2011-2012 NATIONAL SURVEY OF CUSTOMER AND EMPLOYEE SATISFACTION IN NURSING HOMES
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INTRODUCTION
INTRODUCTION

The challenges long term care organizations and leaders find themselves facing in 2012 are diverse, difficult, unpredictable, and certainly critical to both the short- and long term success of their business and potentially even for the profession as a whole. Multiple influences are contributing to this environment, including:

- Changes cascading through the entire healthcare system, such as the growth of integrated delivery models and an increased focus on cost management due in part to accountable care organizations and shared savings arrangements.
- Local and federal governments tightening regulatory expectations, decreasing reimbursement, and continuing the movement toward value-based purchasing.
- Shifts in long term care drivers such as population demographics, the business economy, competition, and public image.

It’s no secret that healthcare expenditures in the United States are expected to nearly double between 2009 (when the total bill was almost $2.5 trillion, representing 17.6% of GDP) and 2020 (when CMS, the Centers for Medicare and Medicaid Services, project it will hit $4.6 trillion or 19.8% of GDP). During that same window, the Medicare budget will follow a similar trajectory, from $502 billion spent in 2009 to a projection of $922 billion to be spent in 2020 (Source: CMS, National Health Expenditure Projections 2010-2020).

These shifts in outlay will impact skilled nursing care centers and other long term care providers by the sheer nature of their position in the healthcare continuum, but also because of the changes in population that are playing a role in the anticipated dramatic increase in healthcare spend. One such change—there were 39.4 million Americans over the age of 65 in 2009 and CMS expects that number to increase to 54.2 million by the end of this decade (Source: CMS, National Health Expenditure Projections 2010-2020).

Americans are living longer, with more chronic conditions and more functional limitations. Life expectancy for Americans who were 65 years old in 2009 was 19.2 years, and life expectancy for Americans 75 years old in 2009 was 12.2 years (up 1.6 years and 1.2 years, respectively, from the life expectancies in 2000). Of people aged 75 and over in 2009, 37% self-reported that they suffer from heart disease and 20.5% reported cancer (both up almost 3% from 2000). Of people age 65 and over in 2009, 22% self-reported difficulty with at least one basic activity (up from 18.7% in 2000) and 12.1% reported difficulty with at least one complex activity (up from 10.5%). (Source: CDC, Health, United States, 2011).

Beyond the changes in population that are increasing the demand for various types of long term care, changes in healthcare utilization patterns can also be seen pointing in the same direction. In 2010, 24.3% of hospital patients aged 65-84 and 44.3% of hospital patients aged 85 and older were discharged to a nursing
home after an average stay of about 5.5 days in the hospital. This demonstrates an increase in the rate of hospital discharges to skilled nursing homes as post-acute providers and a continuing decrease in the average hospital length of stay. In 2000, 20.2% of hospital patients aged 65-84 were discharged to a nursing home after 5.8 days in the hospital while 40.7% of hospital patients aged 85 and older were discharged to a nursing home after 6.2 days in the hospital (Source: AHRQ HCUP database).

In this era of population management and heavy use of analytics to efficiently assess and manage risks and costs in the healthcare arena, it’s easy to get caught up in the data. But multiple individuals, organizations, and campaigns are working to do almost the opposite—to focus providers on the individual recipients of care and services. Person-centered care has been a hallmark of nursing homes, but it is one that continues to receive attention and investment in order to make it synonymous with the long term care profession. At the same time, across the continuum, efforts to improve the coordination of care and services are not just about managing costs, but also about improving care experiences and health status.

There are many hurdles to long term success for long term care providers. Three that stand out are 1) employee engagement, 2) resident and family experience, and 3) public perception and awareness. Intuitively, the three are tightly linked. The alignment of employees, the people at the heart of long term care, and their relationship with their employers has tremendous influence to create and shape the experiences of residents and their family members. The experiences of residents and family members translate to stories told and perceptions established of nursing homes and long term care providers across the healthcare continuum and in the population at large.

As a community, skilled nursing homes are gaining a stronger understanding of the importance of employee engagement and the customer experience. In addition to understanding, nursing homes are still working to make the most out of the information they already have to effect change. The long term care profession’s success in ensuring person-centered care depends on how finely tuned its leaders stay to the distinct voices of the care recipients and other stakeholders.

