

**Nursing Home
Resident, Family and
Staff Satisfaction
*Critical Data to Assess Quality***

David J. Farrell, MSW, LNHA

Quality: The residents' point of view

1985 NCCNHR study

Question to residents:

“ What does high quality care mean to you?”

Answers found in open group discussions

- 457 residents speak up
- 105 nursing homes
- 15 cities

Quality: The residents' point of view (1985 NCCNHR study)

Question: *“What does high quality care mean to you?”*

“Good staff” =

1. *“they want to help”*
2. *“they are kind, nice, good to me”*
3. *“there are enough of them”*
4. *“they are polite, courteous, respectful, treat me with dignity”*
5. *“they are friendly, cheerful, pleasant, jolly”*
6. *“they are patient, they have time for me”*
7. *“they are patient, listen, take complaints seriously”*
8. *“they relate well, positively”*
9. *“they are well-trained, qualified, skilled, knowledgeable”*

Quality of Care and Quality of Life

Quality of Care

Is best judged by
Experts in the field

QIs were invented by experts. They measure success in care-giving.

Quality of Life

Is best assessed by the
customer:
Resident, Family, Staff

Satisfaction surveys capture customer's expectations & satisfaction

Satisfaction Surveys

Percentages are People

- Voices of people
- Perception is reality
- Public relations force

Why Collect and Publically Report Satisfaction Data?

Four Main Reasons:

- The Humanistic Reason
- The Efficiency Reason
- The Marketing Reason
- The Economic Reason

Most Important Feature of Quality

According to families:

- Warm staff interaction
- Cleanliness
- Resident grooming
- No pressure sores
- Food choice
- Daily routine choice

Four Drivers of Satisfaction

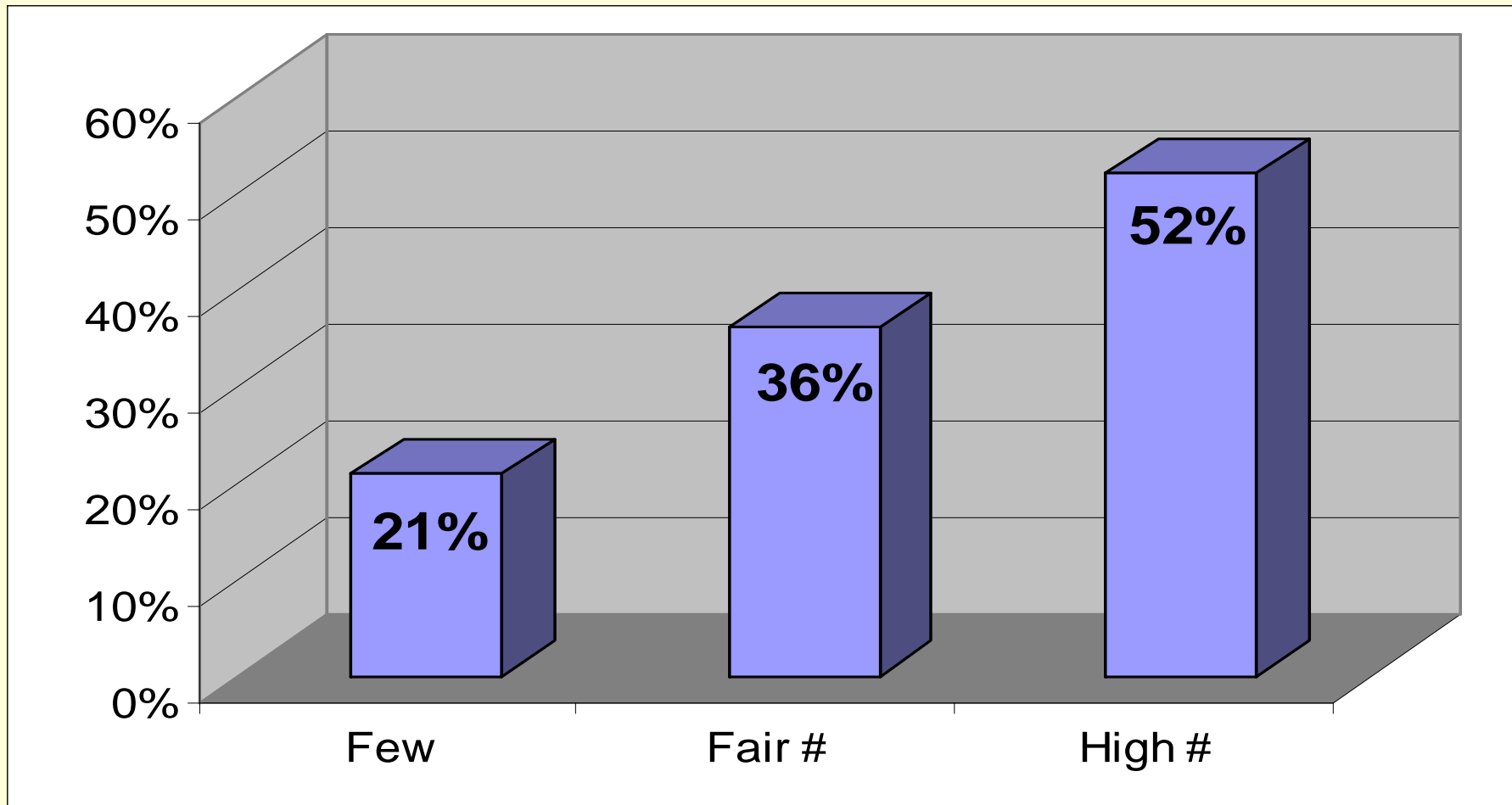
- Communication
- Pain management
- Personal needs
- Response to call bells

