

Minnesota Nursing Facility Long-Stay Resident Quality of Life Survey Reports User Guide

Since 2005, the Department of Human Services (DHS) and survey research firm Vital Research have interviewed Minnesota nursing home residents each year about their quality of life. DHS uses this resident feedback to:

- Help the public choose the right facility for them on the [Minnesota Nursing Home Report Card](#)
- Pay facilities for excellent service to residents and quality improvement, through the [Value Based Reimbursement](#) payment system, the [Performance-Based Incentive Payment Program](#), and Quality Improvement Incentive Payments, and
- Better understand what is important to residents.

This User Guide will help you interpret and understand your facility's survey results. Please note that the survey report is for your information only. DHS risk adjusts your results before any other use and shares these adjusted scores with you in a separate report on the [DHS Nursing Facility Provider Portal](#). Information on risk adjustment can be found at the end of this guide.

DHS and Vital Research extend many thanks to all Minnesota nursing facilities for their interest and participation in the survey.

FAQs about the Resident Quality of Life Survey

What questionnaire does DHS use for the survey?

The survey instrument was originally developed and tested by Drs. Rosalie and Robert Kane of the University of Minnesota. Each year, DHS and Vital Research make minor edits to the survey based on lessons learned from the previous year. In 2016, the State introduced the first major revision of the survey based on input from survey experts, quality of life experts, residents, families and providers to better reflect life in facilities today.

To access the survey and other documents, visit the [Quality of Life project website](#).

Who conducts the survey?

Vital Research is a California-based research and consulting firm with expertise in consumer satisfaction measurement in senior living settings nationwide, and is responsible for training and monitoring local interviewers, scheduling interviews, and conducting face-to-face interviews with residents. Cynthia Cook, Inc., a Minnesota-based staffing agency committed to placing older workers, recruits, selects and employs the interviewers.

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How are residents selected to participate in the survey?

With proportional random sampling, the number of interviews varies based on the number of long-stay residents at each facility. ([Click here to view a sampling table and calculate your facility's number.](#)) Facilities submit a resident census list to Vital Research two weeks before their scheduled interview date. Vital Research determines the number of interviews needed at each facility based on the number of long-stay residents on this list. Vital Research randomly selects the list of long-stay residents to be interviewed.

On the first day of scheduled interviews, each facility provides a list of all residents in isolation and/or whose legal guardian has declined participation on his/her behalf. Interviewers remove these residents from their lists of eligible residents to interview.

Are residents with cognitive impairment interviewed?

Stakeholders, the Minnesota Department of Health, and the University of Minnesota worked with DHS on the issue of including residents with cognitive impairment. As these residents are the largest and most vulnerable group residing in nursing homes, DHS and MDH determined their inclusion strengthens the validity of the results and provides consumers a more realistic view of resident experiences in nursing homes.

The survey was designed and tested for use with the nursing facility population, including residents with dementia, cognitive impairments, disabilities, and those experiencing memory loss. Interviewers are trained on techniques to include responses of residents across a range of disabilities. The interviewer training program, which includes methods proven to achieve a high response rate, is based on Vital Research conducting over 300,000 resident interviews. Interviewers learn how to survey residents who are cognitively impaired, including how to handle challenging situations, and when to discontinue an interview if a resident chooses not to or is unable to participate.

Why are some interviews incomplete?

Only 1% of interviews statewide are incomplete, with the most common reason that residents do not respond to four questions in a row during the interview. At that point, interviewers thank residents and end the interview. You can find the reasons for incomplete interviews at your facility on page 2 of the report.

Is information from incomplete interviews included in the report?

If an interview is incomplete because of “no response to 4 questions in a row” or the reason is listed as “other,” then the interview is dropped. For interviews that are incomplete for any other reason, DHS includes all valid responses from the resident in your report.

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Why would anyone help residents with their interviews?

Interviewers strongly discourage anyone from being present during the interview for the resident's privacy. However, interviewers note if residents request family members or other individuals to be present and if these people prompt resident answers. Statewide, less than 1% of residents receive assistance.

FAQs about the Survey Report

How are facility scores calculated?