Further, what is known about the experiences of immediate long term care stakeholders isn’t always being effectively communicated to the broader collection of individuals and organizations that should also be identified as stakeholders in the long term health and well-being of the profession. Healthcare consumers still often hold a negative image of nursing homes, despite pervasive positive feedback provided by actual customers. This image can prevent popular buy-in with this critical segment of healthcare, which may inadvertently and indirectly impact payment policies. Other healthcare providers may not be fully aware of the scope of services from nursing homes and...
how they operate, potentially limiting the opportunity for nursing homes to participate as fully as possible in the evolving healthcare industry. Payers and legislators may not completely understand or appreciate the value of the role that nursing homes play, either in managing overall healthcare costs or in the quality of life of residents and the satisfaction of their families. Such a lack of understanding may also contribute to financing decisions, which could have the negative effect of limiting reimbursement of services, perhaps making the hospital stay longer or contributing to hospital readmissions.

National Research Corporation has produced this 2011-2012 Survey of Customer and Employee Satisfaction (National Research Report) with the intent to contribute to the profession’s understanding of the experiences and satisfaction levels of employees and the spectrum of customers (short-stay residents, long-stay residents, and families). We endeavor to inform the community’s leaders, managers, clinicians, and advocates about both broad concepts and nuanced education related to these critical aspects of the profession. We provide evidence and ideas that not only help individual organizations assess performance and direct improvement initiatives, but also provide objective data to arm efforts of providers and others for communicating the value of long term care to policymakers, other healthcare providers, and individual consumers.
OVERVIEW AND DATABASE

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• Database
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  i. Skilled Nursing Care Centers
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OVERVIEW AND DATABASE

The 2011-2012 National Research Survey of Customer and Employee Satisfaction (National Research Report) presents feedback and insights collected from more than 500,000 stakeholders in the long term care community. These insights were gathered from residents, families, and employees through surveys administered by National Research Corporation through its My InnerView product line.

Typically called “satisfaction surveys,” these tools were designed to measure more than satisfaction. These measurement instruments collect information to support multiple efforts within the long term care profession, including quality assurance, customer engagement, employee program development, performance improvement, referral source management, community outreach, and many others.

The Resident and Family Experience (also known as the My InnerView Customer Program) surveys asked residents and families to review 22 skilled nursing home experiences across three broad areas:

1. Quality of life – if they felt affirmed as persons in matters of safety, privacy, dignity, choice, and other aspects of well-being.
2. Quality of care – how they rated the staff and care practices in regard to adequacy, competence, and a caring attitude.
3. Quality of services – how satisfied they were with meals, laundry, maintenance, and more.

The Employee Engagement (also known as the My InnerView Employee Program) surveys asked skilled nursing employees to comment on their experiences with the nursing home to provide an informed perspective to managers and leaders in three key areas:

1. Resources – if they have the tools, training, equipment, pay, feedback, and safe environment that allows them to be successful.
2. Relationships – how the team, supervisors, and management interact and work together on a daily basis and the support structure provided to the employee.
3. Commitment – if the employee is aligned with and integrated into the organization.

National Research Corporation hosts the largest collection of data reflective of the views and opinions of residents, families, and employees across the long term care spectrum, including skilled nursing homes, assisted and independent living communities, adult day facilities, home health agencies, and continuing care retirement communities (CCRCs). This report includes observations limited to skilled nursing homes, drawing on data from the 2011 My InnerView customer and employee database as well as from publicly available data released on the CMS Nursing Home Compare website.
Database

The 2011-2012 National Research Report represents the nearly one out of three skilled nursing care centers in the United States (5,078) that surveyed customers and employees through National Research Corporation in 2011. It also represents nearly 220,000 residents and family members and more than 240,000 employees (see figure 1). Exactly 38% of families (123,384) and 56% of residents (94,584) responded to the request for feedback. And 62% of the employees surveyed returned responses, resulting in a database of input from 44,819 nurses, 88,727 CNAs, and 108,998 other nursing home staff members.

Characteristics of Skilled Nursing Care Centers

Skilled nursing homes that worked with National Research through My InnerView products largely mirror providers from across the nation in terms of key characteristics, including profit status, affiliations (being based in a hospital, being part of a chain, or being part of a CCRC), the presence of resident and family councils, and the number of licensed beds (see figure 2).

