

**An Analysis of a Statewide Survey and the Assessment of  
Needs within the Long Term Care Delivery System in  
the State of Texas**

Prepared by

Marian Upchurch, Dr. P. H., LNFA, CHES

and

Beth Knox, Ed. D., LNFA, CHES

**Institute for Quality Improvement  
in Long Term Health Care**

**School of Health Professions  
Southwest Texas State University  
San Marcos, Texas**

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## Table of Contents

Table of Contents .....	ii
List of Tables .....	iii
List of Figures .....	iv
Abstract .....	vi
Introduction .....	1
Background .....	3
Research Design and Methodology .....	3
Results	
Demographics .....	5
Survey Results .....	7
Discussion .....	30
Recommendations	
Structural Needs .....	32
Process Needs .....	33
Educational Needs .....	35
Key Needs Identified	
Anecdotal Comments	
1. Management training for all supervisors .....	40
2. More geriatric nursing skills .....	41
3. Increased physician involvement .....	42
4. Greater consistency in the survey process .....	43
5. Requirement for improved nurse aide to resident ratio .....	44
6. More sensitivity by staff to resident needs .....	45
7. Improvement in food quality and the dining environment .....	46
8. Greater family involvement .....	47
9. More homelike environment .....	48
10. More educational requirements in long term care for initial licensure as a nursing home administrator .....	49
Anecdotal Responses to Special Question .....	50
Attachment 1 - Survey Instrument .....	53
Attachment 2 - Map of Texas Regions .....	56
References .....	58

## List of Tables

Table	Title	Page
1	Importance of Key Items by Mean Score for Total Group .....	7
2	Importance of Key Items by Reported by Position of Respondent .....	8
3	Importance of Key Items by Regions of Texas .....	9
4	Intensity of Desire for Action Reported by Position of Respondent .....	10
5	Intensity of Desire for Action Reported by Regions of Texas .....	10
6	Assessment of Ten Key Items in Importance to the Improvement of Quality of Care in Nursing Homes by Rank .....	11
7a	Ranks and Mean Scores of the Importance of the Ten Key Items by Position - Administrators .....	12
7b	Ranks and Mean Scores of the Importance of the Ten Key Items by Position - Directors of Nursing .....	12
7c	Ranks and Mean Scores of the Importance of the Ten Key Items by Position - Facility Owners .....	13
7d	Ranks and Mean Scores of the Importance of the Ten Key Items by Position - Regulators .....	13
7e	Ranks and Mean Scores of the Importance of the Ten Key Items by Position - Consumers .....	14
8a	Ranks and Mean Scores of the Intensity of Desire for Action on the Ten Key Items by Position - Administrators .....	14
8b	Ranks and Mean Scores of the Intensity of Desire for Action on the Ten Key Items by Position - Directors of Nurses .....	15
8c	Ranks and Mean Scores of the Intensity of Desire for Action on the Ten Key Items by Position - Facility Owners .....	15
8d	Ranks and Mean Scores of the Intensity of Desire for Action on the Ten Key Items by Position - Regulators .....	16
8e	Ranks and Mean Scores of the Intensity of Desire for Action on the Ten Key Items by Position - Consumers .....	16
9	Top Five Items Ranked by the Total Group .....	27
10	Top Ranked Key Items Reported by Position .....	27

## List of Figures

Figure	Title	Page
1	Survey Respondents by Ethnicity .....	5
2	Survey Respondents by Regions of Texas .....	6
3	Survey Respondents by Position .....	6
4	Management Training for all Supervisors Importance with Desire for Action Reported by Position .....	17
5	More Geriatric Nursing Skills Importance with Desire for Action Reported by Position .....	17
6	Increased Physician Involvement Importance with Desire for Action Reported by Position .....	18
7	Greater Consistency in the Survey Process Importance with Desire for Action Reported by Position .....	18
8	Improved Nurse Aide to Resident Ratio Importance with Desire for Action Reported by Position .....	19
9	More Sensitivity by Staff to Resident Needs Importance with Desire for Action Reported by Position .....	19
10	Improvement in Food Quality and the Dining Environment Importance with Desire for Action Reported by Position .....	20
11	Greater Family Involvement Importance with Desire for Action Reported by Position .....	20
12	More Homelike Environment Importance with Desire for Action Reported by Position .....	21
13	Increase Initial Educational Requirements - NHAs Importance with Desire for Action Reported by Position .....	21
14	Management Training for all Supervisors Importance with Desire for Action Reported by Region .....	22
15	More Geriatric Nursing Skills Importance with Desire for Action Reported by Region .....	22
16	Increased Physician Involvement Importance with Desire for Action Reported by Region .....	23
17	Greater Consistency in the Survey Process Importance with Desire for Action Reported by Region .....	23

## List of Figures, continued

Figure	Title	Page
18	Improved Nurse Aide to Resident Ratio Importance with Desire for Action Reported by Region.....	24
19	More Sensitivity by Staff to Resident Needs Importance with Desire for Action Reported by Region.....	24
20	Improvement in Food Quality and the Dining Environment Importance with Desire for Action Reported by Region.....	25
21	Greater Family Involvement Importance with Desire for Action Reported by Region.....	25
22	More Homelike Environment Importance with Desire for Action Reported by Region.....	26
23	Increase Initial Educational Requirements - NHAs Importance with Desire for Action Reported by Region.....	26
24	Top Identified Needs by Respondent Position .....	28
25	Top Identified Needs by Region .....	28
26	Perceptual Map of the Ten Key Items .....	29

## Abstract

This needs assessment study addressed the needs of various components of the nursing home industry in Texas - those involved in management of long term care facilities, those involved in direct care of long term care residents, owners of long term care facilities, those involved in regulatory aspects of long term care, and those involved consumers - direct and indirect - of services in long term care facilities. The assessment addressed structural, process, and educational needs of nursing homes. Ten key items were identified via several pretests and utilized in the final survey through a closed format Likert-type instrument and a narrative component which also allowed for an open-ended expression of ideas or concerns. The ten key items utilized in the final survey were: (1) **Management training for all supervisors**, (2) **More geriatric nursing skills**, (3) **Increased physician involvement**, (4) **Greater consistency in the survey process**, (5) **Requirement for improved nurse aide to resident ratio**, (6) **More sensitivity by staff to resident needs**, (7) **Improvement in food quality and the dining environment**, (8) **Greater family involvement**, (9) **More homelike environment**, and (10) **More educational requirements in long term care for initial licensure as a nursing home administrator**. Subjects were asked to rank these ten key items as well as to indicate how much should be done to address each item. In addition to the ten items included in the instrument, subjects were also given an opportunity to identify one additional specific concern in long term care. These comments were assembled and presented in the final report.

Respondents gave an overall rating to the quality of care in nursing homes at 5.37 on a ten point scale. Consumers ranked care with a low of 2.6, while administrators recorded the highest rating of 6.8. The highest priority ranked item by the survey respondents was **more sensitivity by staff to resident needs**. The highest priority items were also grouped as structural, process, and educational needs, and analyzed with the following results. The structural item ranked highest in importance by the survey group was the **requirement for improved nurse aide to resident ratio**. The highest priority ranked process item was **more sensitivity by staff to resident needs**. Two educational needs emerged with highest priority rankings: the highest ranked was that of **more geriatric nursing skills**. **Management training for all supervisors** was ranked slightly lower. When the importance of the ranking of the ten items was contrasted with the desire to take action on each of the ten items, these same items appeared as the major four items to be addressed.

The results varied when the rankings of the ten key items were analyzed by region of Texas or by position of the respondent. Consumers, regulators, and directors of nurses agreed that the highest priority of concern was the **requirement for improved nurse aide to resident ratio**. Owners and administrators believed the highest priority issue to be **greater consistency in the survey process**.

An analysis of the highest ranked issues by region of Texas indicated that the east and west regions agreed that the highest ranked item was **more geriatric nursing skills**; central and south regions of Texas rated **more sensitivity by staff to resident needs** at the top rank; and the metropolitan areas of Texas indicated the **requirement for improved nurse aide to resident ratio** as the highest ranked item.

