NURSING HOME TECHNICAL ASSISTANCE PROJECT

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INSPECTOR GENERAL

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Office of Inspector General

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This special report is produced by the Office of Analysis and Inspections (OAI), one of the three major offices within the OIG. The other two are the Office of Audit and the Office of Investigations. The OAI conducts inspections which are typically short term studies designed to determine program effectiveness, efficiency and vulnerability to fraud or abuse.

This inspection, entitled "Nursing Home Technical Assistance Project," was conducted to determine which of the nursing home data collected by the Health Care Financing Administration consumers consider most crucial in evaluating these nursing homes for admission of a patient. The report was prepared by the headquarters Health Care Branch, Office of Analysis and Inspections with the assistance of regional offices I through IX. Participating in this report were the following people:

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Health Care Financing Administration (HCFA) is planning to publish information on some 16,000 nursing homes that care for Medicare or Medicaid patients. The major purpose of this release will be to provide consumers with a tool that can be used in the evaluation and selection of a nursing home. In order to ensure that the final release does include the information that potential users consider most crucial, HCFA is asking relevant organizations to suggest which of the elements from the Medicare/Medicaid Skilled Nursing Facility and Intermediate Care Facility Survey Report (HCFA Form 519) they consider most important. The Office of Inspector General (OIG) was asked to collect the opinions of potential users of this information at the local level.

The OIG conducted a total of 341 interviews nationwide. The respondents were almost evenly divided between discharge planners, senior citizens, family members of current nursing home residents, physicians, and staff members of the Area Agencies on Aging. Urban respondents numbered 181, with 160 rural respondents. By choosing those indicators on the HCFA survey report that seemed both important and representative, we developed a document containing 63 individual items: 19 related to characteristics of nursing home residents and 44 potential indicators of quality. The respondents were asked to indicate on a 5-point scale how important they would rate each of these 63 indicators. Analysis of this data enabled us to determine the relative importance of each item to the respondents and thus to rank each indicator.

The ranking of these indicators had no clear lines of demarcation, except that all items related to patient characteristics ranked lower than those related to quality indicators across all categories of respondents. There were indications that this was in part due to the respondents' lack of understanding of the significance of the patient characteristics indicators. In addition, respondents made many suggestions regarding important information on nursing homes that is not included in the HCFA survey report. We recommend that HCFA consider including this information, which is detailed in this report, in the nursing home release.

We also found that the respondent physicians and discharge planners tended to rate all of the items lower than did the other respondents. However, each category of respondent reported a need for easily accessible, objective information on nursing homes. Thus we recommend that HCFA assign high priority to the nursing home information release.

BACKGROUND

In December 1987, the Health Care Financing Administration (HCFA) publicly released data on the mortality rates of Medicare beneficiaries, broken down by hospital and diagnosis. This action was part of a major HCFA initiative to increase information available to consumers in order to permit them to make informed decisions concerning alternative approaches to satisfy their health care needs. The HCFA is planning in the near future to publish information on some 16,000 nursing homes that handle Medicare or Medicaid patients. The main purpose of this release, which will be drawn from the annual inspection reports submitted to HCFA by the State survey agencies, is to provide the consumer with a tool that can be used in the evaluation and selection of a nursing home. This is in full accord with HCFA's commitment to sharpen competition among medical care givers. As Dr. William L. Roper, Administrator of HCFA, commented in a recent "Washington Post" interview, "If you believe in a more competitive health care system, you have to believe in giving people appropriate information so they can make choices..."

The data set available to HCFA containing the necessary nursing home information is maintained in the Medicare/Medicaid Automated Certification System (MAACS), and contains approximately 700 data elements. The publication of all this information would be counter-productive, and would only serve to confuse the consumer seeking an effective method of comparing nursing homes. Therefore, HCFA is planning to limit the information released to those indicators that consumers will find most relevant and useful in their search for appropriate nursing home care.

In order to ensure that the final release does include the information that potential users consider most crucial, HCFA is asking the nursing home industry, both Houses of Congress, the American Association of Retired Persons (AARP), and other relevant organizations to suggest data elements which these organizations believe are most important. Since HCFA is also concerned that local input be actively solicited, the Office of Inspector General (OIG) was asked to collect the opinions of potential users of this information at the local level.

This inspection collected information regarding the value of certain measures of nursing home performance in the selection of a nursing home by a potential resident and other interested parties. The source document for these measures, HCFA form 519, is the Medicare/Medicaid Skilled Nursing Facility and Intermediate Nursing Facility Survey Report. This report is completed annually, or as needed,

and serves as a record of findings made by a team of medical professionals during a physical examination of each Medicare/Medicaid certified nursing home, including record review and patient interviews as well as observations of nursing care and techniques.

Additional forms document deficiencies in care, passing of medications, food service, etc. The information reported in all of these forms provides the basis for corrective action required of nursing homes found to be deficient. Information on over 700 requirements is reported, ranging from whether the kitchen is adequately ventilated to whether there is sufficient nursing staff and adequate disaster planning.

OBJECTIVES

This inspection is intended to provide HCFA with input from the expected users of the nursing home data, including senior citizens, family members, discharge planners, physicians and staff members of the Area Agency on Aging (AAA). The major objectives of this inspection were:

- To determine which of the patient characteristic and quality indicator data elements contained in MMACS are considered the most important by potential users of the information.

- To collect further comments from these same respondents regarding other data that might be included in the information release to ensure that this project is of maximum usefulness.

- To gather suggestions on the format of the information release which might enhance its clarity and usefulness to the consumer.

