

September 26, 2008

MEMORANDUM

To: Elizabeth Goldstein, Ph.D.
Director, Division of Consumer Assessment & Plan Performance
Centers for Medicare & Medicaid Services (CMS)

From: Judith Sangl, Sc.D.
CAHPS Nursing Home Survey Project Officer
Center for Quality Improvement and Patient Safety
Agency for Healthcare Research and Quality (AHRQ)

Subject: Transmittal of Final Report and Recommendations for the CAHPS[®] Nursing Home Survey: Family Member Instrument

Background

Under AHRQ Cooperative agreements, the CAHPS team (consisting of American Institutes for Research (AIR), Yale University/Harvard University/University of Massachusetts Center for Survey Research, and The Rand Corporation) has completed the Final Report (Attachment 1) with recommendations for the CAHPS Nursing Home Survey: Family Instrument. AHRQ and the CAHPS team convened a conference call in February 2008 with the Technical Expert Panel (TEP) for this survey; this memo provides an overview of the TEP's comments on the report and instrument. AHRQ will make this survey instrument, an administration protocol, the reporting measures, and related documents available to the public through the CAHPS website at www.cahps.ahrq.gov or by request through the CAHPS Help Line at 1-800-492-9261 or by email request to cahps1@ahrq.gov.

Overview of CAHPS Final Report and Recommendations

The development of the Family Member Instrument followed the standard CAHPS process by conducting a literature review and focus groups, having a Call for Measures, cognitive testing of draft survey items, obtaining stakeholder input, conducting a field test of a draft instrument and survey administration protocol, and undertaking psychometric analyses of field test data. Our primary way of obtaining stakeholder input was by establishing a TEP composed of industry, regulators and quality improvement organizations, payers, long-term care researchers, and consumer advocates.

The CAHPS Nursing Home Survey: Family Member Instrument was intended to complement the CAHPS Nursing Home Survey: Resident Instrument in that it provides different information. The Family Member Questionnaire captures the observations of family members, friends or other frequent visitors to the nursing home. The Family Member Instrument asks respondents to report on their own experiences (not the resident's) with the nursing home. The CAHPS team carefully tried to avoid asking

family members any “proxy” type questions that only residents could answer about their experience. Family members provide a valuable additional perspective, and their observations are especially important for those residents who are not capable of responding to a survey (e.g., residents with advanced dementia).

The field test was conducted between October 2006 and January 2007 in 15 Texas nursing homes who volunteered to participate. The survey process consisted of 2 mailings with phone followup. We achieved a response rate of 66% with a final sample size of 872. The field test instrument (see Appendix F for Pilot Study Survey) had 31 substantive items with 12 associated screeners and additional demographic items over 5 original conceptual composites (see Table 4 in AIR Final Report).

The CAHPS team recommends a final set of 21 substantive items in 4 composites (see Table 1 in AIR Final Report): Meeting Basic Needs; Nurses/Aides Kindness & Respect towards Resident; Nursing Home Provides Information/Encourages Respondent Involvement; and Nursing Home Staffing, Care of Belongings & Cleanliness. The first two composites focus on reports of nurse and aide behavior while the third and fourth composites focus on the nursing home level.

These final 4 proposed domains were a balance of theory (original intent of items and composites), statistical evidence of reliability and validity (item-level and nursing home level, factor analyses) and stakeholder perspectives. The internal consistency reliability estimates for composites ranged from 0.73 to 0.81; nursing home level reliability ranged from 0.48 and 0.89 with three out of four composites being greater than 0.8. Ten individual items are recommended to be dropped due to low statistical values (see Table 2 in AIR Final Report). Two items (“Nurses & Aides Discourage Questions” and “Medical Belongings Lost”) were retained despite marginal measurement characteristics because of stakeholder interest and because they scaled well with their respective composite (see Table 2 in AIR Final Report).

In addition to the usual global items of rating care at the nursing home and willingness to recommend the nursing home, the team recommends using the item “Ever Unhappy with Care?” as a global item. Although it did not scale well with any of the four composites, this item had a very high nursing home level reliability and is conceptually similar to a global item.