# **An Analysis of a Statewide Survey and the Assessment of Needs within the Long Term Care Delivery System in the State of Texas**

## **Introduction**

*"Grow old along with me!*

*The best is yet to be,*

*The last of life, for which*

*the first was made."*

The poet, Robert Browning, penned these optimistic words over one hundred and thirty years ago in his memorable poem, "Rabbi Ben Ezra." Today, these words have even more significance as they are applied to a rapidly increasing elderly population. More specifically, in the state of Texas, the population over the age of sixty-five totalled 1,921,460 in 1994. By 1999, that same group is projected to rise to at least 2,139,408. This represents an 11% increase over a five-year period.

These figures are of particular importance to the State's long term care industry as an estimated 5% of people over the age of sixty-five will require long term services within nursing homes, while significant numbers of individuals will access rehabilitative and convalescent services within these facilities. This need for services must be absorbed by an industry that is currently experiencing unprecedented regulatory mandates, responding to allegations and complaints from an increasingly litigious society, striving to provide adequate staffing within a highly competitive labor market, and endeavoring to operate financially from revenues provided primarily through the Medicaid program.

A profile of the typical recipient of nursing home care is a female at least eighty years old. She is a widow and is receiving long term care benefits through the Medicaid program. Suffering from at least one chronic illness and significantly impaired mentally, she has at least five different medications administered to her on a daily basis. She was

admitted to the nursing home because she was unable to care for herself, and her needs could not be adequately met through family or community resources. While the majority of nursing home residents are female, the conditions of male residents in long term care facilities closely approximate those of females. Therefore, with the exception of gender, this profile is applicable to both male and female residents.

Within the parameters of facility management challenges and the compromised physical and mental conditions of residents, the focus on the quality of care delivered has become more intensified. In addition, strategies to achieve total quality management and the implementation of continuous quality improvement programs have become integral components of daily operations in a wide variety of businesses and industries across the nation.

This focus on quality has heightened the public concern regarding nursing homes and the quality of care delivered within these facilities. The positive intonation of Robert Browning's verse conflicts with the attitudes that many individuals possess regarding life in a nursing home. Many of these attitudes are based on the premise that the health care services provided in this setting may increase the quantity of life while simultaneously reducing the quality of life due to the institutional environment.

The mediation of these concerns presents a formidable challenge. Within a framework in which quality services are provided by numerous nursing homes on a daily basis, the need to improve services remains of paramount concern at multiple levels throughout the long term care delivery system. Consequently, the identification of primary needs within the system and a responsible assessment of those needs presents an opportunity to provide clarification and direction in efforts to improve quality. This report contains a quantitative as well as a qualitative analysis of primary needs within the long term care industry. It is based on responses to a survey of facility owners, administrators, and directors of nurses, as well as regulators and consumers of long term care services in Texas.



## Background

This long term care needs assessment study was funded through the Institute for Quality Improvement in Long Term Health Care in September, 1994, to determine the needs of various constituents in the long term care industry: those involved in the management of long term care facilities; those involved in the direct care of long term care residents; owners of long term care facilities; those involved in the regulatory aspects of the long term care industry; and those consumers - direct and indirect - of services provided by the long term care industry.

The goal of this research was to provide meaningful data which could be utilized as a foundation for establishing quality improvement initiatives at multiple levels including facility management practices, educational programming, staff training, and regulatory protocols.

The specific objectives of this needs assessment study were:

1. To determine structural, process, and educational needs of nursing home owners, administrators, and state personnel responsible for the regulation of nursing homes in Texas.  
  
(Structure refers to a facility's capacity to provide high quality care. Process refers to the manner in which care is delivered.)
2. To determine consumer needs regarding the nursing home industry with reference to service delivery and satisfaction.
3. To determine structural, process, and educational needs of other health professionals who work with family members in achieving appropriate placement in long term care facilities.

## Research Design and Methodology

A preliminary needs assessment survey was conducted in Houston, Texas, and San

Antonio, Texas, to determine key areas of concern from the perspectives of nursing home administrators, directors of nurses, and state regulators. This survey utilized an open-ended format designed to allow a maximum range of input. The needs assessment instrument was then developed using a combination closed format Likert-type scale and a narrative component which also allowed for an open-ended expression of ideas or concerns by respondents. This version of the instrument was pretested at a major gathering of long term care providers. After the analysis of this pretest, the instrument was further refined to address the top ten major identified needs in long term care. Respondents were asked to determine the perceived importance of the item in improving quality in long term care as well as the extent to which something should be done regarding the key issue. Opportunities were provided to allow the respondent to expand on each response and to give additional information. This final survey instrument was utilized with the sample survey respondents. (Attachment 1)

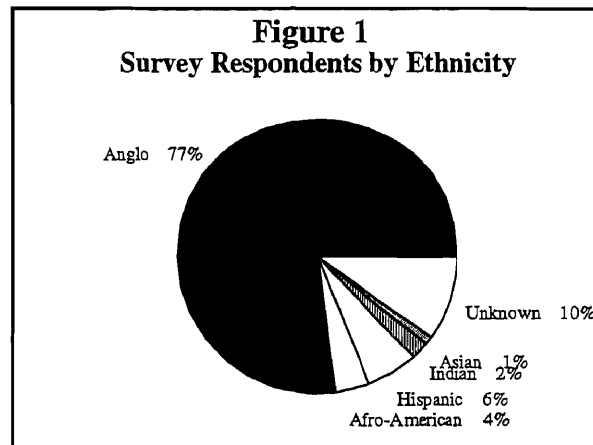
Data for this study were assembled from a number of sources. To obtain information from nursing home administrators and directors of nurses, the state of Texas was stratified into five major regions. These regions were identified as central, east, south, west, and metropolitan. (Attachment 2) A random sample of nursing homes in each of the five regions was selected, and the administrator of the selected facility received the needs assessment survey instrument. An additional random sample was selected in these five regions, and the survey was sent to the director of nurses in each of the selected facilities. A total of 500 surveys were mailed to administrators and 500 surveys were mailed to directors of nurses. In addition, a random sample of owners of long term care facilities was included and 100 surveys were mailed to the selected owners. With regard to the regulatory process, all of the regulators who are involved in long term care in Texas were included in the study sample and 500 surveys were distributed within this group. Also, consumers involved in long term care or who had an active interest in long term care were elicited through the Texas State Ombudsman program, and 185 survey instruments were mailed to this group. A total of 1685 surveys were sent or delivered to the various components of the study sample.

Useable data were received from 383 respondents for a 22% response rate. These 383 respondents form the basis for the analysis. Consumers and regulators had a response rate of 29%, whereas the nursing home administrators had a response rate of 21%. The directors of nurses had a response rate of 12%, and the response rate of owners was 7%.

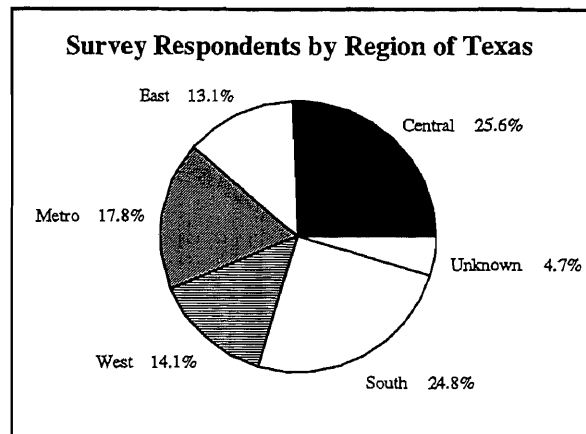
## Results

### Demographics

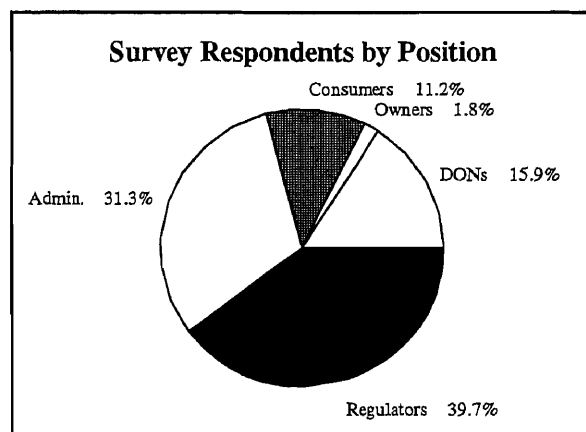
An overview of the demographic characteristics reveals that the average age of the survey respondents was forty-six, with the youngest respondent being twenty-two and the oldest respondent being eighty-one. The majority of the survey respondents were Anglo American (77%), next was Hispanics (6%), with few Afro-Americans (3%) or other ethnic groups. (Figure 1) Sixty-three percent of the respondents were female and thirty-three percent were male.