DHS codes each resident's response as positive or negative. For some questions, a response of "generally no" is positive while for other questions, a response of "generally yes" is negative. For example, for the question "Do the people who work here ever get angry at you?" a response of "generally no" is positive. Your facility's results are then the average percentage of positive responses to each question. DHS does not include responses of "don't know / not applicable / no response" (or DK/NA/NR) in the calculation. For example, in a small nursing home with 12 respondents, where 9 respond positively, 2 respond negatively and 1 does not respond, the percentage of positive responses for that question is 9/11 or 81.8% positive.

How are domain scores calculated?

Groups of questions on given topics, known as domains, are averaged to create summary scores, such as Food Enjoyment, Dignity and Caregiving. First, DHS calculates an average score for each question in the domain using only valid resident answers. If a resident's answer on any question is categorized "DK/NA/NR," it is not included in the domain score calculations. The facility-wide average answer for each question in the domain is then averaged to create a facility domain score.

How are statewide percentiles calculated?

First, DHS calculates an average percent positive score for each question and domain for your nursing home. Next, DHS ranks all nursing homes' scores from lowest to highest to determine statewide percentile cutoff values. For all question and domain scores, the 10th percentile represents the lowest group of statewide scores, the 50th percentile the approximate statewide average, and the 90th the highest. These cutoff values allow you to compare how your residents rank your facility compared to other facilities statewide.

What are the +/- 5% and 7% margins of error?

The margin of error is a way of expressing whether the number of responses in your report is large enough to accurately represent the range of opinions of all your residents. The survey

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report shows two separate margins of error: 5% for the total score and 7% for each domain. For instance, a 7% margin of error means that if your facility's Dignity score is 90%, the true value – that is, if we could eliminate all error from the survey process and interview all of your residents – lies between 83% and 97%.

Where can I find the number of resident responses?

You can find the number of residents who completed the survey at the top of your resident profile, pages 2 – 3. The numbers of residents completing each individual question and domain is shown next to each item.

What if our scores don't have enough resident responses to meet the margin of error?

The report provides all available scores for your information. However, use caution when interpreting scores where the number of resident responses doesn't meet your margin of error.

On the Overall Grade question, how are the five grades converted to a percent positive?

Similar to grade-point averages, DHS gives "A" 4 points, "B" 3 points, "C" 2 points, "D" 1 point and "F" zero points. DHS adds these points for all residents giving a valid response and divides them by the maximum total points that could be earned on the question.

See the "CLOSER LOOK" section on page 7 for the percentage of responses in each of the A through F categories.

How are the four Mood answers converted to a percent positive?

For most of the mood questions "Never" is the most positive answer. Depending on whether "Never" or "Often" is the most positive answer for each question, that answer is assigned 3 points. In the case where "Often" is the most positive answer, "Never" would be assigned zero points. Like the Grade question, DHS adds these points for all residents giving a valid response and divides them by the maximum total points that could be earned on the question.

See the "CLOSER LOOK" section on page 8 for the percentage of responses in each of the Mood categories.

How does DHS risk adjust our scores for the Report Card and other uses?

Risk adjustment is important to control score differences due to resident and facility characteristics that are generally out of providers' control. DHS uses four resident adjusters — age, gender, cognitive impairment (Cognitive Performance Scale or Brief Interview for Mental Status) and physical impairment (ADL Long-Form score) — and one facility adjuster — located in the Twin Cities metropolitan area versus elsewhere. Average scores of residents who are older, female, and/or more cognitively impaired tend to be higher; whereas, for residents with

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more ADL dependencies they tend to be lower. In addition, average scores tend to be lower for residents in facilities located in the Twin Cities.

Finally, DHS adjusts scores for facility size. Facilities with fewer surveyed residents are more likely than facilities with many surveyed residents to have very high or very low scores due to statistical error rather than real differences in resident quality of life. DHS uses a statistical approach called hierarchical linear modeling. Experts contend that this approach is a more accurate and fair way to compare facilities.

My scores are not as high as I would like them to be. How can I get help to improve?

To ask about resources, collaborative quality improvement projects and future training seminars which are available to you, contact Kim Class, DHS Quality Improvement Nurse Specialist at 651-431-2233 or Kimberly.Class@state.mn.us.

I still have questions about my results. Who can I contact for more information?

Please contact Teresa Lewis, DHS LTC Senior Research Associate at 651-431-4208 or Teresa.Lewis@state.mn.us.