- Almost all skilled nursing care centers are not located within a hospital (98% in the National Research database and 94% nationally).
Characteristics of Customers

Data on the demographic characteristics of the customers provide context with which to frame interpretation of the results of the National Research Report analysis. The resident age and the length of residence inform our understanding of the individuals living in skilled nursing homes and the tenure of their relationship with the organization. The overview of the type of relationship the family member shares with the resident and the frequency of their visits tells us more about the perspectives of those responding to the survey. These demographics have been similar each year that the National Research Report has been compiled, demonstrating consistency in the nursing home customer base.

- Well over half of all residents (61%) are 80 years of age or older (see figure 3).

There are only two characteristics where the National Research Corporation database varies notably from the Nursing Home Compare database:

- Nursing homes that are part of a chain make up the majority of the profession, but are more predominant in the National Research database than nationally (81% vs. 55%).

- Nationally, nursing homes are distributed fairly evenly in three groups that are based on the number of licensed beds (35% have fewer than 80, 28% have between 80 and 119, 37% have 120 or more. The National Research database has a lesser representation in the smallest sized facility (18%) and relatively greater representation in the mid-sized (35%) and larger facilities (46%).

- Very few facilities are part of a CCRC (5% in the National Research database, 9% nationally).

- Many skilled nursing providers have joint resident and family councils (35% in the National Research database, 32% nationally), but most have resident councils (65% in the National Research database, 64% nationally). Very few have family-only councils or no councils at all (0% in the National Research database, 4% nationally).
• Over one-third (35%) have resided there less than one year (see figure 4). Slightly fewer (33%) have been there between 1 and 3 years; just slightly fewer (32%) have been a resident for 3 or more years.

• More than three-quarters (77%) of family respondents visit their loved one at least weekly (see figure 5).

• Over half of family (52%) respondents are children of the resident (see figure 6). Spouses and siblings are the next most frequent responders to the survey (14% and 13%, respectively).

Characteristics of Employees

While little variation is found in satisfaction scores among the various types of employees, whether segmented by job category, age, hours worked per week, or length of employment, knowledge about the composition of the workforce helps provide understanding about the employees that serve at the heart of the long term care profession.

• The workforce can be split into four evenly sized groups based on age range: 25% are less than 30, 23% are in their 30’s, 24% are in their 40’s, and 28% are 50 or older (see figure 7).
While the nursing staff makes up the bulk of the workforce respondents, it is worth noting that 40% of employees serve other critical functions, including housekeeping, administration, social services, and food services (see figure 8).

Only 19% of employees work fewer than 30 hours per week (see figure 9). One out of five (20%) reported working more than 40 hours per week.

While more than one in four (27%) have worked with their employer for less than a year, more than one in three (34%) have worked at their nursing home for five years or longer (see figure 10).
LONG TERM CARE CUSTOMER SATISFACTION

• Overview
• Areas of Greatest and Least Satisfaction
LONG TERM CARE CUSTOMER SATISFACTION

Year-after-year, the consistent message we hear from customers of the long term care profession is a clear appreciation of the quality of services and quality of life provided by skilled nursing care centers, in contrast to generally accepted negative images of nursing homes. This message is unchanged in the 2011-2012 National Research Report with 87% of families and 89% of residents indicating that they would recommend their nursing home as an "excellent" or "good" place to receive care (figure 11). These numbers match the percent of families and residents that would provide the same ratings of their overall satisfaction with their skilled nursing homes.

![Figure 11](image)

These represent the highest recommendation scores collected since National Research Corporation (originally My InnerView) initiated nursing home satisfaction surveys, with the profession increasing scores—gradually but consistently—almost every year since 2006. The profession has continued this trend despite the challenges of a weak economy, increased competition between long term care communities, more options to facility-based care, reim-

bursement constraints, and an unsettling level of uncertainty due to the state of healthcare reform.

The overall customer recommendation rate of 88% is close to the goal outlined by the American Health Care Association (AHCA) in the Quality Initiative. One of the four goals established in the Quality Initiative is to have 90% or more of nursing home customers recommend their community by March 2, 2015. Approximately 56% of skilled nursing homes included in the 2011-2012 National Research Report have already achieved this 90% goal.