The average length of time the survey respondents had been involved in long term care was eight years with a median response of five years. The distribution of survey respondents by selected area was reasonably well-balanced. (Figure 2)

**Figure 2**

The distribution of survey respondents by position (administrators, directors of nurses, owners, or consumers) is shown with the largest number of respondents being regulators and the smallest number of respondents being owners. (Figure 3)

**Figure 3**

The average number of licensed beds per facility of respondents was 101. The size of the facilities of survey respondents was represented as follows: the smallest size of those facilities responding was 30 beds and the largest size was 332. The most frequent facility size of survey respondents was 120 beds.

## Survey Results

Each respondent was asked to indicate his/her opinion of the quality of care in nursing homes in Texas by utilizing a scale of one (1) to ten (10) in responding to the survey items. A score of one (1) represented the lowest score while a score of ten (10) represented the highest score. The average rating of all survey respondents was 5.37. Consumers gave the quality of care in nursing homes the lowest rating, that of 2.6, while administrators recorded the highest rating regarding quality of care with a rating of 6.8. Regulators gave the quality of care in Texas a mean score of 5.35; directors of nurses believed the quality of care was 6.32; and owners responded with a score of 5.50.

Respondents were asked to indicate the extent to which each of the ten key items is important as it relates to improving the quality of care in nursing homes in Texas. In Table 1, the mean score for each of these ten items is reported for the total study group.

**Table 1**

<b>Importance of Key Items by Mean Score for Total Group</b>	
<b><u>Item</u></b>	<b><u>Mean Score</u></b>
1. Management training for all supervisors	4.365
2. More geriatric nursing skills	4.470
3. Increased physician involvement	4.306
4. Greater consistency in the survey process	4.223
5. Requirement for improved nurse aide to resident ratio	4.328
6. More sensitivity by staff to resident needs	4.472
7. Improvement in food quality and the dining environment	4.138
8. Greater family involvement	4.157
9. More homelike environment	3.970
10. More educational requirements in long term care for initial licensure as a nursing home administrator	3.705

Table 2 illustrates the opinion of the quality of care in nursing homes by position of respondent.

**Table 2**

**Importance of Key Items Reported by Position of Respondent**

<u>Item</u>	<u>Position</u>				
	<u>Administrator</u>	<u>DON</u>	<u>Owner</u>	<u>Regulator</u>	<u>Consumer</u>
1. Management training for all supervisors	4.310	4.420	4.660	4.250	4.790
2. More geriatric nursing skills	4.180	4.508	4.000	4.580	4.850
3. Increased physician involvement	4.160	4.400	3.170	4.320	4.725
4. Greater consistency in the survey process	4.400	4.260	4.670	3.920	4.650
5. Requirement for improved nurse aide to resident ratio	3.850	4.430	3.000	4.587	4.830
6. More sensitivity by staff to resident needs	4.210	4.480	4.670	4.587	4.825
7. Improvement in food quality and the dining environment	3.910	4.070	3.670	4.240	4.725
8. Greater family involvement	3.980	4.370	3.830	4.100	4.780
9. More homelike environment	3.860	4.040	3.500	3.916	4.600
10. More educational requirements in long term care for initial licensure as a nursing home administrator	3.190	3.780	3.000	3.908	4.580

Analysis of the opinions of the quality of care in nursing homes by respondents in the various regions of Texas resulted in the region of west Texas reporting the highest rating (6.11), whereas the central region of Texas received a rating of 4.64. These results as well as the ratings of the other regions of Texas are presented in Table 3.

Table 3

Importance of Key Items Reported by Regions of Texas					
<u>Item</u>	<u>Region</u>				
	<u>Central</u>	<u>East</u>	<u>South</u>	<u>West</u>	<u>Metro</u>
1. Management training for all supervisors	4.420	4.348	4.384	4.260	4.216
2. More geriatric nursing skills	4.422	4.674	4.512	4.500	4.450
3. Increased physician involvement	4.325	4.283	4.302	4.420	4.467
4. Greater consistency in the survey process	4.325	4.283	4.256	3.920	4.217
5. Requirement for improved nurse aide to resident ratio	4.313	4.370	4.419	4.300	4.483
6. More sensitivity by staff to resident needs	4.482	4.391	4.547	4.280	4.450
7. Improvement in food quality and the dining environment	4.181	4.391	4.174	4.060	4.150
8. Greater family involvement	4.398	4.174	4.302	3.920	4.117
9. More homelike environment	4.084	4.065	3.800	4.128	3.933
10. More educational requirements in long term care for initial licensure as a nursing home administrator	3.819	3.848	3.764	3.800	3.783

Survey respondents were also asked to give their opinions about how much should be done to address these ten key items. The range of choices was from nothing (1) to as much as possible (5). Table 4 presents these results analyzed by position of the respondent, while Table 5 presents these results analyzed by region of Texas.

**Table 4**

<b>Intensity of Desire for Action Reported by Position of Respondent</b>					
<b><u>Item</u></b>	<b><u>Position</u></b>				
	<b><u>Administrator</u></b>	<b><u>DON</u></b>	<b><u>Owner</u></b>	<b><u>Regulator</u></b>	<b><u>Consumer</u></b>
1. Management training for all supervisors	4.243	4.467	4.286	4.222	4.921
2. More geriatric nursing skills	4.224	4.480	4.000	4.549	4.947
3. Increased physician involvement	4.028	4.300	3.857	4.159	4.789
4. Greater consistency in the survey process	4.290	4.333	4.357	4.021	4.868
5. Requirement for improved nurse aide to resident ratio	4.355	4.467	3.357	4.549	4.948
6. More sensitivity by staff to resident needs	4.131	4.350	4.000	4.560	4.947
7. Improvement in food quality and the dining environment	3.729	4.000	3.571	4.174	4.868
8. Greater family involvement	3.925	4.200	3.357	3.965	4.895
9. More homelike environment	3.888	3.900	3.500	3.937	4.868
10. More educational requirements in long term care for initial licensure as a nursing home administrator	3.190	3.767	2.857	3.937	4.763

**Table 5**

<b>Intensity of Desire for Action Reported by Regions of Texas</b>					
<b><u>Item</u></b>	<b><u>Region</u></b>				
	<b><u>Central</u></b>	<b><u>East</u></b>	<b><u>South</u></b>	<b><u>West</u></b>	<b><u>Metro</u></b>
1. Management training for all supervisors	4.398	4.277	4.337	4.240	4.409
2. More geriatric nursing skills	4.409	4.553	4.500	4.518	4.469
3. Increased physician involvement	4.269	4.234	4.080	3.981	4.379
4. Greater consistency in the survey process	4.290	4.276	4.244	3.981	4.379
5. Requirement for improved nurse aide to resident ratio	4.333	4.298	4.395	4.990	4.454
6. More sensitivity by staff to resident needs	4.452	4.532	4.500	4.240	4.394
7. Improvement in food quality and the dining environment	4.118	4.106	4.000	3.981	4.167
8. Greater family involvement	4.290	4.170	4.046	3.759	4.091
9. More homelike environment	4.075	4.000	4.069	3.815	4.030
10. More educational requirements in long term care for initial licensure as a nursing home administrator	3.935	3.659	3.721	3.778	3.879



Survey responses were then analyzed to reflect the degree to which each of the ten items was important as it related to improving the quality of care in nursing homes in Texas. The results with mean scores and subsequent ranks of importance can be seen in Table 6.