METHODOLOGY

In an effort to provide information representative of concerns nationwide, each of the 8 Office of Analysis and Inspections' regional offices was to select 40 respondents, for a total of 320 interviews. Four different sites, two urban and two rural, were selected judgmentally within each region. The urban sites were to represent different segments of a city, either geographic or socioeconomic, while the rural sites were to be separate, although they could be adjacent to the urban site or each other.

At each site, ten respondents were to be contacted. These included two hospital discharge planners with separate case loads; two senior citizens not currently living in nursing homes; two family members of senior citizens who had entered a nursing home with the last three months; two physicians who treat patients in nursing homes; and two staff members of the AAA, including the local ombudsman. The actual number of respondents was 341. This included 72 discharge planners, 68 senior citizens, 65 family members, 67 physicians (54 associated with a nursing home and 13 who did not treat nursing home patients); 66 staff members of AAA and 3 other parties.

Because survey respondents could not be expected to evaluate lists of hundreds of technical data entries, discussions were held among OIG staff familiar with quality reviews to determine which items should form the list which respondents would be asked to evaluate. In some instances, related elements were collapsed into a larger area of inquiry. In other instances, the OIG workgroup thought the requirements, while important, would mean little to a layperson as an indicator of quality. The list finally arrived at contained 63 individual items, 19 related to characteristics of the home's residents and 44 to potential indications of quality.

A review document was created which listed the 63 items, related them to the source document and provided a scale for ranking them. (See appendix A.) A 5-point scale asked each respondent to determine if the item was of little or no importance, some importance, moderate importance, great importance or very great importance in choosing a nursing home. The staff went through the list of resident characteristics and quality indicators with all consenting respondents.

Urban respondents numbered 181, with 160 rural respondents. In most regions, urban and rural respondents were evenly represented. However, in the New York and Atlanta regions, urban respondents were 75 and 60 percent of the respective totals, while in the Chicago region, rural respondents represented 61 percent of those contacted.

Field work was undertaken starting March 29, 1988 and completed by April 7, 1988. The respondents were informed of the nature of the study, asked if they would agree to participate and oriented to the review document. They were asked to circle on the review document the rating they would give each item. This rating from one to five was to indicate how important that particular data item would be to them in choosing a nursing home.

The raw data consisted of the respondents' ratings of the data elements on the quality indicators and patient characteristics instruments. These categorical responses were subjected to an analysis using ridits. In this analysis, each item in the instrument was assigned a value that indicates the probability that it would be given higher ratings than all the other items. By ranking each item according to its ridit value, we were able to determine the relative importance of each item. (For a more detailed description of this analysis, see appendix B.)

MAJOR FINDINGS

1. Our interviews with discharge planners and physicians indicated that many of these professionals, with a responsibility for directing Medicare beneficiaries to nursing homes, were making these crucial decisions based on inadequate information. The physicians responding often had access to little or no objective data. Many discharge planners interviewed had not recently been in a nursing home, and often were unaware that the HCFA survey reports were available.

2. Each category of respondent, whether discharge planners, physicians, AAA staff, senior citizens or family members, conveyed the belief that the publication of nursing home data would be a valuable tool that would help anyone involved in choosing a nursing home.

3. All patient characteristics items ranked lower than the quality indicators items across all classes of respondents.

   This finding seems to reflect the lower priority that patient characteristics are given by potential nursing home consumers. However, many respondents, particularly senior citizens and family members, stated that they were not clear about the significance of many of these items. For example, would a high number of patients with decubiti indicate that the home was experienced in giving care in such cases, or would it rather mean that patients were badly neglected? Does a large number of patients with catheters indicate that this kind of patient can be easily accommodated, or could it show that catheterization was used for the convenience of staff? There were further comments that, in the absence of adequate information on staff/patient ratios, no meaningful conclusions about the suitability of a nursing home could be drawn from patient

characteristic data. If patient characteristic data are to be included in the information releases, these should be accompanied by careful explanations of their potential significance.

4. The professional respondents (physicians and discharge planners) tended to rate all of the items lower than did the other respondents.

   Those professionals with experience in making nursing home placements may have developed their own criteria for evaluating facilities, leading them to rely less on this additional information. In addition, several respondents, especially discharge planners, commented that the indicators in the survey were basic standards which they assumed all certified nursing homes would meet. They saw the number of complaints or citations as more relevant factors in nursing home choice. It was further pointed out that for many patients, particularly those whose care is paid for by Medicaid, the overriding criterion would be whether or not a bed was actually available.

5. The ten highest ranking data elements follow in order of ranking:

   1. The facility notifies the resident's physician in the event of significant change in the resident's health status.

   2. Drugs are administered in accordance with written orders of the attending physician.

   3. Emergency services are available and provided to each resident who required emergency care.

   4. Emergency power is available where life support systems are used.

   5. A written consent is required for experimental research.

   6. Nursing service is provided 24 hours a day.

   7. Residents are allowed to communicate privately with individuals of their choice, and send/receive personal mail unopened.

8. Each resident receives care to prevent skin breakdown and receives necessary care to promote healing.

9. The facility is maintained free from insects and rodents.

10. A resident is sedated or physically restrained only when authorized by a physician.

For a complete and detailed ranking by item and respondent type, see appendix C.

6. In addition, there was considerable feedback on the need to include information that goes beyond the scope of the HCFA survey reports. This includes general explanatory information, as well as additional specific data elements describing further resident characteristics or indicating expected quality of care. The additional information requested fell into the following categories.