Areas of Greatest and Least Satisfaction

While residents and families share a high overall satisfaction level with their skilled nursing homes, their satisfaction with individual aspects of care ranges from 69% (families’ “good” and “excellent” ratings of the measure “adequate staff to meet needs”) to 93% (residents’ “good” and “excellent” ratings of the measure “safety of facility”). The three highest rating areas of satisfaction for both families and residents are respectfulness of staff, nursing care, and safety of facility (see figure 12).

Not only do customers’ scores vary between different items, they can also differ slightly on the same items between residents and families. For example, the top area of satisfaction for residents is “safety of facility” at 93%, where that same item falls third on the list of top areas of satisfaction for families at 90%. Conversely,
“respectfulness of staff” tops the families’ list of satisfaction at 92%, while it is third for residents at 90%.

These differences are highlighted even more clearly when looking at the areas of lowest satisfaction among customers. “Quality of meals” is the area that receives the lowest rate of “good” and “excellent” responses (71%) from residents, while it receives higher scores than five other items for families (75%). The item that scores the lowest rating of satisfaction from families is “adequate staff to meet needs” (69%). Residents almost match placement with second from the lowest rankings, but still exceed the family score by 5% (74%). Another low-scoring item, “security of personal belongings,” has similar placement on the relative scale for families and residents, but decidedly different rates of “good” and “excellent” scores (2nd from bottom for families at 71%, 4th from bottom for residents at 82%).

Relative to last year’s National Research Report, the areas of highest satisfaction have changed little. Families tallied the same three areas of highest scores along with the same scores. Residents increased their ratings in two of the three areas (“safety of facility” and “RN/LVN/LPN care”) by 1% from last year.

Rates on the lower-performing items have changed more notably—the resident scores for “quality of meals” has improved 2%, from 69% to 71%, as did the family scores for “security of personal belongings.” Plus, families scored “adequate staff to meet needs” 69% in this year’s report relative to 68% in last year’s.
SHORT-STAY SATISFACTION

• Differences and Similarities
SHORT-STAY SATISFACTION

Differences and Similarities

Short-stay residents differ from long-stay. They are different as to the reason why they came to the nursing home, in the care plans that will dictate the services they will receive, and as to how long they will stay. These differences appropriately drive specific considerations and interactions with the short-stay residents that are not always parallel to the long-stay approach.

Despite these differences, the short-stay residents seem to share similar desires and expectations with the long-stay residents. They also offer very similar overall ratings of skilled nursing care centers—87% of short-stay residents provide a “good” or “excellent” rating of overall satisfaction and 86% say that they would recommend their community as a “good” or “excellent” place to receive care (figure 13).

Many areas of highest and lowest satisfaction for short-stay residents are similar to their long-stay counterparts. “Respectfulness of staff” (93%, relative to 90% for long-stay residents) and “RN/LVN/LPN care” (91% for both short and long-stay residents) both make the top five list for the short-stay residents, while they are in the top three for the long-stay residents (figure 14). Three other areas top those two for the short-stay resident population: “treatment by staff” (95%), “rehabilitation therapy” (93%), and “help with admissions process” (also 93%).

While “quality of meals” (69% for short-stay residents, relative to 71% for long-stay residents) is among the areas of lowest satisfaction for both, “answering call lights” also receives lower scores (69%) from the short-stay population.

<table>
<thead>
<tr>
<th>Highest Satisfaction</th>
<th>% Excellent</th>
<th>% Excellent &amp; Good</th>
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<tbody>
<tr>
<td>Treatment by staff</td>
<td>63%</td>
<td>95%</td>
</tr>
<tr>
<td>Rehab therapy</td>
<td>68%</td>
<td>93%</td>
</tr>
<tr>
<td>Help with Admissions</td>
<td>58%</td>
<td>93%</td>
</tr>
<tr>
<td>Respectfulness of staff</td>
<td>62%</td>
<td>93%</td>
</tr>
<tr>
<td>RN/LVN/LPN care</td>
<td>51%</td>
<td>91%</td>
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<table>
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<tr>
<th>Lowest Satisfaction</th>
<th>% Excellent</th>
<th>% Excellent &amp; Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of meals</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>Answering call lights</td>
<td>31%</td>
<td>69%</td>
</tr>
</tbody>
</table>
EMPLOYEE SATISFACTION

• Overall
• Top and Bottom Areas of Satisfaction
EMPLOYEE SATISFACTION

Employees are at the heart of the long term care profession. They work to keep organizational operations running smoothly on a day-to-day basis. They care for residents and interact with families, creating and shaping the relationship between the nursing home and its customers. They perform tasks that are often physically, mentally, and emotionally taxing and carry a weight of responsibility for resident well-being and quality of life. Yet all of this often comes with a very modest wage and a lack of professional image or status.