**Table 6**

<b>Assessment of Ten Key Items in Importance to the Improvement of Quality of Care in Nursing Homes by Rank</b>		
<b><u>Rank</u></b>	<b><u>Item</u></b>	<b><u>Mean Score</u></b>
1	More sensitivity by staff to resident needs	4.472
2	More geriatric nursing skills	4.470
3	Management training for all supervisors	4.365
4	Requirement for improved nurse aide to resident ratio	4.328
5	Increased physician involvement	4.306
6	Greater consistency in the survey process	4.223
7	Greater family involvement	4.157
8	Improvement in food quality and the dining environment	4.138
9	More homelike environment	3.970
10	More educational requirements in long term care for initial licensure as a nursing home administrator	3.705

Analyses of rank and mean scores for the importance of each of the ten items by position of respondent are presented in Tables 7a, 7b, 7c, 7d, and 7e.

**Table 7a**

**Ranks and Mean Scores of the Importance of the Ten Key Items by Position**  
**Nursing Home Administrators**

<u>Rank</u>	<u>Item</u>	<u>Mean Score</u>
1	Greater consistency in the survey process	4.40
2	Management training for all supervisors	4.31
3	More sensitivity by staff to resident needs	4.21
4	More geriatric nursing skills	4.18
5	Increased physician involvement	4.16
6	Greater family involvement	3.98
7	Improvement in food quality and the dining environment	3.91
8	More homelike environment	3.86
9	Requirement for improved nurse aide to resident ratio	3.85
10	More educational requirements in long term care for initial licensure as a nursing home administrator	3.19

**Table 7b**

**Ranks and Mean Scores of the Importance of the Ten Key Items by Position**  
**Directors of Nurses**

<u>Rank</u>	<u>Item</u>	<u>Mean Score</u>
1	More geriatric nursing skills	4.51
2	More sensitivity by staff to resident needs	4.48
3	Requirement for improved nurse aide to resident ratio	4.43
4	Management training for all supervisors	4.42
5	Increased physician involvement	4.40
6	Greater family involvement	4.37
7	Greater consistency in the survey process	4.26
8	Improvement in food quality and the dining environment	4.07
9	More homelike environment	4.04
10	More educational requirements in long term care for initial licensure as a nursing home administrator	3.78

Table 7c

**Ranks and Mean Scores of the Importance of the Ten Key Items by Position****Facility Owners**

<u>Rank</u>	<u>Item</u>	<u>Mean Score</u>
1.5	Greater consistency in the survey process	4.67
1.5	More sensitivity by staff to resident needs	4.67
3	Management training for all supervisors	4.66
4	More geriatric nursing skills	4.00
5	Greater family involvement	3.83
6	Improvement in food quality and the dining environment	3.67
7	More homelike environment	3.50
8	Increased physician involvement	3.17
9.5	Requirement for improved nurse aide to resident ratio	3.00
9.5	More educational requirements in long term care for initial licensure as a nursing home administrator	3.00

Table 7d

**Ranks and Mean Scores of the Importance of the Ten Key Items by Position****Regulators**

<u>Rank</u>	<u>Item</u>	<u>Mean Score</u>
1.5	Requirement for improved nurse aide to resident ratio	4.59
1.5	More sensitivity by staff to resident needs	4.59
3	More geriatric nursing skills	4.58
4	Increased physician involvement	4.32
5	Management training for all supervisors	4.25
6	Improvement in food quality and the dining environment	4.24
7	Greater family involvement	4.10
8	Greater consistency in the survey process	3.92
9	More homelike environment	3.91
10	More educational requirements in long term care for initial licensure as a nursing home administrator	3.90

**Table 7e**

<b>Ranks and Mean Scores of the Importance of the Ten Key Items by Position</b>		
<b>Consumers</b>		
<b><u>Rank</u></b>	<b><u>Item</u></b>	<b><u>Mean Score</u></b>
1	More geriatric nursing skills	4.85
2	Requirement for improved nurse aide to resident ratio	4.83
3	More sensitivity by staff to resident needs	4.82
4	Management training for all supervisors	4.79
5	Greater family involvement	4.78
6.5	Increased physician involvement	4.725
6.5	Improvement in food quality and the dining environment	4.725
8	Greater consistency in the survey process	4.65
9	More homelike environment	4.60
10	More educational requirements in long term care for initial licensure as a nursing home administrator	4.58

In contrast, the rank and intensity of the desire for action is presented by position of respondent in Tables 8a, 8b, 8c, 8d, and 8e.

**Table 8a**

<b>Ranks and Mean Scores of the Intensity of Desire for Action on Ten Key Items by Position</b>		
<b>Administrators</b>		
<b><u>Rank</u></b>	<b><u>Item</u></b>	<b><u>Mean Score</u></b>
1	Requirement for improved nurse aide to resident ratio	4.355
2	Greater consistency in the survey process	4.289
3	Management training for all supervisors	4.243
4	More geriatric nursing skills	4.224
5	More sensitivity by staff to resident needs	4.131
6	Increased physician involvement	4.028
7	Greater family involvement	3.925
8	More homelike environment	3.888
9	Improvement in food quality and the dining environment	3.729
10	More educational requirements in long term care for initial licensure as a nursing home administrator	3.308

**Table 8b**

<b>Ranks and Mean Scores of the Intensity of Desire for Action on Ten Key Items by Position</b>		
<b>Directors of Nurses</b>		
<b><u>Rank</u></b>	<b><u>Item</u></b>	<b><u>Mean Score</u></b>
1	More geriatric nursing skills	4.480
2.5	Management training for all supervisors	4.467
2.5	Requirement for improved nurse aide to resident ratio	4.467
4	Greater consistency in the survey process	4.333
5	More sensitivity by staff to resident needs	4.350
6	Improvement in food quality and the dining environment	4.300
7	Greater family involvement	4.200
8	Increased physician involvement	4.000
9	More homelike environment	3.900
10	More educational requirements in long term care for initial licensure as a nursing home administrator	3.767

**Table 8c**

<b>Ranks and Mean Scores of the Intensity of Desire for Action on Ten Key Items by Position</b>		
<b>Facility Owners</b>		
<b><u>Rank</u></b>	<b><u>Item</u></b>	<b><u>Mean Score</u></b>
1	Greater consistency in the survey process	4.357
2	Management training for all supervisors	4.286
3.5	More geriatric nursing skills	4.000
3.5	More sensitivity by staff to resident needs	4.000
5	Increased physician involvement	3.857
6	Improvement in food quality and the dining environment	3.571
7	More homelike environment	3.500
8.5	Requirement for improved nurse aide to resident ratio	3.357
8.5	Greater family involvement	3.357
10	More educational requirements in long term care for initial licensure as a nursing home administrator	3.308

