



Questionnaire on the Nursing Home Survey Process: Results and Challenges



a joint project of
Seniors and Workers for Quality
& the Office of Ombudsman for Older Minnesotans
Presentation by Iris C. Freeman
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Seniors and Workers for Quality

- Coalition on workforce and quality care issues in long-term care since 1999
 - Mirrors other state models of consumers and hands-on staff
 - Members: AARP, Advocacy Center, Alzheimer's Association, League of Women Voters, MN Adult Day Services Association, MN Nurses Association, NASW-MN, Union Coalition of LTC Workers (including SEIU, UFCW, AFSCME)
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Seniors and Workers: Issues and Action

Platform


- Adequate Staffing
- Consistency & Human Relations in Staffing
- Appropriate Training
- Public Accountability

Action

- Advocacy for COLA's and benefits
 - Advocacy for adequate staffing levels
 - Advocacy for adequate training
 - Advocacy to regulate nursing pools
 - Advocacy to build common ground on the basics of quality care
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Office of Ombudsman for Older Minnesotans

- 25 year-old statewide program originating in federal Older Americans Act
 - Individual client services
 - Information and education
 - Advocacy to improve the quality of life and services for long-term care consumers
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Background on the Questionnaire

- Provider Survey Results – presentation identified issues and recommendations based on 136 responses to the MDH Commissioner’s (Summer 2003) request for concerns.
 - September 2003 – Seniors and Workers polled its member organizations to understand and record experiences with the nursing home survey process & Office of Ombudsman polled its nursing home network.
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8 Open-Ended Questions

- Have you had any experience with the survey inspections conducted by the MDH?
 - Do the conditions in the nursing home change around survey time?
 - What happens after the survey? e.g. Are you made aware of the results?
 - In your opinion, how often should surveys be conducted? As now? More? Less? Different?
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8 Open-Ended Questions

- In your experience, has a survey produced change in the nursing home?
 - Have you tried to share your concerns with a member of the survey team?
 - In your opinion, what are the most important things for surveyors to look at?
 - Finally, what factors do you think lead to quality care in a nursing home?
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A Stack of Responses

- 272 replies from nursing home workers (CNAs, LPNs, Dietary, Housekeeping, Social Work)
 - 50 replies from consumers and volunteer ombudsman
 - Compared with December 2002 AARP survey (n=818)
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Common Themes and Different Experiences

- Common themes among providers, seniors and workers, e.g. how the survey is conducted, how the atmosphere in facilities changes at survey time, surveyor behavior, communication, benefits and frustrations
 - *But* personal stories and examples are frequently *very different*.
 - Positive changes in the survey system should take account of consumers' and workers' experiences and viewpoints.
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#1 - Involvement in the Survey Process

- Consumers desired more involvement in the survey process.
 - Workers almost universally said they were involved, simply answering “yes”...and notably, there were replies from people with well over 20 years experience at the home....
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What They Said About Involvement

- “When my mother was a resident of a nursing home I was aware of the inspections happening, but I was never interviewed or involved directly. At that time the surveyors did not work outside of the day-shift times or on week-ends.”
 - “No! I was never informed of the survey until months after it was completed.”
 - “No because it has been considered confidential. Only the staff knows. Us residents have just seen the certificate of the inspectors.”
 - “Surveyors have been very professional. They have been willing to answer questions and be friendly and courteous to families/residents/staff.”
 - “My experience was that families opinions and knowledge are of no interest to them and the time they take for interviews is only to please the family member. It was a very bad experience --- myself and 3 surveyors in the room.”
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What They Said About Involvement

- “Yes. Many times. I enjoy the surveyors who are pleasant and easy to talk to. I do not enjoy the ones who scowl, never say a word – are continually writing on their note pad.”
 - “I’ve been working at this nursing home for 24 years. I’ve been through many survey inspections.”
 - “Yes, we have one every year at the nursing home and I myself have for 15+.”
 - “Yes. I’ve been working at this nursing home for 23 years.”
 - “Yes, was made to feel that I wasn’t doing things properly with a certain machine – and to find out later they didn’t even know how the machine was used correctly.”
 - “Yes – 30 years long term care.”
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#2 – Conditions in the Nursing Home at Survey Time