The CAHPS team recommends four items to be case-mix adjusters for the CAHPS Nursing Home Family Survey: 1) respondent age, 2) respondent education, 3) whether the respondent believes the resident will permanently live in the nursing home, and 4) respondent’s belief about whether the resident was capable of making decisions (See Table 10 in AIR Final Report). Several additional items were considered as potential adjusters but were rejected for a variety of reasons.

Overview of TEP Comments on Survey Instrument

On the February 2008 conference call, TEP members raised several issues in their review of the Final Report and survey. One issue raised was that the survey instrument does not incorporate the full range of domains of interest to consumers or facilities (dining, activities, and the admissions process were given as examples). A related point was that the survey would be difficult to use for quality improvement because it is not comprehensive. The CAHPS team responded that it is not possible to create an instrument that would serve all purposes but that the proposed questions would be useful for identifying issues that require more detailed study at the facility level. CAHPS team members pointed out that it is possible to add supplemental questions to a CAHPS survey at the end of the instrument, right before the demographic items. They also noted that the instrument was intended for family members, not to be a proxy for the resident. This Family Member Instrument should complement but not substitute for a survey of residents. Some of the topic areas considered missing in the Family Member Instrument are covered in the Resident Instrument.

Consumer advocates affirmed the importance of staff availability and staff attitude as key survey items in the recommended composites. They noted that several items proposed for deletion (e.g., “staff treating resident roughly”) were frequently mentioned by family members. However, the CAHPS team explained that the items were proposed for deletion because of their poor psychometric performance. The advocates suggested that there be an explanation to family members about confidentiality because of fear of retaliation and an explanation about how the data will be used. Another suggestion was to include an open-ended question asking for additional comments on the care in the nursing home. A long term care expert recommended that the protocol materials explain how to do the case mix adjustment.

AHRQ Recommendations

We recommend that CMS accept all the survey items, the three global items, the four composites and four risk adjusters proposed by the CAHPS team for the CAHPS Nursing Home Survey: Family Member Instrument (see attached AIR Final Report). Based on the TEP comments and discussion, we also make the following recommendations:

- 1) The survey protocol should pay special attention to respondent privacy so that the resident cannot be identified by the nursing home (e.g., certain demographic items may jeopardize identity in smaller nursing homes); the survey cover letter should indicate to respondents that their privacy would be assured.
- 2) Add an open-ended question at the end of the survey for additional respondent comments on the quality of nursing home care. We recommend the following open-ended question, “Is there anything else you’d like to say about the care your family member gets at this nursing home?”

- 3) CMS and other payers, regulators or quality improvement organizations and vendors (e.g., State Health, Medicaid or other agencies, Veterans Administration) should encourage additional development and testing to make new items for important topics such as activities and food/dining less “proxy-like.” CMS may choose to recommend such development and testing through its Quality Improvement Organizations network and through its participation in the Advancing Excellence in America’s Nursing Home Campaign.
- 4) Solicit volunteer sponsors to conduct additional development and testing of this survey. This process is similar to what was used for Hospital CAHPS and will be used for the CAHPS Clinician & Group Survey. Information on the possible testing issues can be posted under a “Development and Testing” heading on the CAHPS Nursing Home Survey: Family Instrument web site, and/or the CMS Nursing Home Compare web site.

Attachments

1. CAHPS Survey for Family Members of Nursing Home Residents, Final Report from American Institutes for Research, July 2008
2. Appendix A: Focus Group Findings from AIR, RAND, and Harvard
3. Appendix B: Draft Survey and First Cognitive Testing Protocol
4. Appendix C: First Round Cognitive Testing Memo
5. Appendix D: Draft Survey and Second Cognitive Testing Protocol
6. Appendix E: Second Round Cognitive Testing Memo
7. Appendix F: Pilot Study Survey
8. Appendix G: Frequencies from Pilot Study
9. Appendix H: Sample Report
10. Appendix I: Final Survey (including suggested open-ended question)