**Table 8d**

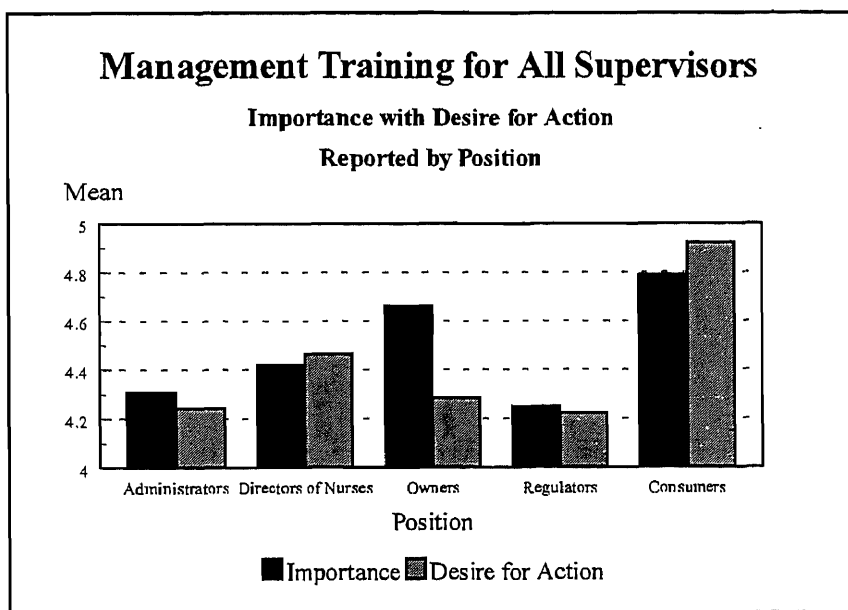
<b>Ranks and Mean Scores of the Intensity of Desire for Action on Ten Key Items by Position</b>		
<b>Regulators</b>		
<b><u>Rank</u></b>	<b><u>Item</u></b>	<b><u>Mean Score</u></b>
1	More sensitivity by staff to resident needs	4.560
2.5	More geriatric nursing skills	4.549
2.5	Requirement for improved nurse aide to resident ratio	4.549
4	Management training for all supervisors	4.222
5	Improvement in food quality and the dining environment	4.174
6	Increased physician involvement	4.159
7	Greater consistency in the survey process	4.021
8	Greater family involvement	3.965
9.5	More homelike environment	3.937
9.5	More educational requirements in long term care for initial licensure as a nursing home administrator	3.937

**Table 8e**

<b>Ranks and Mean Scores of the Intensity of Desire for Action on Ten Key Items by Position</b>		
<b>Consumers</b>		
<b><u>Rank</u></b>	<b><u>Item</u></b>	<b><u>Mean Score</u></b>
2	Requirement for improved nurse aide to resident ratio	4.947
2	More geriatric nursing skills	4.947
2	Management training for all supervisors	4.947
4	More sensitivity by staff to resident needs	4.921
5	Greater family involvement	4.895
7	Greater consistency in the survey process	4.868
7	Improvement in food quality and the dining environment	4.868
7	More homelike environment	4.868
9	Increased physician involvement	4.800
10	More educational requirements in long term care for initial licensure as a nursing home administrator	4.763

The degree to which each item is important contrasted with the intensity of the respondent's desire to see action directed at these items, analyzed by the position of the respondent, can be seen in Figures 4-13.