- An outpouring of descriptions of inflated staff levels at survey time – increased hours, filling vacancies, bringing in nursing pools, administrators doing direct care duties
 - Overall, staff more visible and responsive
 - Heightened anxiety – tone set by administration and supervisors, extra assignments given
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What They Said About Conditions and Atmosphere at Survey Time

- “Nurses and director are a lot more helpful. They answer call lights, help make beds, take residents to and from meals and help with the feeding of the residents. When an alarm is going off they go and check on it instead of waiting for an aide to do it. They are much more concerned about things getting done that should be getting done every day.”
 - (16 years) “Yes, conditions change. There is more of an effort to make sure that there is enough staff. This includes the use of pool employees, who may or may not have worked at the facility before. Management comes out to help pass trays at meal times, answering call lights and feeding, toileting and repositioning of residents.”
 - “Absolutely! You see staff you haven’t seen on the floor since the last survey. There may be as many as 10 extra bodies. ”
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What They Said About Conditions and Atmosphere at Survey Time

- “Yes, all supervisors are very short with their temper! They are always on our tail and shouting and yelling to get everything done before the inspectors come in. They make our lives miserable.”
 - “Yes, my anxiety level goes over the top, and I just endure the week. Administration gets the word out that it’s in our best interest to perform excellently to get them out as soon as possible because Lord knows we can’t maintain this standard and we don’t want them coming back on a follow-up....”
 - “More staff is available. The resident needs are attended to immediately. Staff talks to the residents in a more friendly tone of voice than usual. The licensed staff is trying to get all the paper work in the files that need to be there that they hadn’t gotten to yet. If a restraint is being used, it is removed during the time the survey team is there.”
 - “No, the staff members pride themselves on their good care given. I notice no changes.”
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#3 – After the Survey, Opportunities to Talk About It?

- Information about the survey both beforehand and afterwards varies widely across facilities.
 - There are some formal means of hearing the information, while others read the posted deficiencies, and others rely on the “grapevine.”
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What They Said About Learning the Outcome of the Survey

- “We hear if we passed or failed. This time we were told what a great job we did and our hours were immediately cut, drastically.”
 - “Administration should have a meeting for the entire staff to let us know of the outcome of the surveyors. I think that is the right we all should know.”
 - “Results are always on display all year. They outcome is discussed and usually celebrated. Treats are placed in employee breakrooms.”
 - (23 years) “You usually hear through the grapevine what’s going on.”
 - “The blame is always shifted to the NAR’s even when it is documentation.”
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What They Said About Learning the Outcome of the Survey

- “Management is very open about deficiencies received. Meetings are held – many open to all staff....Explanations of the deficiencies are written out for staff, residents, and families to read.”
 - “Employees are informed of results via meetings and memos. Families and patients via written results.”
 - (24 years) “It goes back to normal...It gets everybody mad because such a big show is put on for them, and they really don’t know what’s going on. The girls on the floor work short all the time.”
 - “Usually after the survey there can be a climate of panic and anxiety among staff, administrators, for fear whether they passed the survey or not. Hiring can be placed on hold until the results are released. We’re not made aware of the results and conversations with the facility administration regarding the outcome are discouraged.”
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#4 – Frequency and Characteristics of the Survey

- Nearly all respondents recommended no change in the frequency.
 - Some said surveys should be more frequent, particularly for homes with problems.
 - Fewer said that surveys do not need to be conducted as often as they are now.
 - *Many* expressed frustration with the predictability of the survey.
 - *Many* said spend more time talking to workers and consumers, less time in offices.
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What They Said About Frequency and Characteristics of the Survey

- “They should come on the first day at least on weekends. That’s the most staff challenged times. They could always finish their survey during workdays. Once a year is often enough. They should also be at the workplace on shifts besides day shift.”
 - “I think the annual surveys are adequate but they should be more random. Facilities always seem to know approximately when the surveyors are coming. Surveys should be less conspicuous...One suggestion would be popping in unexpectedly and requesting a tour, as though they were a prospective consumer in need of their services.”
 - “Continue as is except for homes with continuous problems. Then every 6 months until they have 2 years of clean record – then back to every 9-15 months.”
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What They Said About Frequency and Characteristics of the Survey