- o General information to be contained in an introduction or appendix:
  - A clear definition of skilled nursing facilities.
  - An explanation of Medicare and Medicaid regulations for nursing home coverage, including what services are covered, how much will be paid and how beneficiaries can qualify.
  - Names, addresses and phone numbers of additional resources that consumers can contact for further assistance. These would include both State and local AAA staff and ombudsmen, as well as local social service departments.
  - A checklist of further questions families should ask of any nursing home under consideration. This was considered particularly important as the information release will be limited to data readily available to HCFA, and thus many vital indicators will not be included in the individual profiles. It was also suggested that HCFA update and reissue its helpful 1978 booklet, <u>How to Select a Nursing Home</u>.

- A description of the process of inspection, licensure and certification of nursing homes.

- An explanation of resident rights that are required by law.

o Additional specific indicators that might be included in the individual facility profile:

- Staff/patient ratios. This was cited as the most important indicator of quality by many physicians, discharge planners and AAA staff. In addition, more specific information on staffing was requested, such as types of training required, levels of nursing care, ratio of staff to special care patients, extent of registered nurse (RN) coverage and weekend/evening/night coverage.

- Sanction/Compliance history. Many respondents indicated that it would be useful to know if a nursing home had been cited for compliance violations in previous years, what the violation were, and if these were corrected appropriately. In addition, information could be provided on any sanctions that had been imposed, including loss of license.

o Other factors considered important in the choice of a nursing home:

- Respondents listed many other criteria that they felt should be included in a thorough assessment of a nursing home. However, HCFA does not have facility-specific data on most of these criteria; perhaps they could be included in the check list for consumers that was suggested above. The suggested additional factors are listed in appendix D.

o Suggestions as to format:

- Include State averages (or acceptable minimums or ranges) to serve as a baseline for comparison with a particular nursing home's rating on individual data elements.

- Use percentages, ratios or rankings, where possible, to clarify the ratings of the individual facilities.

- Give a brief explanation of the significance of those data elements that might not be clear to a nonmedical consumer.

RECOMMENDATIONS

1. The HCFA should assign high priority to the nursing home information release. It is clear from the OIG survey that accessible and objective data on nursing homes would be useful to the public.

2. In developing the format of the information release, HCFA should incorporate some of the suggestions of the survey respondents. In particular, HCFA should consider including:

   o A definition of skilled nursing facilities.

   o An explanation of Medicare/Medicaid coverage regulations for nursing homes.

   o A list of additional resources that consumers can contact for further assistance.

   o A check list of questions families should ask of any nursing home under consideration. (Many suggestions for this list are included in appendix D.)

   o A description of the process of inspection and licensure of nursing homes.

   o An explanation of resident rights that are required by law.

   o Information, as detailed as possible, on staff/patient ratios in each home.

   o The sanction and compliance history of each facility.

   o State averages, or acceptable minimums or ranges, to serve as a baseline for the evaluation of individual nursing homes.

- Percentages, ratios or rankings, where possible, to clarify the ratings of the individual facilities.

3. Other guides to choosing a nursing home should be referenced. These would include those published by non-Government agencies or by other branches of Government.

APPENDIX A

Resident Characteristics

How important to you is each of the following resident characteristics in choosing a nursing home?

Item Tag	Resident Characteristic (How important is it to know the following?)	Little or No Importance	Some Importance	Moderate Importance	Great Importance	Very Great Importance
F6	1a Total Resident Census?	1	2	3	4	5
F3-F5	1b Resident Census Broken Down by Whether the Resident is Medicare, Medicaid, or Private Pay?	1	2	3	4	5
F9	2 The Number of Residents Who Require Bathing Assistance?	1	2	3	4	5
F13	3 The Number of Residents Who Require Dressing Assistance?	1	2	3	4	5
F17	4 The Number of Residents Who Require Toileting Assistance?	1	2	3	4	5
F21	5 The Number of Residents Who Require Transfer Assistance?	1	2	3	4	5
F22	6 The Number of Residents Who have Catheters?	1	2	3	4	5
F26	7 The Number of Residents Who have Parenteral Feedings?	1	2	3	4	5
F29	8 The Number of Residents Who Require Feeding Assistance?	1	2	3	4	5
F30	9 The Number of Residents Who are Completely Bedfast?	1	2	3	4	5
F31	10 The Number of Residents Who are Chairbound?	1	2	3	4	5
F32	11 The Number of Residents Who are Ambulatory?	1	2	3	4	5
F34	12 The Number of Residents Who are Disoriented?	1	2	3	4	5

Resident Characteristics

How important to you is each of the following resident characteristics in choosing a nursing home?

Item Tag	Resident Characteristic (How important is it to know the following?)	Little or No Importance	Some Importance	Moderate Importance	Great Importance	Very Great Importance
F35	13 The Number of Residents with Decubiti (Bedsores)?	1	2	3	4	5
F36	14 The Number of Residents with Bowel and Bladder Restraining?	1	2	3	4	5
F37	15 The Number of Residents Who Require Special Skin Care?	1	2	3	4	5
F38	16 The Number of Residents Who Require Intravenous Therapy/ Blood Transfusions?	1	2	3	4	5
F39	17 The Number of Residents Who Require NO Assistance with Activities of Daily Living?	1	2	3	4	5
F40	18 The Number of Residents Who Self-Administer Drugs?	1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

Quality Indicators

How important to you is each of the following quality indicators in choosing a nursing home?