Top and Bottom Areas of Satisfaction

All types of employees (for the sake of this analysis, divided broadly into three groups: nurses, CNA, and the full workforce) have combined “good” and “excellent” ratings that range from 62% to 67% for overall satisfaction and recommendation of the nursing home as a place to work (see figure 15). The workforce as a whole offers a 67% positive score for overall rating and 68% positive score for job recommendation. Scores from the nursing staff tend to be a bit lower—nurses state that their overall satisfaction is “good” or “excellent” 64% of the time and CNAs 62% of the time. The CNA has improved during the last five years, up from 57% in 2006. Nurses and CNAs share the same 65% positive rating for recommendation as a place to work.

While employees’ overall satisfaction tops out at less than 70%, they offer a higher rate of positive scores for several of the individual areas assessed through the satisfaction survey. Nurses, CNAs, and the workforce as a whole agree on the four areas where their employers are most successful—“respectfulness of staff,” “sense of accomplishment,” “safety of workplace,” and “quality of in-service education” (figure 16).

The groups agree on the top four items, but not the exact order or specific scores of each area. For example, nurses offer the highest scores for “respectfulness of staff” (86%) while CNAs and the workforce as a whole “sense of accomplishment” (85% and 86%, respectively) at the top of the list. As another example, nurses rate “quality of in-service education” with 72% positive scores, while CNAs rate the same measure as “good” or “excellent” 78% of the time.
Opinions about the areas where skilled nursing home employers are the least successful are less consistent. “Comparison of pay” is the lowest scoring item for the workforce as a whole (44%) and for CNAs (just 29%), but it is the third lowest for nurses, who give it the highest percentage of “good” and “excellent” scores of the three groups (46%). “Quality of family-related training” is the measure second from the bottom in terms of relative satisfaction for nurses (46%) but is only fifth from the bottom for CNAs and the entire workforce (53% and 54%).

One low-scoring item is fairly consistent for all three groups, placing as the area of lowest satisfaction for nurses (41%) and second lowest for CNAs (43%) and the comprehensive workforce (46%)—“assistance with job stress.” Assistance with job stress is an important aspect of the employee-employer relationship. Not just because it presents a clear opportunity for the industry to improve, but nationally it is one of the primary drivers of employees’ recommendations as a place to work, a finding that is covered in the Performance Improvement section of this National Research Report.

Unlike with the customer satisfaction scores, analysis conducted for the 2011-2012 National Research Report found no improvement in either the highest or lowest scoring measures from last year’s report. All of these positive ratings stayed the same or even decreased slightly in each of the measures, for each of the groups of employees.
DEEPER ANALYSIS

• Overview
• Industry Variation by Provider Characteristics
• Relationships Between Measures
DEEPER ANALYSIS

Studying the high-level, nationwide feedback gathered from such a large representation of the long term care customer base and workforce provides tremendous value to better understand the people and perspectives that are so vital to the success of the profession. The database offers considerably more opportunity to dig into this feedback for a more diverse and complete view; there are multiple approaches and angles to explore. For the purposes of this National Research Report, we have included two analyses: 1) a review of the difference in scores earned by providers of different characteristics (for example, ownership, affiliation, and size), and 2) an analysis of the relationship between differing nursing home satisfaction and quality scores.

Industry Variation by Provider Characteristics

Across various types of skilled nursing care centers, we find only moderate variation in both customer and workforce satisfaction scores. When looking at the rate of “excellent” recommendations (of a nursing home to receive care for customers, and as a place to work for employees), the lowest and highest scoring categories of providers differ by only 7% for customer scores (ranging from 39% to 46%) and 8% for employee scores (ranging from 18% to 26%) (see figure 17). Interestingly, low and high scores in one area of assessment do not always correlate with low or high scores in the other, despite the clear relationship between employee and customer satisfaction that is presented in the next section of this report.