Studer, Q., “Hardwiring Excellence.” 2003

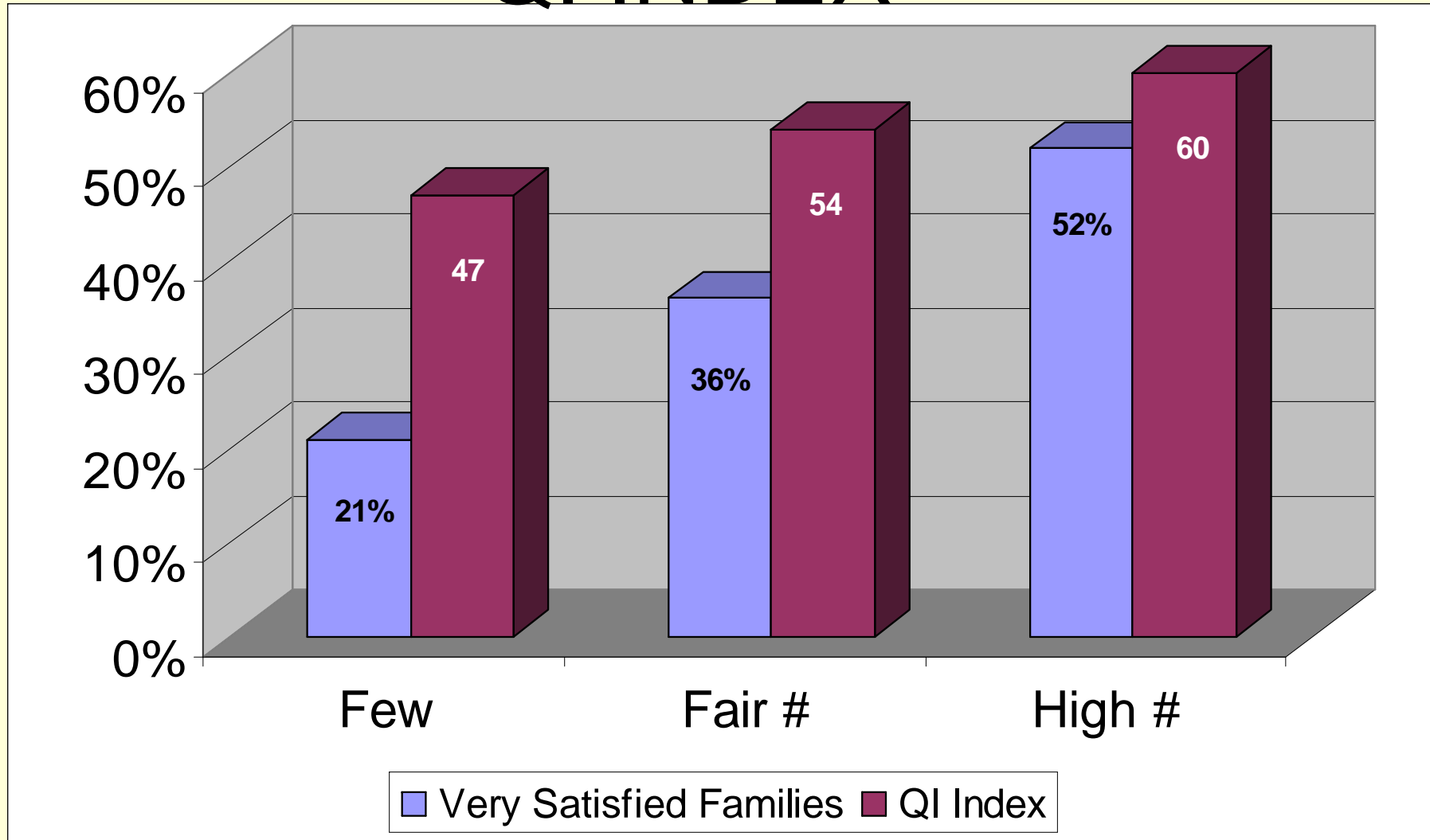
Drivers of Consumer Satisfaction

- Competency of staff
- Care (concern) of staff
- Nursing care