Item Tag		Quality Indicator (How important is it to know the following?)	Little or No Importance	Some Importance	Moderate Importance	Great Importance	Very Great Importance
F44-F46	1	Resident is informed in writing of rights, rules, and amendments.	1	2	3	4	5
F48-F49 -F50	2	Resident is informed in writing of services and charges and non-covered services.	1	2	3	4	5
F53	3	Resident can refuse treatment.	1	2	3	4	5
F54	4	A written consent is required for experimental research.	1	2	3	4	5
F60-F61	5	Each resident is allowed to submit complaints and recommendations free from restraint, coercion, discrimination, or reprisal.	1	2	3	4	5
F62	6	Residents are allowed to manage their own financial affairs.	1	2	3	4	5
F64	7	The nursing home does not co-mingle resident funds with any other funds.	1	2	3	4	5
F71	8	A resident is sedated or physically restrained only when authorized by physician.	1	2	3	4	5
F76	9	Each resident is given privacy during treatment.	1	2	3	4	5
F78	10	Each resident gives written consent before records are released.	1	2	3	4	5
F82-F83	11	Each resident is allowed to communicate privately with individuals of their choice, and send/receive personal mail unopened.	1	2	3	4	5
F85	12	Each resident is allowed to retain and use their personal possessions.	1	2	3	4	5

Quality Indicators

How important to you is each of the following quality indicators in choosing a nursing home?

Item Tag		Quality Indicator (How important is it to know the following?)	Little or No Importance	Some Importance	Moderate Importance	Great Importance	Very Great Importance
F90	13	The facility notifies the resident's physician in the event of significant change in the resident's health status.	1	2	3	4	5
F98-F99	14	Physician plans and supervises resident's care.	1	2	3	4	5
F100	15	Emergency services are available and provided to each resident who requires emergency care.	1	2	3	4	5
F113	16	Nursing service is provided 24 hours a day.	1	2	3	4	5
F116-F117	17	Each resident receives care to prevent skin breakdown and receive necessary care to promote healing.	1	2	3	4	5
F128	18	There is a registered nurse on the day tour, seven days a week.	1	2	3	4	5
F130	19	A licensed nurse is designated as the charge nurse at all times.	1	2	3	4	5
F156	20	Rehabilitative nursing care is performed for each resident who requires such service.	1	2	3	4	5
F157-F159	21	There is an ongoing evaluation of each residents rehabilitative nursing needs including assistance and instruction in the activities of daily living.	1	2	3	4	5
F163	22	Each resident is provided with the appropriate amount of food and fluid and their actual intake is monitored.	1	2	3	4	5
F174	23	Drugs are administered in accordance with written orders of the attending physician.	1	2	3	4	5

Quality Indicators

How important to you is each of the following quality indicators in choosing a nursing home?

Item Tag		Quality Indicator (How important is it to know the following?)	Little or No Importance	Some Importance	Moderate Importance	Great Importance	Very Great Importance
F178	24	Menus meet the special nutritional needs of each resident in accordance with physicians orders.	1	2	3	4	5
F193	25	At least three meals are served daily at regular hours.	1	2	3	4	5
F212	26	Pharmacists review the drug regimen of each resident, at least monthly.	1	2	3	4	5
F216	27	The labeling of drugs includes cautionary instructions as well as an expiration date when applicable.	1	2	3	4	5
F219	28	All laboratory services are provided only on the orders of physicians.	1	2	3	4	5
F227	29	Services are provided, as appropriate, to meet the social and emotional needs of the residents.	1	2	3	4	5
F232	30	An ongoing program of meaningful activities is for each resident.	1	2	3	4	5
F239	31	Each residents' needs are addressed in a written plan of care.	1	2	3	4	5
F249	32	A sufficient medical record is maintained for identification, diagnoses and treatment for each resident.	1	2	3	4	5
F276	33	The dining room is clean, orderly, and of adequate size.	1	2	3	4	5
F281-F282	34	The resident room meets minimum size standard (i.e., 100 sq. ft. for single rooms, 80 sq. ft. per resident in multiple resident rooms).	1	2	3	4	5

Quality Indicators

How important to you is each of the following quality indicators in choosing a nursing home?

Item Tag		Quality Indicator (How important is it to know the following?)	Little or No Importance	Some Importance	Moderate Importance	Great Importance	Very Great Importance
F283	35	Each room is equipped with or conveniently located near toilet and bathing facilities.	1	2	3	4	5
F286	36	Each resident's room has a comfortable and functional bed and chair, plus a cabinet and light.	1	2	3	4	5
F288	37	Each resident room has a functionable call system.	1	2	3	4	5
F309	38	Single rooms with private toilet and handwashing facilities are available for resident's requiring isolation.	1	2	3	4	5
F313	39	All common resident areas are clean, sanitary, and free of odors.	1	2	3	4	5
F316	40	A comfortable room temperature is maintained in all resident room and common areas.	1	2	3	4	5
F330	41	Dietic service personnel practice hygienic food handling techniques.	1	2	3	4	5
F336	42	Emergency power is available where life support systems are used.	1	2	3	4	5
F347	43	The facility is maintained free from insects and rodents.	1	2	3	4	5
F356	44	All employees are trained in preparedness for any disaster.	1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5

NURSING HOMES TECHNICAL ASSISTANCE PROJECT

Interviewer Name: _____

Region: _____

State: _____

Type of Respondent: _____

Name: _____

Address: _____

Phone: _____

Type of Site (check one):

Urban _____

Rural _____

APPENDIX B

Nursing Home Technical Assistance Project

Analysis Using RIDITS

The data collected in the Nursing Home Technical Assistance Project (NHTAP) consists of categorical responses, qualitatively ordered from 1 (Little or No Importance) to 5 (Very Great Importance). Data in this form can be thought of as an arbitrary categorization of some underlying but unmeasured, continuous distribution. This is the only assumption necessary to preform a ridit analysis. No other assumptions about the distribution of the data, such as an underlying normality, are required. In the ridit analysis, each item in the questionnaire is assigned a value that is interpretable as a probability. That is, the value associated with each item is the probability that a randomly chosen response for that item has a value greater than that from the predefined standard group.