**Figure 4**



**Figure 5**

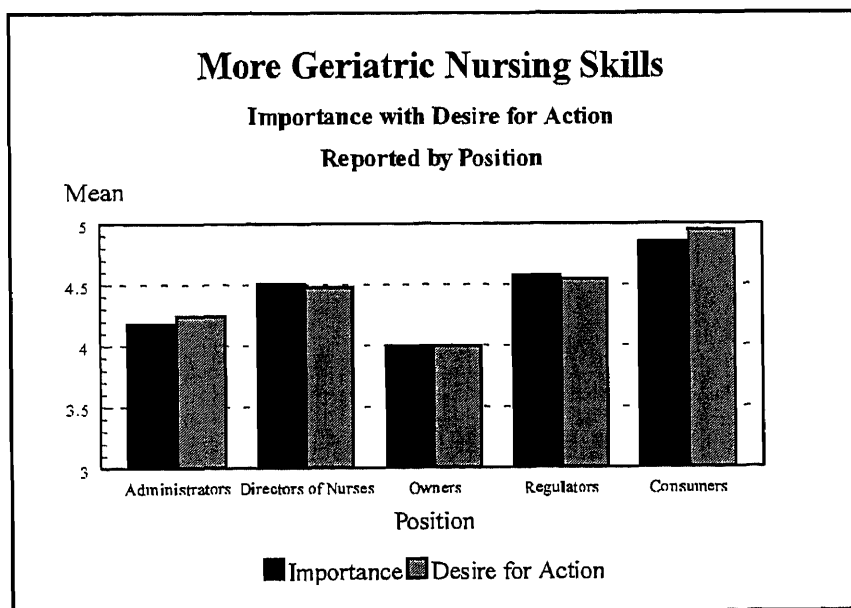


Figure 6

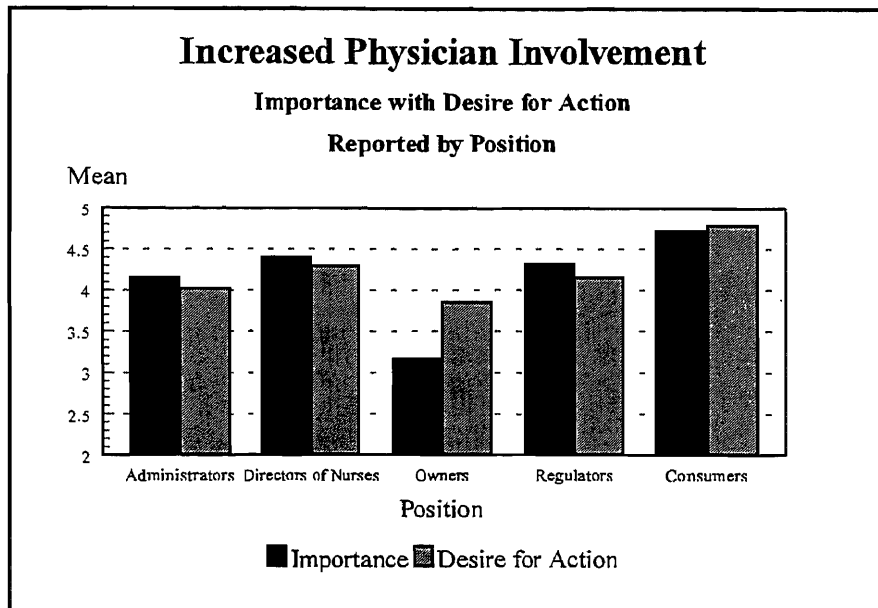


Figure 7

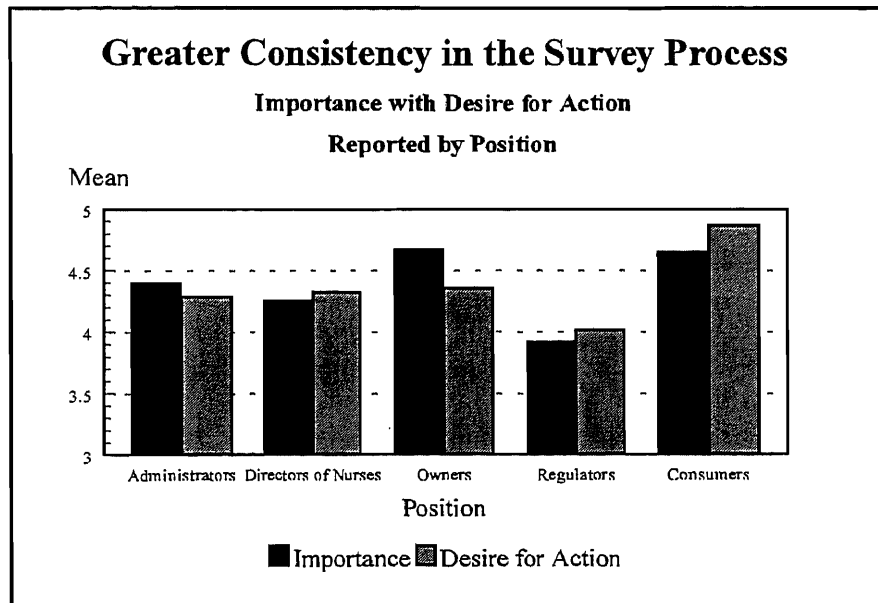




Figure 8

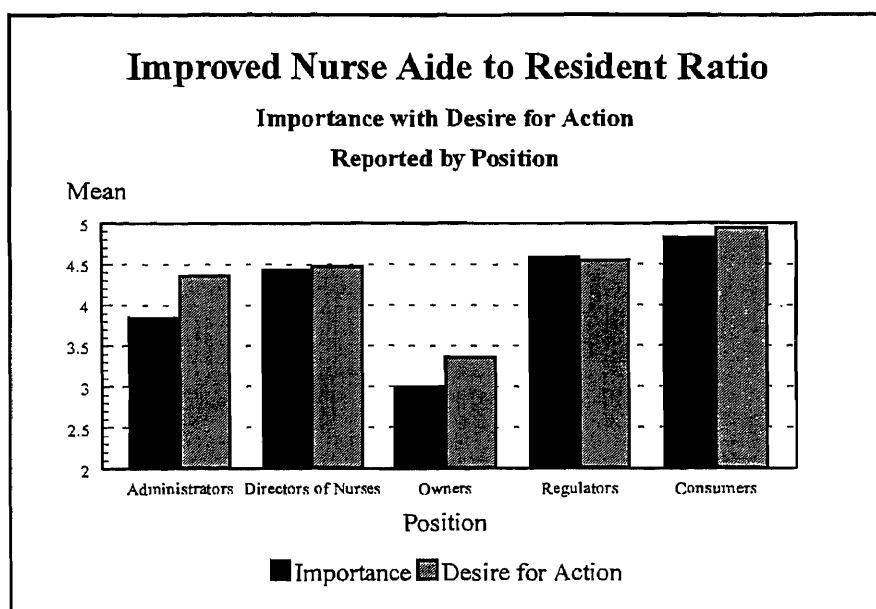


Figure 9

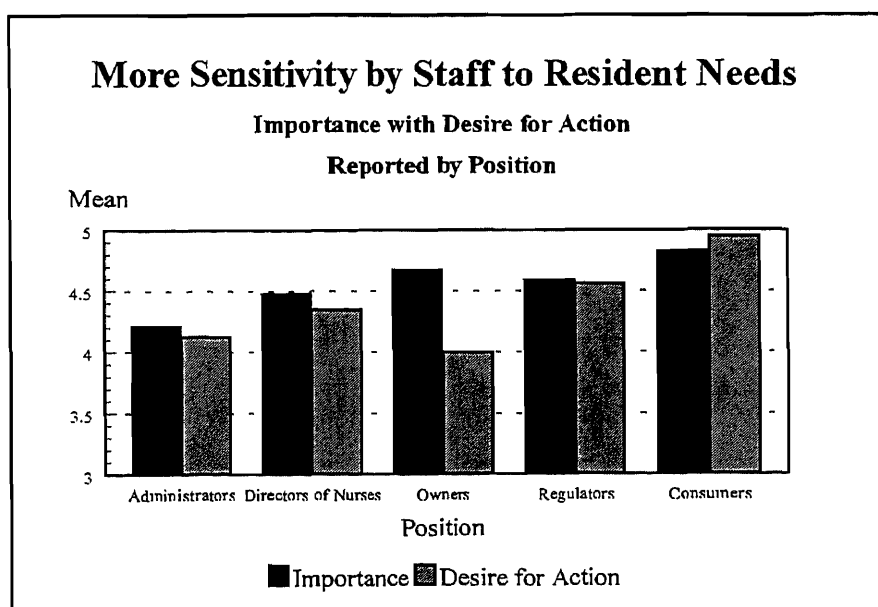


Figure 10

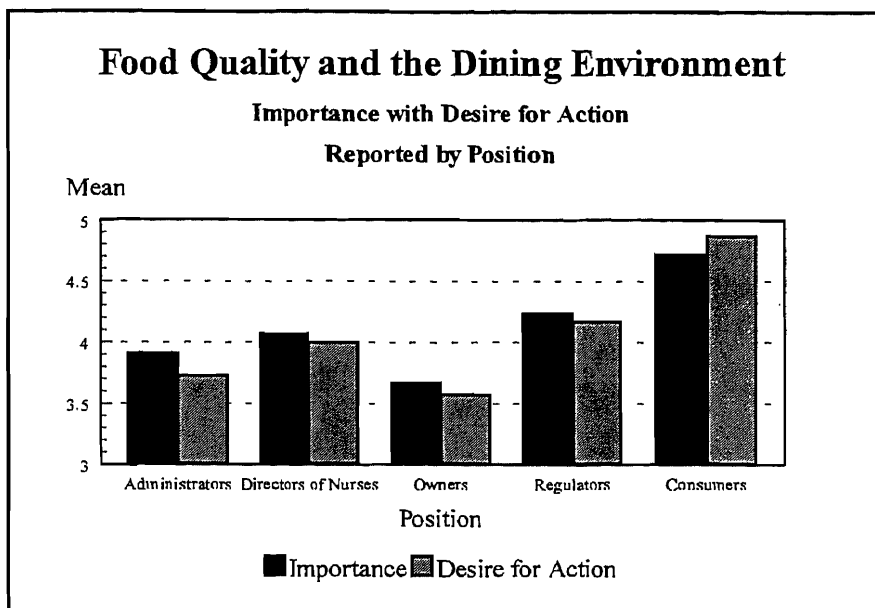


Figure 11

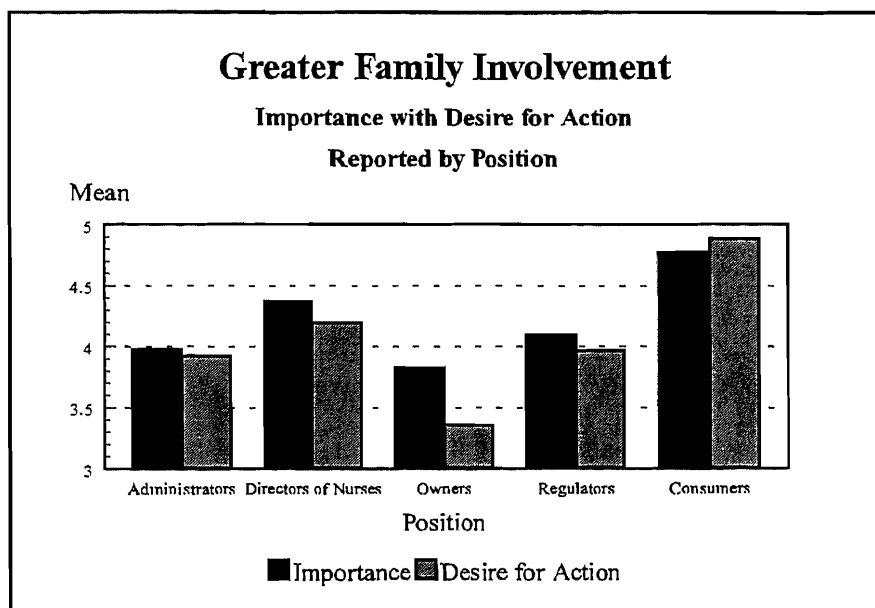