- Respectfulness of staff
- Nursing assistant care
- Safety of facility
- Meeting choices/preferences

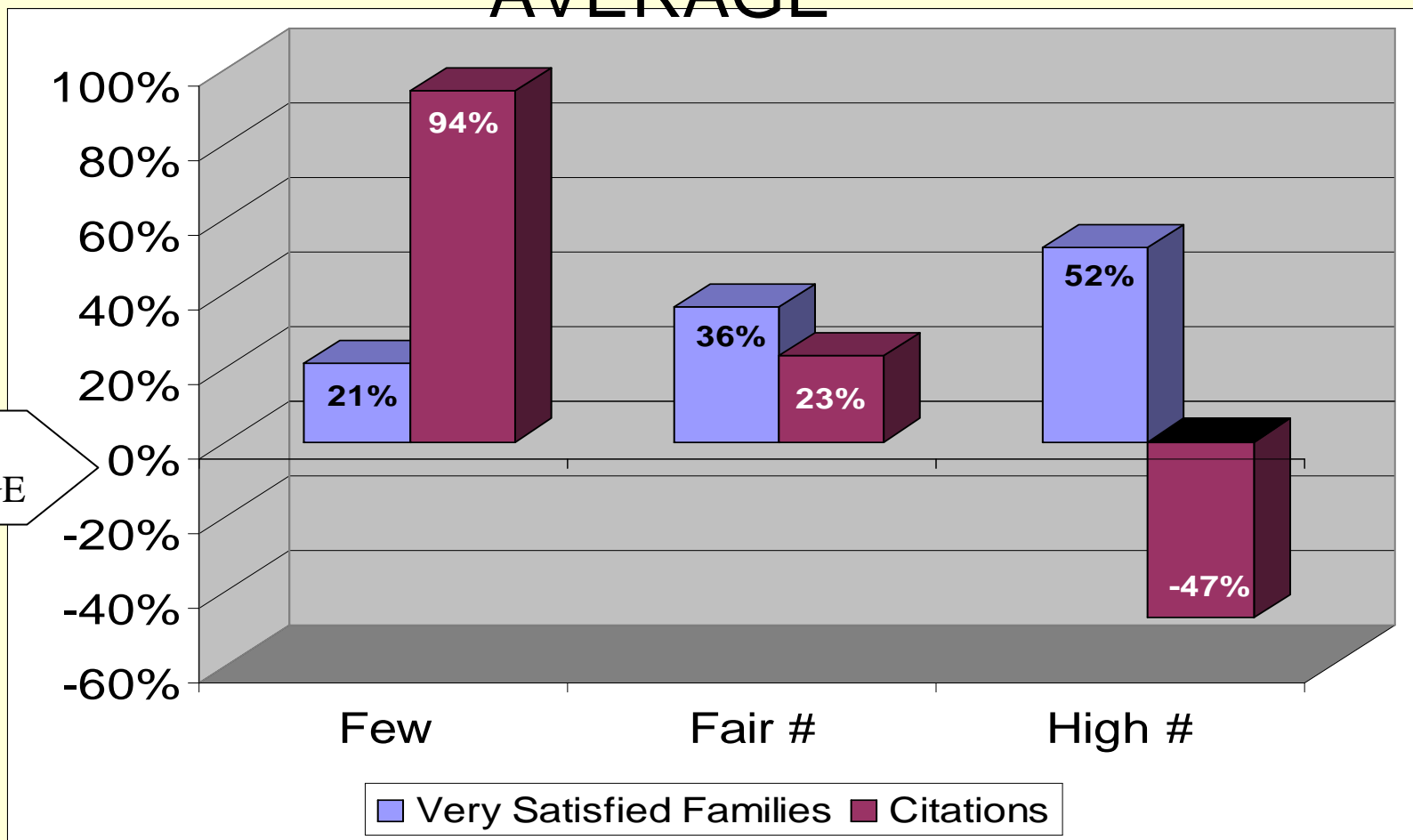
VERY SATISFIED FAMILIES in 3 Groups of Nursing Homes