- “I would say every 6-9 months, especially nursing homes such as [named facility]. It is very frustrating to work at a facility that comes running to your department to let you now that the survey crew is there – they get so worked up. I feel that if we all do our job up-to-code in the first place, there shouldn’t be anything to worry about. The survey inspectors should listen very carefully to the residents and should talk to non-managerial staff about the conditions at the home.”
 - “I think surveys should be conducted at least every 9 to 12 months. The time and place of the exit conference should be posted with an open invitation for families to attend.”
 - “I think that if facilities are trying hard to provide decent care they shouldn’t be quite so often and that surveyors should be “breathing down the staff’s neck” quite so much because even when you do an excellent job every day they make you very nervous.”
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#5 – Does the Survey Lead to Change?

- Many said that changes following the survey are short-lived and do not get at the big issues like adequate, consistent staffing.
 - But some had very specific references to areas where they believed the survey to have brought about important changes in practice.
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What They Said About Lasting Changes

- “No not really. For the short time after state comes things are different. Then they go back to usual.”
 - “No, I’ve been working as an NAR for 13 years, and we’re still short of help.”
 - “At first [things change] bit then things kind of slip back into the same old way.”
 - “No [change], not really. We’re open to what needs to be focused on each year and think how silly what was so important one year can be totally ignore the next.”
 - “Yes, policies regarding repositioning and feeding have been established years ago that are still in place.”
 - “It has helped to develop procedures, plans, etc. for things like: decreasing decub’s, eliminating restraints.”
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What They Said About Lasting Changes

- “Yes – a toileting schedule was adopted long ago, following a survey. It is faithfully followed to the present time. Also adjustments were made in the staff rehab procedures.”
 - “Yes because it seems to make people do a better or more accurate job knowing that in the long run what has been done will possibly be seen and reviewed.”
 - “Yes, quality of care is updated. The place is cleaner.”
 - “Yes, attempts are made to make the deficiencies right.”
 - “Yes, not always for the better and not always realistic. I recall incidents that the state felt these two residents didn’t need the psyche meds and told us to take them off/change lower them, they did not listen to our input or look at the records. These 2 residents ended up with their quality of life smashed and they both died within 2 to 4 months of this direction.”
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#6 - Talking With Surveyors

- Consumers and workers found it hard to talk with surveyors, citing intimidation or fear of retaliation by the provider, or lack of opportunity because of the timing of the survey, or feeling “put off” by the surveyor.
 - Many wished there were a way to be heard.
 - Only volunteer ombudsmen were typically able to talk with surveyors without inhibition.
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What They Said About Talking With Surveyors

- “I did share concern and fact [that Department Heads don’t help out the other 360 days of the year] and was confronted at end of day by admin.”
 - “I have shared my concern and got nowhere.”
 - ”Surveyors not diplomatic with families”
 - “I (worker) have a family member at another home. I talk to them there.”
 - “Most of the surveyors are very approachable. If I thought there was a concern I would voice my opinion.”
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What They Said About Talking With Surveyors

- “Many family members feel at the mercy of the home and its policies and the lack of choice in nursing home care.”
 - “I haven’t tried to share concerns with members of the survey team. I know that families are concerned about possible retaliation, so they do not communicate with surveyors or they do not want staff to know of their communication with surveyors. This concern was expressed at family council meetings at various times.”
 - “Yes I’ve had staff follow me from the room the surveyors were in and question why I was in there, what did I say, etc. I had a person I told to talk to the surveyors pulled into an office and questioned what they talked about. So absolutely I’m concerned about retaliation.”
 - “Have not been given a chance. Have been left out. Not happy about that.”
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#7 – Important Things for Surveyors to Survey

- Most stressed the the need to focus on the people, the residents and the workers.
 - Many said that the survey should get at what the staffing looks like on a more normal day, night, and weekend.
 - Supplies and equipment were cited too.
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What They Said About Where Surveyors Should Focus Attention