We find the most variation in categories of skilled nursing homes grouped by size. Small providers (those with fewer than 80 licensed beds) score higher in both categories than medium-sized nursing homes (those with 80-119 licensed beds), which score higher than large facilities (those with 130 or more beds). Customer “excellent” recommendation scores range from 39% in the large nursing homes to

![Image of bar chart showing relative customer and employee satisfaction rates across different affiliations and number of licensed beds.](image-url)
46% in the small; employee “excellent” recommendation scores range from 20% in the large nursing homes to 25% in the small. In fact, we consistently find lower scores for both customer and employee satisfaction in larger and more complex organizations. Scores are higher in standalone nursing homes than in those that are part of a chain, and slightly higher in nursing homes that are not part of a CCRC than those that are.

As previously mentioned, higher and lower scores do not always pair within the same group of nursing homes. In fact, government-owned nursing homes have among the highest “excellent” customer satisfaction scores at 46%, but also the lowest “excellent” employee satisfaction scores at 18%.

**Relationship Between Measures**

In this report, as in many organizations, we have focused on customer satisfaction and employee satisfaction as distinct issues. This is true, but they are also very much related, and neither exists independent from the other, or in a vacuum, segregated from other quality measures and elements of facility operations.

In evaluating the relationships between various satisfaction and quality measures, we found that providers with higher employee satisfaction scores have clearly higher family satisfaction scores (see figure 18).

We evaluated this trend by segmenting providers based on their average overall employee satisfaction scores into four groups, with those in the fourth quartile achieving the highest scores and those in the first quartile achieving the lowest. We then calculated the average overall family satisfaction scores for each group, and found that those skilled nursing homes with the lowest employee satisfaction scores had only an average family satisfaction score of 70, while those providers with the highest employee satisfaction scores had an average family satisfaction score of 80.

We took the same approach to evaluating the relationship between family satisfaction and resident satisfaction and found the same trend. Providers with the lowest levels of family satisfaction had an average overall resident satisfaction score of 71, relative to those with the high-
we know that some nursing homes are able to excel in both customer and employee satisfaction simultaneously. We also know that simultaneously excelling in both is rare—only 25% of nursing homes have both higher than average employee scores and customer scores in the same year. Underperforming in both areas is more common, as 42% are lower than average in both employee and customer satisfaction scores in the same year.

Similarly, we wanted to understand the relationship between other quality metrics and satisfaction scores. For this, we turned to the Five-Star Quality Rating System available on the Medicare Nursing Home Compare website as a summarized representation of a range of nursing home quality measurements. Again, there is a clear trend where nursing homes with higher star ratings also have higher "excellent" recommendations from family members, residents, and employees (figure 20). Five-star organiz-

By looking at the scores of individual organizations, instead of collapsing them into groups,
In 2011, organizations earned "excellent" scores from 50% of families and 51% of residents as a place to receive care, relative to the 33% "excellent" scores from families and 38% from residents earned by one-star organizations. Similarly, 31% of employees at five-star nursing homes said that they would recommend their organization as an "excellent" place to work relative to just 16% of one-star nursing homes.

We compared satisfaction scores based on all of the star ratings available on Nursing Home Compare, including health inspections, nurse staffing, RN-only staffing, and quality measures. The same trends generally held true—skilled nursing homes with higher star ratings also had higher "excellent" ratings in all three recommendation scores. The exception to this trend—was the employee recommendation scores based on staffing star ratings. The groups of providers defined by the nurse staffing star rating all had very similar employee "excellent" recommendation scores, ranging from 21% to 23%, without any clear trend. The groups of nursing homes defined by the RN-only staffing star rating had "excellent" employee recommendation scores ranging from 20% to 25%, with the one-star nursing homes achieving 25% and the four-star organizations reaching only 20%. These results lead us to believe that high quality in one area of long term care operations impacts or influences performance in others, but that not all commonly used metrics may be measuring the true or most important elements of quality.
PERFORMANCE IMPROVEMENT

• Overview
• Key Drivers
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• Improvement Possibilities
PERFORMANCE IMPROVEMENT

There is no shortage of incentives for all healthcare organizations, especially those in the post-acute and long term care segment, to focus on performance improvement. The evolution of the space from all angles provides plenty of reasons for skilled nursing care centers to invest time, energy, and focus into performance improvement activities, in addition to resources that will help nursing homes achieve success in their various performance improvement initiatives.

