



## Resident and Family Satisfaction with Nursing Home Care in Rhode Island: Prioritizing Improvement

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In 1998 the Rhode Island General Assembly mandated the collection and public reporting of information on measures of clinical quality and patient satisfaction with care in all categories of licensed healthcare facilities.<sup>1</sup> For Rhode Island nursing homes, this mandate has been met with the publication of Nursing Home Compare<sup>2</sup> data as well as information on family and resident satisfaction with care. The first report of family and resident satisfaction in 92 nursing homes in Rhode Island was published in the fall of 2006<sup>3</sup> and was based on a two-year project conducted with Quality Partners of Rhode Island and Vital Research, LLC, of California.

Public reporting of healthcare performance data (including satisfaction scores) enables consumers to compare providers when the ability to choose a provider exists. It is expected that the publication of performance data also motivates providers to improve quality of care delivered.<sup>4</sup> Providers in receipt of the public comparative report and their individual facility reports want to know *how* they performed relative to their peers, and *what* they can do to improve their scores. Vendors like Vital Research fulfill providers' requests for help understanding how to get started on quality improvement by giving them a priority index of their satisfaction data. Simply put, a priority index is a statistical application that is one possible guide to identifying the best opportunities for quality improvement. It reflects two dimensions of satisfaction from the consumer's perspective: importance and performance. High priority areas for intervention and improvement are those that are of high importance to the consumer, but exhibit a low performance score. The construction of these indices, the results for nursing homes statewide in 2006, and the policy implications for healthcare quality are presented here.

### METHODS

During 2006, Vital Research completed 3,057 face-to-face interviews with residents, including those with mild or moderate cognitive limitations, and received 4,082 mailed surveys from family members of residents in the 92 homes. Priority indices were calculated separately for residents and family members. Vital Research created custom priority indices for each nursing home with 20 or more completed resident and family surveys. For homes with fewer than 20 returned surveys, a statewide summary index was provided.

The index was created around 'domains' or topics of care rather than indexing every element or question on the survey. The first step in creating an index was to calculate a facility-specific importance coefficient for each domain (the correlation coefficient showing the relationship of each domain to the total satisfaction score, ranging from -1 to +1). Second, these domain importance coefficients were ranked from low (rank=1) to high. Thirdly, the average satisfaction or performance score for each domain, based on a scale from 1.00 to 4.00, was ranked from highest satisfaction or performance (rank=1) to lowest. [Note how the rankings are reversed.] Finally, the importance rank and the performance rank for each domain were summed to create the priority index score. Domains with the highest sum of the two ranks (domains with high importance but low performance) suggest areas ripest for quality improvement.

### RESULTS

The statewide priority index score for residents (Table 1) suggests that the two domains to target initially for quality im-

**Table 1.**  
**Rhode Island Nursing Home Resident Survey Priority Index, 2006**

Domain	Importance		Performance		Priority Index Score
	Coefficient	Rank	Score	Rank	
Direct Care/Nursing Staff	0.78	9	3.68	6	15
Meals and Dining	0.69	5	3.56	9	14
Overall Satisfaction	0.77	8	3.76	4	12
Resident Environment	0.72	6	3.73	5	11
Activities	0.65	3	3.61	8	11
Administration	0.72	7	3.77	2	9
Choice	0.63	2	3.63	7	9
Facility Environment	0.66	4	3.85	1	5
Laundry	0.55	1	3.76	3	4

**Table 2.**  
**Rhode Island Nursing Home Family Survey Priority Index, 2006**

Domain	Importance		Performance		Priority Index Score
	Coefficient	Rank	Score	Rank	
<b>Facility Environment</b>	<b>0.84</b>	<b>12</b>	<b>3.56</b>	<b>9</b>	<b>21</b>
<b>Activities</b>	<b>0.78</b>	<b>10</b>	<b>3.49</b>	<b>10</b>	<b>20</b>
Direct Care/Nurse Aides	0.83	11	3.65	7	18
Meals and Dining	0.73	6	3.41	12	18
Overall Satisfaction	0.88	13	3.69	4	17
Resident Environment	0.77	9	3.58	8	17
Therapy	0.71	4	3.25	13	17
Laundry	0.67	2	3.43	11	13
Professional Nurses	0.77	8	3.71	3	11
Admissions	0.72	5	3.66	6	11
Administration	0.75	7	3.78	1	8
Choice	0.65	1	3.69	5	6
Social Services	0.68	3	3.74	2	5

provement involve direct care and nursing staff, along with meals and dining. These are the domains for which resident importance is high but performance was low – on average – across the state. In contrast, the statewide priority index score for family members (Table 2) suggests that the two domains to target initially for quality improvement statewide involve the facility environment and activities. Custom priority indices, created for individual nursing homes with sufficient survey returns, differed from the statewide rankings and are not presented here.

## DISCUSSION

The statewide priority indices make intuitive sense – what resonates most with the Rhode Island nursing home resident, on average, is what he or she experiences most directly and personally, i.e., hands-on care and the food that is served. What resonates most with the family members, on average, is what they can most easily observe; i.e., the residents' surroundings and opportunities for stimulation. Conversely, laundry was not judged by the residents to be an area of especially poor performance. Most interesting is the low prioritization of choice for both residents and family, driven largely by its low importance ranking. This may reflect a lack of expectation that—in an institutional setting—residents can choose when to get out of bed, what to wear, and when to open or close their doors. As nursing homes across the nation move towards individualized care and away from institutionalized care,<sup>5</sup> expectations with respect to resident choice will most certainly be raised.

Nursing home administrators in Rhode Island were given a summary report of their home's satisfaction performance as well as a priority index and tools for targeted quality improvement. These tools included a 'How to Improve' guide written

by Quality Partners of Rhode Island with Centers for Medicare and Medicaid Services funding and a half-day training in the conduct of learning circles or focus groups with residents and families. The learning circles enable the administrators and their staff to further 'drill down'; if meals and dining is a priority area of improvement, what can the nursing home do to make the dining experience more enjoyable? This might be as straightforward as serving meals on china with cloth napkins or offering more than one seating to provide a more intimate setting. Administrators were encouraged to use the priority index as a practical guide to small, focused changes in the delivery of care that might yield large returns in satisfaction.

## REFERENCES

1. See <http://www.rilin.state.ri.us/Statutes/Title23/23-17.17/Index.htm>.
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3. See <http://www.health.ri.gov/chic/performance/>.
4. Barr JK, Sherwin TE, Sofaer S. *Evaluation of Public Reporting on Hospital Patient Satisfaction in Rhode Island*, Providence, RI: Rhode Island Department of Health. October 2003. (See <http://www.health.ri.gov/chic/performance/quality/quality20.pdf>.)
5. See <http://medqic.org/dcs/ContentServer?cid=1173634867044&pageName=Medqic%2FMQTools%2FToolTemplate&c=MQTools>

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## Disclosure of Financial Interest

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