Figure 12

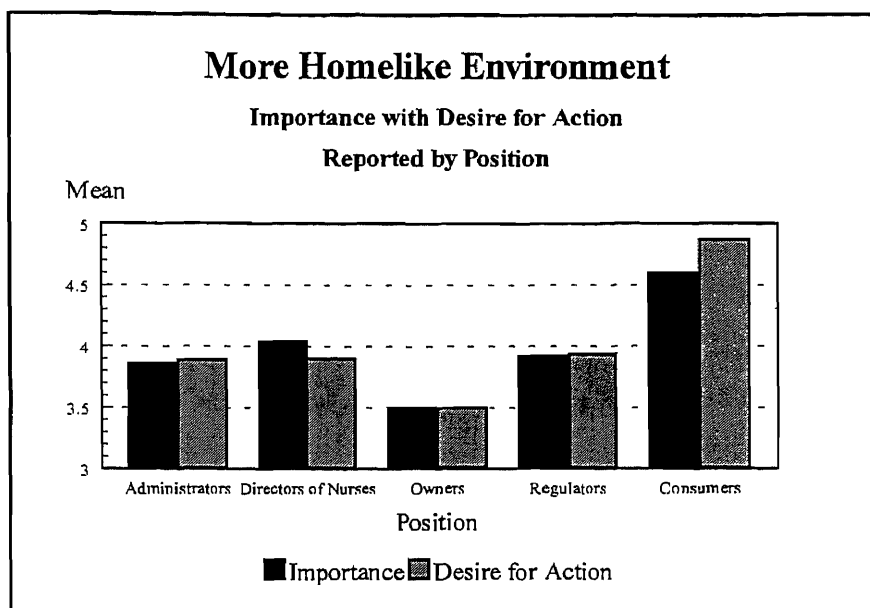
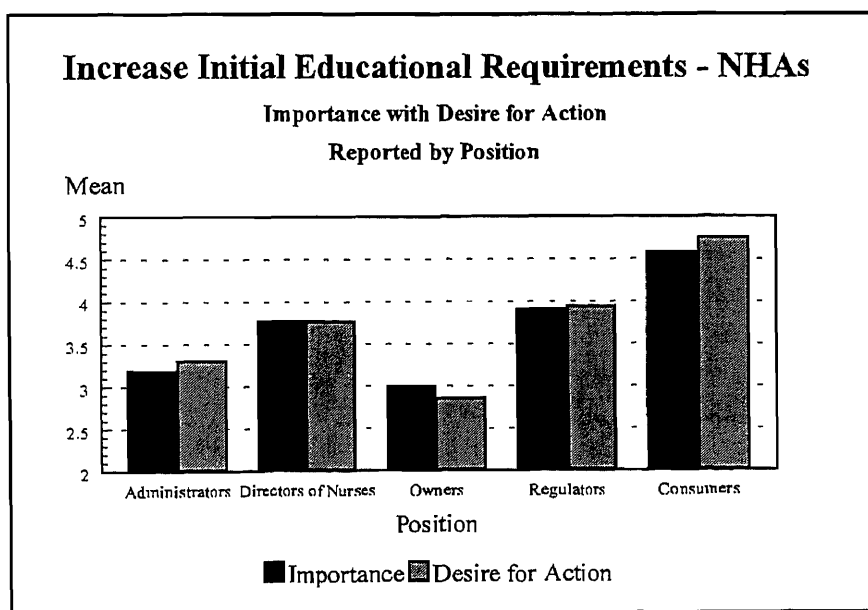
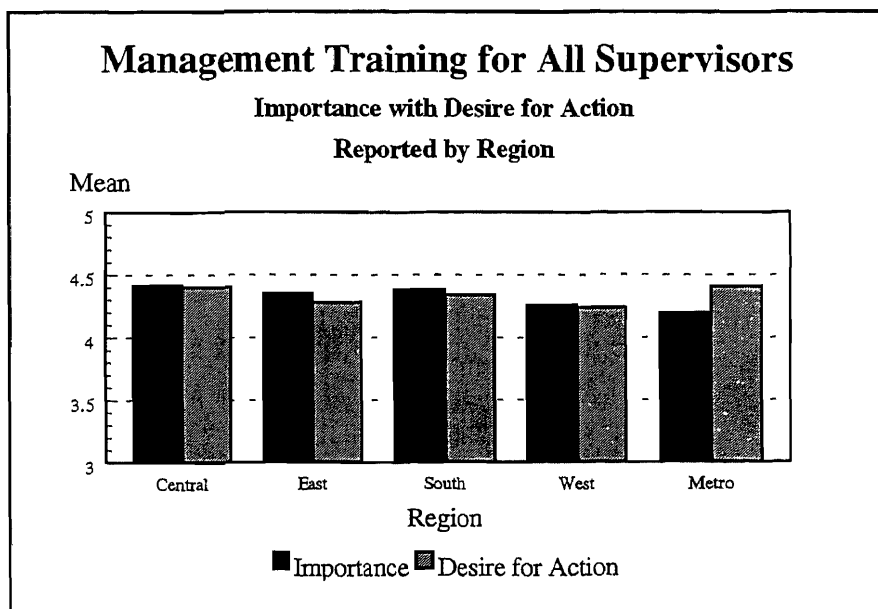


Figure 13



A similar comparison of the importance of the key items with the desire to see action directed at the item in order to improve the quality of long term care in Texas can be seen analyzed by regions in Figures 14 - 23.

