than abstract. Questions should be short and free of conditional phrases and clauses. Thus they are one-step questions that a resident can remember the beginning of by the time

the interviewer gets to the end of the question. For large-scale satisfaction surveying, it is important that the questions have closed-ended and few response categories (yes, no; always, sometimes, never; always, sometimes, hardly ever, never). Residents with a Cognitive Performance Scale (CPS) from 0 to 2 will usually elaborate on the answer category they select, adding a conditional statement, an example, or synonyms. At approximately CPS level 3, some people begin to have difficulty composing narrative answers, and especially at levels 4 and 5, residents will be able to state the answer category of their choice with little additional explanation. The words and phrases used should be typical for the generation being surveyed, and they should be easy to hear and to see on the lips because hearing loss interacts negatively with cognitive loss to make cognitive performance appear much worse than it actually is.

What about the accuracy of the opinions of residents with dementia?

Any consumer satisfaction survey reflects customer opinions. These surveys elicit how we, as customers, feel about the services we receive in any given situation. We are not providing objective facts, but rather our perspective about the world as seen through our own eyes. In addition, rarely is our perspective in question. We don't ponder whether consumers provide a truthful or accurate response, because we know that it only reflects an opinion. "Did you wait in line more than 10 minutes?" If someone is impatient, they might say they did. The next person in line, who has nothing but time, might say they didn't. In resident satisfaction surveys, we are interested in every resident's perspective; only then will we have a complete understanding of satisfaction in nursing facilities.

Are residents with dementia less satisfied than other residents?

The results from 2005 through 2008 found resident answers to survey questions to be similar across cognitive levels.