The term ridit is an acronym for 'relative to an identified distribution.'[1] A standard reference group is constructed, and then a mean ridit is computed for each item in the questionnaire using the reference group as the comparison group. For this analysis, the reference group is the total number of responses, by category, for all items across all respondents. The response distribution of each item is therefore compared to the response distribution of all items. This will allow us to then rank order the mean ridit for each item and essentially determine the relative importance of each item. That is, the item with the highest mean ridit was consistently given more extreme values (responses in categories 4 and 5) more often than any other item.

The following table shows the construction of the relative, or standard, group.

Relative Distribution

Response Category		Num.	Ridit
No Response	0	155	-
Little or No Importance	1	1,508	0.035
Some Importance	2	1,458	0.105
Moderate Importance	3	2,986	0.209
Great Importance	4	5,268	0.403
Very Great Importance	5	10,108	0.763
Total		21,483	
Total (less No Response)		21,328	

The total of the Num. column is equal to the number of items (63) times the number of respondents (341). Each entry under the Num. column gives the number of times that value was given to any item by any respondent. Under the column headed Ridit, each entry is the proportion of responses in all of the lower categories plus half the number of responses in that category (excluding the No Response category). This table also summarizes the responses of the entire group of respondents interviewed for this study.

The following example shows how the mean ridit is calculated for a given item. This calculation is carried out for all items in the questionnaire.

Calculation of Mean Ridit for Item F6
"Total Patient Census?"

Response Category		Num.	Ridit	Num. X Ridit
No Response	0	3	-	-
Little or No Importance	1	61	0.035	2.1
Some Importance	2	68	0.105	7.1
Moderate Importance	3	91	0.209	19.0
Great Importance	4	72	0.403	29.0
Very Great Importance	5	46	0.763	35.1
Total		338		92.3

Mean Ridit = (92.3/338) = 0.273

This result indicates that the responses to Item F6 (Total Patient Census?) would have a more extreme value than the total of the responses only 27% of the time.

With the ridit analysis one can partition the data set in any meaningful way and recalculate ridits. The average values for these partitions, across items, will always be 0.500. Thus, one can produce an ordered relationship among the items using the mean ridit per item in a distribution free manner.

Attached is a listing of each item on the questionnaire with the mean ridit for each item. Six ridit values have been calculated. The first is across all category of respondents, and the list of items is sorted, descending, by this value. The next five values are the ridits, for each item, calculated for discharge planners, senior citizens, family members, physicians, and AAA staffers, respectively.

The following stem and leaf plot (a modified histogram) demonstrates the clustering of the ridits obtained in this analysis.

Stem	Leaf	#
.6	555578	6
.6	00011222334444	14
.5	555666788999999	15
.5	011223344	9
.4	9	1
.4		
.3	8	1
.3	023	3
.2	66667777999	11
.2	444	3

This figure plots the ridit values for all 63 items in the questionnaire. For example, there are 6 values between .65 and .68. This is shown on the top line of the figure. The 'Stem' gives you the value in the first position following the decimal point and the 'Leaf' gives you the value of the second digit following the decimal point. Thus there are four values of .65, one value of .67 and one value of .68.

Those items falling into the lower cluster (from 0.2 to 0.3) are the first 17 items of the questionnaire. This would indicate that the census type of information is of the least importance. This finding held up across all of the respondent types.

This last table shows the average ridit by respondent type. For this table, a ridit was calculated for each respondent, across all items. This allows us to compare the ranking behavior of each type of respondent.

Type of Respondent	Num.	Avg. Ridit	90% C.I. Lower	Upper
Discharge Planner	72	0.48	0.45	0.51
Senior Citizen	68	0.54	0.51	0.57
Family Member	65	0.51	0.48	0.54
Physician	67	0.44	0.41	0.48
AAA Staff	66	0.53	0.51	0.55
Other	3	0.41	0.30	0.52
Total	341			

The results indicate that, on the whole, the nonprofessional respondents, senior citizens and family members, as well as the AAA staff, tended to rate the all of the items as more important than did the professional respondents, physicians and discharge planners.

1. Fleiss, Joeseph L., Statistical Methods for Rates and Proportions, New York: John Wiley & Sons

APPENDIX C

Ridits by Item and Respondent Type

Tag	Item Name	Tot	Disch Plan	Sen. Cit.	Fam. Mem.	MDs	AAA
F90	THE FACILITY NOTIFIES THE RESIDENT'S PHYSICIAN IN THE EVENT OF SIGNIFICANT CHANGE IN THE RESIDENT'S HEALTH STATUS.	0.684	0.688	0.723	0.679	0.679	0.700
F174	DRUGS ARE ADMINISTERED IN ACCORDANCE WITH WRITTEN ORDERS OF THE ATTENDING PHYSICIAN.	0.673	0.660	0.696	0.688	0.688	0.681
F100	EMERGENCY SERVICES ARE AVAILABLE AND PROVIDED TO EACH RESIDENT WHO REQUIRES EMERGENCY CARE.	0.653	0.660	0.686	0.661	0.661	0.637
F336	EMERGENCY POWER IS AVAILABLE WHERE LIFE SUPPORT SYSTEMS ARE USED.	0.650	0.638	0.664	0.697	0.697	0.644
F54	A WRITTEN CONSENT IS REQUIRED FOR EXPERIMENTAL RESEARCH.	0.646	0.620	0.660	0.645	0.645	0.694
F113	NURSING SERVICE IS PROVIDED 24 HOURS A DAY.	0.646	0.672	0.629	0.672	0.672	0.634
F82	EACH RESIDENT IS ALLOWED TO COMMUNICATE PRIVATELY WITH INDIVIDUALS OF THEIR CHOICE, AND SEND/RECEIVE PERSONAL MAIL UNOPENED.	0.644	0.643	0.667	0.617	0.617	0.693
F116	EACH RESIDENT RECEIVES CARE TO PREVENT SKIN BREAKDOWN AND RECEIVE NECESSARY CARE TO PROMOTE HEALING.	0.639	0.665	0.631	0.651	0.651	0.640
F347	THE FACILITY IS MAINTAINED FREE FROM INSECTS AND RODENTS.	0.638	0.626	0.668	0.668	0.668	0.635
F71	A RESIDENT IS SEDATED OR PHYSICALLY RESTRAINED ONLY WHEN AUTHORIZED BY PHYSICIAN.	0.637	0.618	0.675	0.638	0.638	0.684
F249	A SUFFICIENT MEDICAL RECORD IS MAINTAINED FOR IDENTIFICATION, DIAGNOSES AND TREATMENT FOR EACH RESIDENT.	0.634	0.622	0.637	0.655	0.655	0.675