- “Ask the family members and the patients how they feel about the ways they are being taken care of. What the place looks like. Ask the workers how they feel about their jobs.”
 - “Ask resident what they think about the care given by any department.”
 - “How the residents are being cared for. Not if it’s on paper but interaction, care and help for them.”
 - “How many residents are assigned to an aide or nurse during a shift. Because when an aide or a nurse has too many residents, the job is not well done. Put a mechanism in place to ensure that this is adhered to at all times, not just when surveyors are coming.”
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What They Said About Where Surveyors Should Focus Attention

- “General condition of facility and staff. Most of all the residents’ condition, their room condition. The ‘stories’ the residents tell are often concrete and real.”
 - “Staffing/# per client/ changeover in staff/ diet and cleanliness/ personal and kind delivery of care/ satisfaction of residents/ feeding practices/ toileting practices/ bathing opportunities/ spiritual and social opportunities”
 - “Important to note the relationship between staff and residents when working together. This is the key to on-going care quality.”
 - “Cleanliness, comfort and needs of residents. Attention (prompt) to requests of residents.”
 - “Compassionate care, cleanliness, sufficient personnel, good food.”
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#8 – Factors That Lead to Quality Care

- It's the staffing and personal attention!
 - An outpouring of frustration with the economics of nursing home care
 - An outpouring of emotions, ethics, and love
 - Little evidence of hope for improvement
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What They Said About the Factors that Lead to Quality Care

- “Maybe they could have more aides than could spend a little more time with the people other than running around like a chicken with your head cut off. I think that these people deserve better care that the poor girls can’t give them because they don’t have time to. They [residents] paid a lot to stay at the Nursing Home.”
 - “training, enough staff to give good care to also spend time with residents. Orientation is a joke for new graduate nurses and new NARs. A mentor system would be a great help.”
 - “adequate staff, professional staff, higher paying wages to attract quality staff, low turnover”
 - ”They need to change staffing ratio’s. There is too much care for the floor nurses/CNA’s in regards to workload.”
 - “Staffing, Staffing, Staffing. They can pay me \$100 but I can’t do the job of two people. When we have extra help on the floor, working is a joy.”
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What They Said About the Factors that Lead to Quality Care

- “The staff that has stayed for years. They have a routine – makes the residents’ stay easier [cites staff group who work well together, not like other floors.]”
 - “Personal contact...time to listen...all employees working and being treated like a team.”
 - “Doing my job as it should be done. Truly liking and caring for the residents the way I was taught, the way they need....No matter if it takes more or makes more work for me. They deserve the best!”
 - “Administration who are open to staff and families. Staff that really care for the elderly and therefore do their best. Staff that is educated in the cares of the elderly....”
 - “Good staff – esp. nurses and aides – consistent staff – enough recreation to fill lonely and boring hours”
 - “Climate where family and resident councils are encouraged and supported.”
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2002 AARP Survey of 818 Minnesotans

- 9 in 10 support strengthening nursing home quality enforcement.
 - Nearly all link the availability of direct care staff to quality and would pay more to achieve it.
 - 8 in 10 say this is a top issue for AARP.
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Respondents' Recommendations

- “Get an accurate picture of staffing and routines by making survey visits a surprise.”
 - “Put a higher premium on staffing.”
 - “Surveyors should make a concerted effort to solicit input from consumers and workers in a comfortable setting and in a gentle manner.”
 - “Continue surveys at roughly an annual basis.”
 - “Consider ways to extend oversight in facilities with problems.”
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Respondents' Recommendations

- “I feel that they survey should examine actual conditions and resident needs rather than a legalistic, wooden, rigid approach.”
 - “Improve the survey by
 - Showing up unannounced on night and weekend shifts
 - Privately interviewing consumers and workers
 - Analyzing past survey records
 - Surveying over a longer period of time”
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Challenges for Committee Action

- Assuring that all stakeholders know what the survey is about and what to expect
 - Scheduling to assure unpredictability
 - Understanding and correcting all the intimidation issues associated with surveys
 - Assuring that information flows after the survey to bring action for sustained change
 - Surveyor resources
 - Drawing information from both written documents and observations
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Challenge to MDH

- How can MDH take a strong leadership role in advocacy for sufficient numbers of well-trained staff in all facilities and on all shifts?
 - Said one worker, speaking for many, “States have to put their money where their mouth is. Get realistic about staffing needs and attitudes would be great....I could work full time if the work load was realistic.”
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For More Information

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