The bigger question then isn’t, “should we?” or, “why?” but, “how?”

The answer to that question can take many forms, from descriptions of performance improvement models to prescriptions for culture change that will allow performance improvement to take root and change the fundamental operations of the organization. For the purposes of this 2011-2012 National Research Report, we want to explore how the data can help inform the decisions and the prioritization choices that are key components of any organization’s process, regardless of the tactical approach taken.

Key Drivers

There are many dimensions to a customer’s or an employee’s relationship with an organization. We discussed the perspectives captured by the satisfaction surveys conducted in 2011 and where individuals rate skilled nursing homes higher or lower in some aspects of those relationships. We can further learn from the data which areas of interaction are the most important to family members, residents, and employees and which drive an individual’s overall level of satisfaction with the nursing home.

We achieve this understanding by correlating the responses to the specific questions with survey respondents’ answers to the global “recommendation” question. This process tells us which measures “move” most tightly with the “recommendation” question. In other words, when people answer these questions with more positive responses, they are more likely to recommend a nursing home as a place to receive care or to work.

When we evaluate the data of all types of customers—short-stay residents, long-stay residents, and families—we find a lot of similarity among their top drivers of recommendation. “Care (concern) of staff” and “competency of staff” top the list as the two biggest drivers of recommendation for all three groups (see figure 21). “Choices/preferences” is the third

<table>
<thead>
<tr>
<th>TOP DRIVERS OF CUSTOMER RECOMMENDATION</th>
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<tr>
<td>- Care (concern) of staff</td>
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<tr>
<td>- Competency of staff</td>
</tr>
<tr>
<td>- Choices/Preferences</td>
</tr>
<tr>
<td>3rd for families and short-stay residents</td>
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<tr>
<td>4th for long-stay residents</td>
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<tr>
<td>- Responsiveness of management</td>
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<tr>
<td>3rd for long-stay residents</td>
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<td>4th for short-stay residents</td>
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Figure 21

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biggest driver of recommendation for families and short-stay residents (fourth for long-stay), and “responsiveness of management” is third for long-stay residents (fourth for short-stay and fifth for families).

None of the items that score lowest for customers, “answering call lights,” “quality of meals,” or even “adequate staff to meet needs,” are as important to these individuals as the way the employees of nursing homes interact with them and support their ability to get as close as possible to the life they choose to lead. At the same time, none of the top drivers of satisfaction are among the highest scoring for any category of customers, which indicates they certainly present an opportunity to the profession.

The issues most important to employees follow a similar theme of valuing quality and intent of interaction. The top three drivers of recommendation among all three of the groups of employees evaluated were identical: “care (concern) of management,” “attentiveness of management,” and “assistance with job stress” (see figure 22).

Unlike with the customers, one of these drivers receives some of the lowest “good” and “excellent” scores—“assistance with job stress.” This elusive and challenging function of support is so important to employees, and yet it is the item that receives the lowest or the second lowest positive ratings across all groups of employees. This presents a clearly important opportunity for the profession to make a distinct and positive impact on its workforce.

**Possible Scores with Key Drivers**

An important question to consider when selecting performance improvement priorities is, “where are your opportunities to improve?” High and low scores are part of the answer to that question, as are the key drivers of performance. By identifying what elements of service are most important to your stakeholders, and then cross-referencing those against current strong and weak areas of performance, you may be able to identify areas that are opportunities for improvement (where performance is lower) that will truly matter to your customers or employees (and are drivers of recommendation scores).

Another component of the answer is, “what is possible?” If your performance in a key driver is already definitively above the national level of performance, then it may not be an area where you want to focus. This is because it may be difficult for your team to improve performance much in an area where you are already strong.

Again, we look to the data to inform our understanding of what is possible. If we consider the top three drivers of long-stay resident satis-
faction—“care (concern) of staff,” competency of staff,” “responsiveness of management”—we can look to the database to see what individual organizations were able to achieve in these areas.