Ridits by Item and Respondent Type

Tag	Item Name	Tot	Disch Plan	Sen. Cit.	Fam. Mem.	MDs	AAA
F313	ALL COMMON RESIDENTS AREAS ARE CLEAN, SANITARY, AND FREE OF ODORS.	0.632	0.608	0.673	0.657	0.657	0.629
F60	EACH RESIDENT IS ALLOWED TO SUBMIT COMPLAINTS AND RECOMMENDATIONS FREE FROM RESTRAINT, COERCION, DISCRIMINATION, OR REPRISAL.	0.623	0.635	0.620	0.592	0.592	0.713
F128	THERE IS A REGISTERED NURSE ON THE DAY TOUR, SEVEN DAYS A WEEK.	0.622	0.617	0.629	0.679	0.679	0.623
F288	EACH RESIDENT ROOM HAS A FUNCTIONAL CALL SYSTEM.	0.616	0.643	0.631	0.605	0.605	0.650
F98	PHYSICIAN PLANS AND SUPERVISES RESIDENT'S CARE.	0.610	0.597	0.638	0.617	0.617	0.609
F130	A LICENSED NURSE IS DESIGNATED AS THE CHARGE NURSE AT ALL TIMES.	0.606	0.602	0.620	0.644	0.644	0.596
F330	DIETETIC SERVICE PERSONNEL PRACTICE HYGIENIC FOOD HANDLING TECHNIQUES.	0.605	0.573	0.627	0.651	0.651	0.617
F64	THE NURSING HOME DOES NOT CO-MINGLE RESIDENT FUNDS WITH ANY OTHER FUNDS.	0.596	0.579	0.641	0.568	0.568	0.648
F356	ALL EMPLOYEES ARE TRAINED IN PREPAREDNESS FOR ANY DISASTER.	0.596	0.575	0.668	0.659	0.659	0.591
F156	REHABILITATIVE NURSING CARE IS PERFORMED FOR EACH RESIDENT WHO REQUIRES SUCH SERVICE.	0.591	0.625	0.580	0.576	0.576	0.632
F48	RESIDENT IS INFORMED IN WRITING OF SERVICES AND CHARGES AND NON-COVERED SERVICES.	0.591	0.592	0.653	0.575	0.575	0.686
F85	EACH RESIDENT IS ALLOWED TO RETAIN AND USE THEIR PERSONAL POSSESSIONS.	0.591	0.599	0.625	0.556	0.556	0.634

Ridits by Item and Respondent Type

Tag	Item Name	Tot	Disch Plan	Sen. Cit.	Fam. Mem.	MDs	AAA
F178	MENUS MEET THE SPECIAL NUTRITIONAL NEEDS OF EACH RESIDENT IN ACCORDANCE WITH PHYSICIANS ORDERS.	0.589	0.580	0.621	0.613	0.613	0.638
F76	EACH RESIDENT IS GIVEN PRIVACY DURING TREATMENT.	0.588	0.589	0.617	0.561	0.561	0.659
F163	EACH RESIDENT IS PROVIDED WITH THE APPROPRIATE AMOUNT OF FOOD AND FLUID AND THEIR ACTUAL INTAKE IS MONITORED.	0.587	0.589	0.590	0.617	0.617	0.603
F309	SINGLE ROOMS WITH PRIVATE TOILET AND HANDWASHING FACILITIES ARE AVAILABLE FOR RESIDENT'S REQUIRING ISOLATION.	0.582	0.578	0.628	0.587	0.587	0.585
F193	AT LEAST THREE MEALS ARE SERVED DAILY AT REGULAR HOURS.	0.577	0.590	0.587	0.576	0.576	0.603
F316	A COMFORTABLE ROOM TEMPERATURE IS MAINTAINED IN ALL RESIDENT ROOM AND COMMON AREAS.	0.569	0.530	0.595	0.628	0.628	0.584
F78	EACH RESIDENT GIVES WRITTEN CONSENT BEFORE RECORDS ARE RELEASED.	0.565	0.572	0.601	0.554	0.554	0.612
F227	SERVICES ARE PROVIDED, AS APPROPRIATE, TO MEET THE SOCIAL AND EMOTIONAL NEEDS OF THE RESIDENTS.	0.561	0.597	0.525	0.560	0.560	0.639
F283	EACH ROOM IS EQUIPPED WITH OR CONVENIENTLY LOCATED NEAR TOILET AND BATHING FACILITIES.	0.558	0.538	0.625	0.581	0.581	0.561
F216	THE LABELING OF DRUGS INCLUDES CAUTIONARY INSTRUCTIONS AS WELL AS AN EXPIRATION DATE WHEN APPLICABLE.	0.552	0.544	0.629	0.596	0.596	0.554
F276	THE DINING ROOM IS CLEAN, ORDERLY, AND OF ADEQUATE SIZE.	0.549	0.522	0.589	0.602	0.602	0.534