VERY SATISFIED FAMILIES / QI INDEX



VERY SATISFIED FAMILIES / SURVEY DEFICIENCIES-COMPARED TO STATE AVERAGE



Quality of Life Measures

- Family member and resident satisfaction
 - Overall satisfaction
 - Recommendation to others
- Meaningful information for consumers
 - Evidence based
- Availability - limited
 - Not a widespread practice in CA

Staff Satisfaction Predicts Family Satisfaction

- Satisfied employees report:
 - Better supervision
 - Better training
 - Better work environments
- Satisfied families report:
 - Quality of life
 - Quality of care
 - Quality of service

Grant, L., "Organizational Predictors of Family Satisfaction in Nursing Homes." Seniors Housing & Care Journal. 2004.

Higher Employee Satisfaction

- Fewer resident falls
- Fewer pressure ulcers
- Fewer catheters
- Less nurse turnover and absenteeism
- Less CNA absenteeism
- Higher occupancy rates

Grant, L., et al, 2006

Power of Staff Satisfaction

Influences

- Turnover
- Relationships with co-workers, residents, and families
- Quality of care
- Regulatory compliance

High Turnover = Low Quality

- Physical restraints
- Catheter use
- Contractures
- Pressure ulcers
- Psychoactive drug use
- Quality-of-Care deficiencies

Castle et al., 2005
Castle, 2007

Historical Perspective

Causes of turnover in LTC:

- Research 1970s, 1980s and 1990s
 - Causes are located within the workers
- Significant evolution occurred in other industries
 - Organizational culture influence on retention and job performance
- LTC continued to focus on the worker
- Exception was Susan Eaton

What a difference management makes!

Five management practices
associated with
low turnover, high attendance
and high performance:

High quality
leadership
at all levels
of the
organization

Valuing staff
day-to-day in
policy and
practice, word
and deed

High
performance,
high
commitment
HR policies

Work systems
aligned with
and serving
organizational
goals

Stability of
staff and
supplies/re
sources to
care

Eaton: Low Turnover Leadership's Paradigm

“...these individuals were not fundamentally different kinds of people with different work ethics. They were, however, acting in a different organizational and human setting, being treated differently and being trusted and valued at a much higher level.”

Drivers of Workforce Satisfaction

- Management cares about employees
- Management listens to employees
- Help with job stress
- Fair evaluations
- Staff respect for residents
- Workplace is safe
- Supervisor cares about you as a person

Institute of Medicine

- Quality of care = performance of the workforce
- Staffing levels are necessary
- Other key factors:
 - Education
 - Supervision
 - Job satisfaction
 - Turnover
 - Leadership
 - Organizational culture

Structural Measure of Quality

- Staff Satisfaction
 - Overall satisfaction
 - Recommendation to others
- Evidence-based
- Availability – limited
- Recommendation – quarterly updates

Staffing Measures

- Staff turnover
 - Collected annually by OSHPD
 - Total departures/average number of staff
- Staff retention
 - Staff with one year of service/avg. number of staff
- Evidence-based
- Availability – OSHPD, cost reports

Results are Interrelated

- Implement principles of culture change
 - Enhanced leadership practices
- Employee Satisfaction
 - Low turnover, high retention, low absenteeism
- Workforce performance
- Consumer satisfaction
- Clinical outcomes
- Regulatory compliance

Better Policy/Better Performance

- Publically reporting workforce measures and family and residents satisfaction could be profound
- Foster sustained change and continuous improvement
 - Drive evidenced-based practices that enhance quality of care and quality of life
- Validate superior performance

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