For the primary driver of resident satisfaction, “care (concern) of staff,” the 50th percentile “excellent” score is 41%. This tells us that half of all skilled nursing organizations earned less than 41% “excellent” responses from residents on this item and half earned higher than 41%. The 75th percentile “excellent” score is 55%, and the 90th percentile “excellent” score is 69%. These two numbers give us insight into “what’s possible” in terms of success with improving performance on this specific measure. We know that 25% of nursing homes had a score of 55% or higher, and 10 percent had a score of 69% or higher. While 55% and 69% are not unattainable goals to set, we know that nursing homes (and not just one or two) have already achieved them. In addition, we know that 10% of facilities received a 98% or higher positive (“good” and “excellent”) score for this measure. Near-perfect positive marks are very possible.
Improvement Possibilities

The other hot “what’s possible?” question in performance improvement activities is centered around how much improvement can be expected or asked for in a given year or over time. To answer this, National Research evaluated nursing homes that have worked with us and surveyed at least annually every year since 2007. We took a look at how often and how much improvement was achieved within a single year (for nursing homes with a minimum number of responses) and how much improvement was achieved over a three-year span.

It was discovered that the majority of nursing homes do improve each year and over three years. The 50th percentile for a one-year improvement was 1 point for all measures included in the analysis (long-stay resident, family, short-stay resident, employee), and ranged from 2 to 4 points for the three-year view of performance improvement (figures 25-28).

Looking at the 75th percentile scores, 25% of nursing homes improved between 5 and 7 points or more in a single year, depending on the measure, and between 7 and 9 points or more over a three-year span. This partially answers the question, “what kind of improvement is possible and what should I expect?” Significant numbers of organizations have made noteworthy improvements in performance over a relatively small amount of time. This doesn’t mean that all organizations can or will achieve the same results, but it is helpful to understand what others have done.

RANGE OF PROVIDER-LEVEL IMPROVEMENT

IN AVERAGE RESIDENT RECOMMENDATION SCORES

IN AVERAGE FAMILY RECOMMENDATION SCORES

IN AVERAGE SHORT-STAY RECOMMENDATION SCORES

IN AVERAGE RECOMMENDATION FOR JOB SCORES

Figures 25, 26, 27, 28
CONCLUSION
CONCLUSION

Between industry trends such as the Triple Aim from the Institute for Healthcare Improvement (IHI), regulatory and certification requirements, changes in payment policies (including restricted reimbursement rates and value-based purchasing programs), and business pressures like increased competition and a move toward consumer-driven healthcare, there is no shortage of pressures and competing priorities for leaders of skilled nursing homes. There is also a wealth of information to help support providers, leaders, and advocates in this work on behalf of their organizations and the profession.

Anecdotally, we know that nursing homes tend to have a public image that is less positive than they would like and less positive than they generally deserve. But it isn’t the resident or family experience that is actually driving this image. More likely, the trepidation that consumers feel related to nursing homes is more about the thought of being frail and elderly, losing autonomy, and having to leave their homes and be dependent on others in respect to life’s most basic activities. Despite the dramatic change in residents’ lives that nursing homes represent and the likely preconceived ideas that exist upon moving into a long term care community, residents and families come to be satisfied with how they were cared for in a situation they would have preferred to avoid.

In addition, for many acute care patients, nursing homes are actually places to go to and then to return home fairly quickly, which is a consideration that is likely not appreciated by the majority of the public. This function is one that positively contributes to many of the objectives of both the healthcare community and the healthcare recipient—aiding in the healing process, which not only contributes to quality of life but reduces other healthcare utilization (and therefore cost) and allows these types of patients to return to live safely and independently at home.

We know more today than we ever have before about the bigger picture of customer and employee satisfaction. National Research Corporation is at the forefront of the activities involved in not only studying satisfaction in the long term care profession, but in marrying satisfaction data with other measures to have a more comprehensive picture of quality and in understanding performance improvement around satisfaction, experience, and commitment. These activities have led to a deeper level of knowledge about what drives satisfaction and how organizations have improved and can improve going forward. They have facilitated the ability to demonstrate that the profession, as a whole, has been increasing resident, family and employee satisfaction steadily over the past several years.

There is value to individual providers as well as to the long term care profession as a whole if they and their advocates can focus on and improve upon the ability to tell this story. The facts presented in this National Research Report are some on which such communications could gain inspiration.