Ridits by Item and Respondent Type

Tag	Item Name	Tot	Disch Plan	Sen. Cit.	Fam. Mem.	MDs	AAA
F219	ALL LABORATORY SERVICES ARE PROVIDED ONLY ON THE ORDERS OF PHYSICIANS.	0.547	0.506	0.629	0.603	0.603	0.525
F157	THERE IS AN ONGOING EVALUATION OF EACH RESIDENTS REHABILITATIVE NURSING NEEDS INCLUDING ASSISTANCE AND INSTRUCTION IN THE ACTIVITIES OF DAILY LIVING.	0.543	0.576	0.528	0.544	0.544	0.608
F232	AN ONGOING PROGRAM OF MEANINGFUL ACTIVITIES IS FOR EACH RESIDENT.	0.535	0.587	0.488	0.509	0.509	0.607
F44	RESIDENT IS INFORMED IN WRITING OF RIGHTS, RULES, AND AMENDMENTS.	0.534	0.527	0.620	0.494	0.494	0.649
F286	EACH RESIDENT'S ROOM HAS A COMFORTABLE AND FUNCTIONAL BED AND CHAIR, PLUS A CABINET AND LIGHT.	0.531	0.503	0.575	0.574	0.574	0.550
F212	PHARMACISTS REVIEW THE DRUG REGIMEN OF EACH RESIDENT, AT LEAST MONTHLY.	0.523	0.513	0.539	0.555	0.555	0.578
F53	RESIDENT CAN REFUSE TREATMENT.	0.523	0.520	0.548	0.460	0.460	0.641
F281	THE RESIDENT ROOM MEETS MINIMUM SIZE STANDARD (i.e., 100 SQ. FT. FOR SINGLE ROOMS, 80 SQ. FT. PER RESIDENT IN MULTIPLE RESIDENT ROOMS).	0.511	0.495	0.612	0.517	0.517	0.490
F239	EACH RESIDENTS' NEEDS ARE ADDRESSED IN A WRITTEN PLAN OF CARE.	0.505	0.519	0.503	0.488	0.488	0.595
F62	RESIDENTS ARE ALLOWED TO MANAGE THEIR OWN FINANCIAL AFFAIRS.	0.496	0.443	0.547	0.462	0.462	0.578
F35	THE NUMBER OF RESIDENTS WITH DECUBITI (BEDSORES)?	0.487	0.400	0.545	0.501	0.501	0.572

Ridits by Item and Respondent Type

Tag	Item Name	Tot	Disch Plan	Sen. Cit.	Fam. Mem.	MDs	AAA
F34	THE NUMBER OF RESIDENTS WHO ARE DISORIENTED?	0.380	0.297	0.513	0.384	0.384	0.439
F30	THE NUMBER OF RESIDENTS WHO ARE COMPLETELY BEDFAST?	0.329	0.298	0.419	0.315	0.315	0.369
F36	THE NUMBER OF RESIDENTS WITH BOWEL AND BLADDER RESTRAINING?	0.320	0.269	0.398	0.343	0.343	0.334
F38	THE NUMBER OF RESIDENTS WHO REQUIRE INTRAVENOUS THERAPY/BLOOD TRANSFUSIONS?	0.297	0.293	0.378	0.285	0.285	0.300
F32	THE NUMBER OF RESIDENTS WHO ARE AMBULATORY?	0.292	0.239	0.354	0.254	0.254	0.367
F37	THE NUMBER OF RESIDENTS WHO REQUIRE SPECIAL SKIN CARE?	0.292	0.292	0.381	0.290	0.290	0.276
F29	THE NUMBER OF RESIDENTS WHO REQUIRE FEEDING ASSISTANCE?	0.287	0.243	0.383	0.303	0.303	0.328
F6	TOTAL RESIDENT CENSUS?	0.273	0.270	0.344	0.259	0.259	0.345
F31	THE NUMBER OF RESIDENTS WHO ARE CHAIRBOUND?	0.269	0.217	0.353	0.278	0.278	0.301
F17	THE NUMBER OF RESIDENTS WHO REQUIRE TOILETING ASSISTANCE?	0.269	0.199	0.350	0.341	0.341	0.290
F39	THE NUMBER OF RESIDENTS WHO REQUIRE NO ASSISTANCE WITH ACTIVITIES OF DAILY LIVING?	0.267	0.236	0.297	0.283	0.283	0.303
F26	THE NUMBER OF RESIDENTS WHO HAVE PARENTERAL FEEDINGS?	0.263	0.252	0.339	0.229	0.229	0.269
F3	RESIDENT CENSUS BROKEN DOWN BY WHETHER THE RESIDENT IS MEDICARE, MEDICAID, OR PRIVATE PAY?	0.260	0.277	0.308	0.243	0.243	0.326
F21	THE NUMBER OF RESIDENTS WHO REQUIRE TRANSFER ASSISTANCE?	0.259	0.191	0.360	0.323	0.323	0.262
F40	THE NUMBER OF RESIDENTS WHO SELF-ADMINISTER DRUGS?	0.258	0.187	0.320	0.308	0.308	0.277

Ridits by Item and Respondent Type

Tag	Item Name	Tot	Disch Plan	Sen. Cit.	Fam. Mem.	MDs	AAA
F9	THE NUMBER OF RESIDENTS WHO REQUIRE BATHING ASSISTANCE?	0.243	0.181	0.323	0.308	0.308	0.263
F22	THE NUMBER OF RESIDENTS WHO HAVE CATHETERS?	0.241	0.182	0.309	0.233	0.233	0.255
F13	THE NUMBER OF RESIDENTS WHO REQUIRE DRESSING ASSISTANCE?	0.236	0.166	0.320	0.321	0.321	0.235

APPENDIX D

Suggestions for a Check List to be Used by Potential Nursing Home Residents and Family Members

Financial Concerns

What are the rates and charges for nursing home care?

What services are included in the per diem room rate? Are there additional charges for laundry, incontinence care, feeding, medications, special diet, special equipment?

Are there any special financial requirements, especially for Medicaid patients?

Are large "donations" required before a patient will be accepted? (This would be an illegal practice.)

How long is the wait for authorization of payment or coverage?

Are advance payments required until insurance coverage is approved?

What is the ratio of private beds to Medicare/Medicaid beds?

Can a resident be switched from private pay to Medicaid, if necessary?

Are patients segregated by financial status?

What is the cost of maintaining a bed if resident is in the hospital?

In what manner are residents' funds co-mingled with each other?

Facility Characteristics

Does the home participate in Medicare/Medicaid?

Is a bed available, and if not, how long is the waiting list?

What is the average length of stay for Medicare, Medicaid and private patients?

Is the nursing home part of a chain or independently owned?

Is it a nonprofit or for-profit facility?

Does the home have an affiliation with a medical school?

Are there special units for heavy care, such as for Alzheimer patients?

Is the facility located in a safe neighborhood?

Is the facility accessible to the family's home?

Is there public transportation available?

What is the ethnic or religious affiliation of the home? Does the home accommodate religious and cultural differences?

Are religious services held and what religious holidays are observed?

Is there community support for the home? Are volunteers involved in visits to the home?

What hospital would the patient be sent to in an emergency?

What are the environmental/structural features of the facility, e.g. elevators, types of showers, whirlpools?

Are adequate security measures in place, such as locked outside door and staff name tags?

Does the facility have a door monitoring system to control confused patients who might roam?

Is locked storage provided for valuables?

Does the facility look clean and smell clean?

Is the facility's atmosphere "homey" or institutional?

Are there outside areas suitable for walking and visiting?

Facility Policies

What are the visiting hours? Are chores such as bathing, dressing and feeding done before the guests arrive?

How are "living wills" handled by the facility?

Who assumes guardianship if the patient becomes incompetent and family members cannot take on this responsibility?

What is the policy on "no codes"?

What input does the responsible party have regarding measures to extend the life of the patient?

Is there an organized policy or system to investigate theft from patients?

Are tips allowed or forbidden?

Is alcohol allowed and how is its use controlled?

Quality of Care

Does the home have a medical director?

Does the facility use physician assistants?

Is dental care available?

Is a podiatrist available?

Are there lab and x-ray facilities on site or easily accessible?

Is there screening for tuberculosis?

Are immunizations stressed?

Are patients evaluated periodically for discharge to their homes or to lesser care facilities?

Is the treatment plan reviewed periodically and updated to meet current patient needs?

Can the patient's current private physician continue to treat the patient at the nursing home?

Is assistance given in finding a physician who will treat a patient at the nursing home?

Are patients unable to use a call system monitored frequently?

What is the nature of interaction between staff and residents? Are staff members kind and respectful to patients?

Are residents clean, well-groomed and appropriately dressed?

Are there open communications between the nursing home and the family?

Is the menu varied and are there choices of food available at every meal?

Do the menus take into account the special needs of the patients, such as food allergies, or a preference for vegetarian or kosher meals?

How often are patients bathed each week?

How is laundry handled and how often?

How is drug intake regulated?

Are appropriate social, cultural and recreational activities available for residents?

Residents' Rights and Privileges

Are there resident committees to represent the residents' interests or a patient advocate system?

Are residents allowed to attend sessions planning their care?

Do patients have access to personal medical information?

Are pets allowed to live in/visit the facility?

Are patients allowed to leave the building and, if so, under what circumstances and supervision?

Can patients maintain relationships outside the facility and make visits to the senior center, church or the hairdresser? Does the home provide transportation to and from these activities?

Are there sign-in/out policies that limit the duration of outside visits and is there a curfew?

Can residents have their own phones?

Can married couples share the same room and are they given appropriate privacy?

Is care given in selecting compatible roommates and does the resident have any choice of roommate?

Are residents allowed and encouraged to wear street clothes, when appropriate?

Staffing

Is there a full-time activity director on staff?

Are rehabilitation services available from in-house staff or from contract/consultant staff?

How often does the physical therapist visit?

Is there a resident social worker who can provide counseling?

Are a barber and a beautician available for the residents?

What is the percentage of staff from temporary agencies?

What is the staff turnover rate?

What are the staffing ratios by level of care?

What is the actual staffing on evening, night and weekend shifts?

What are the skill levels of staff?

What training do aides receive?

Is there bilingual staff when appropriate?

Are the staff pay scales high enough to attract qualified staff?

What is the number of employees that have been charged or suspected of abuse or theft?

Resident Characteristics

Are there age limits on patients accepted? What is the average age?

Are AIDS patients accepted?

Is the nursing home able to care for patients on a ventilator?

What is the percentage of residents with Alzheimer's disease, senility or other severe mental impairment?

Are disoriented residents separated from other residents?

What is the physical condition of other residents?

Are patients separated by degree of physical limitation?

How many patients have bedsores? Did they have them before coming to the home and is appropriate care given?

What are the number of restrained patients?