**Figure 14**



**Figure 15**

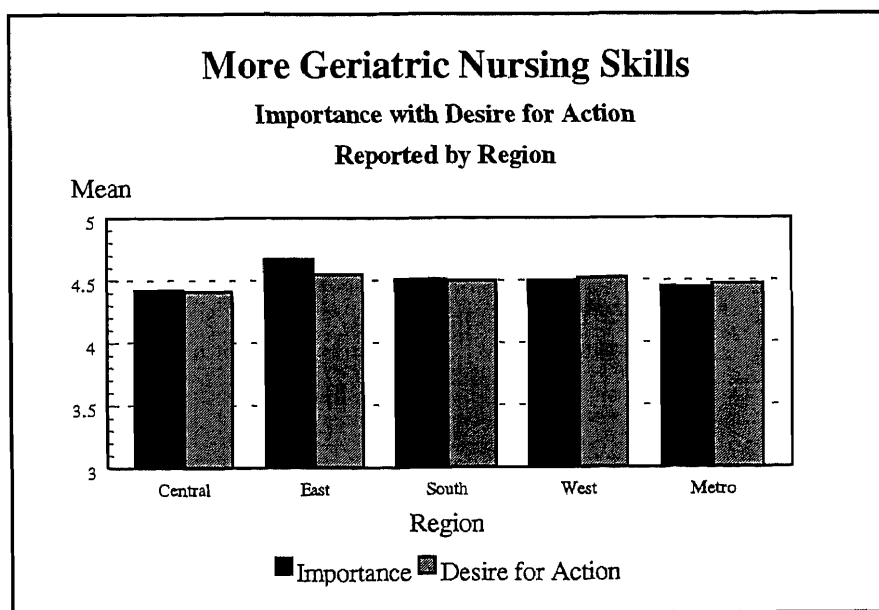


Figure 16

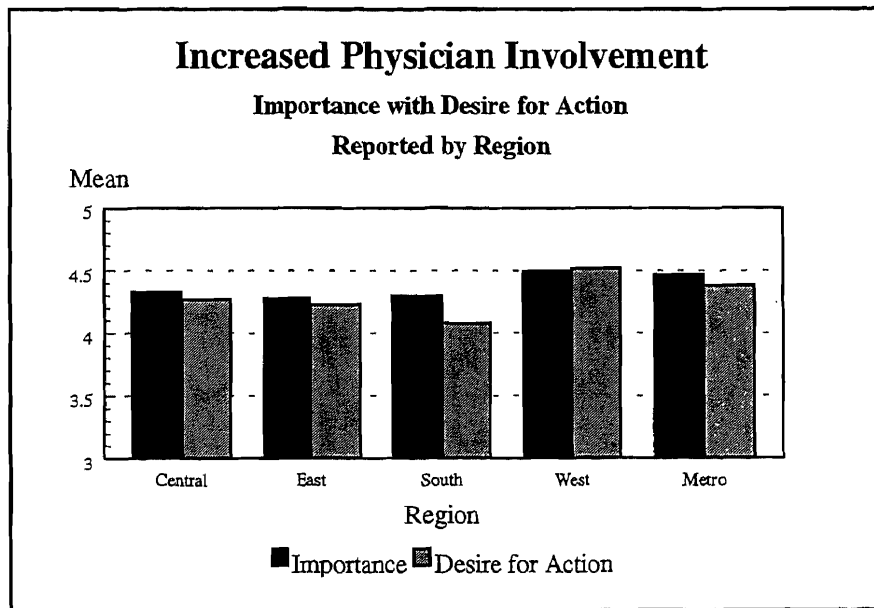


Figure 17

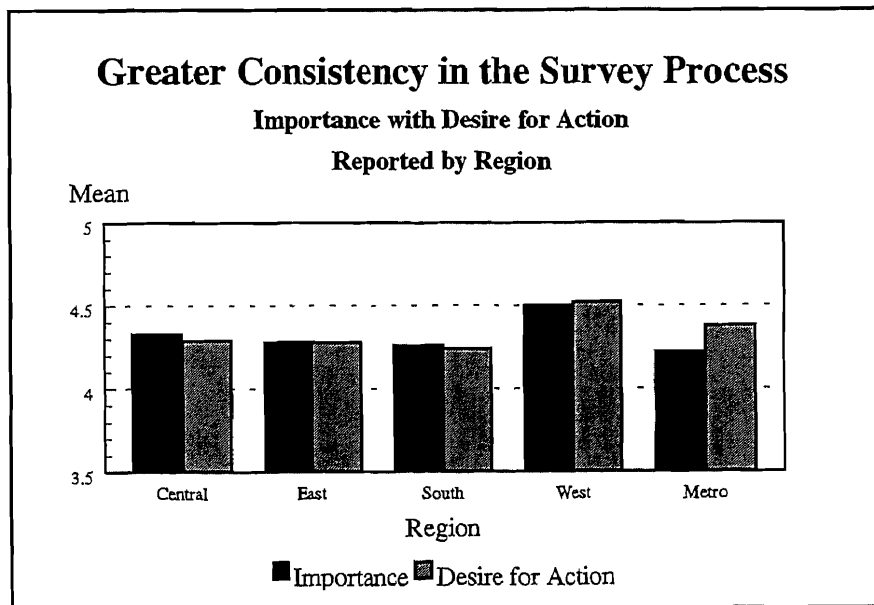


Figure 18

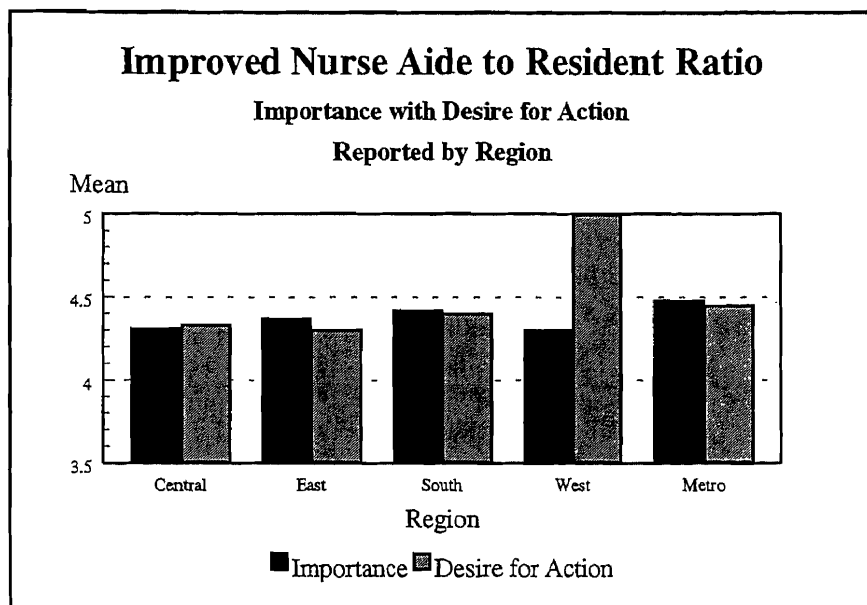


Figure 19

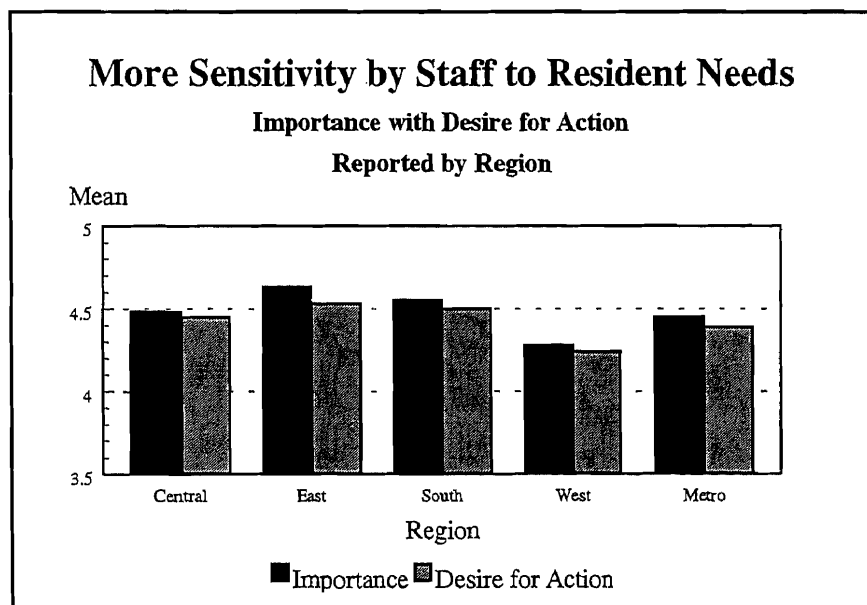


Figure 20

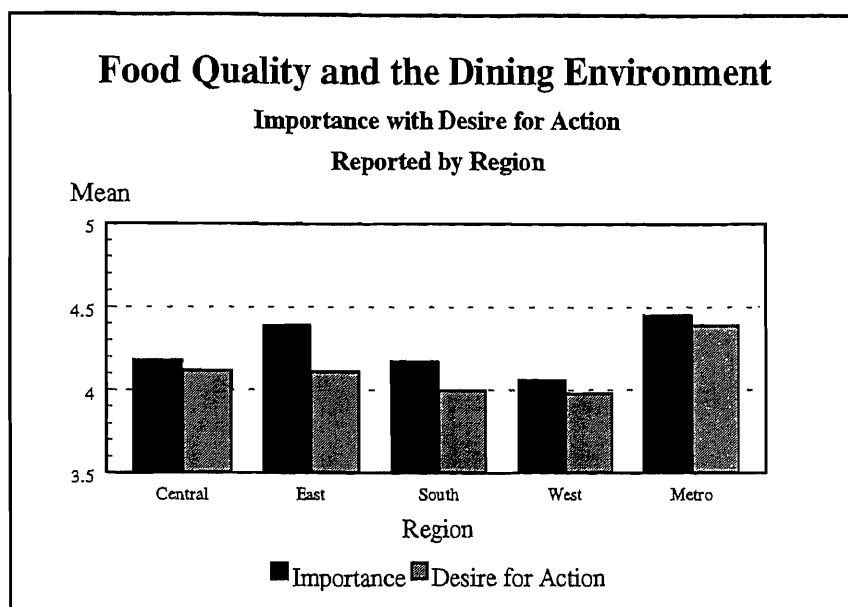


Figure 21

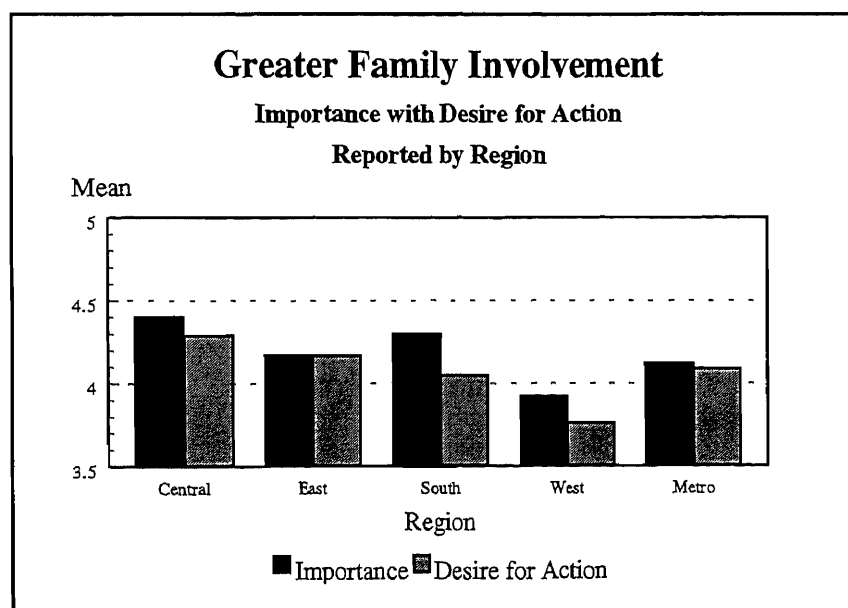


Figure 22

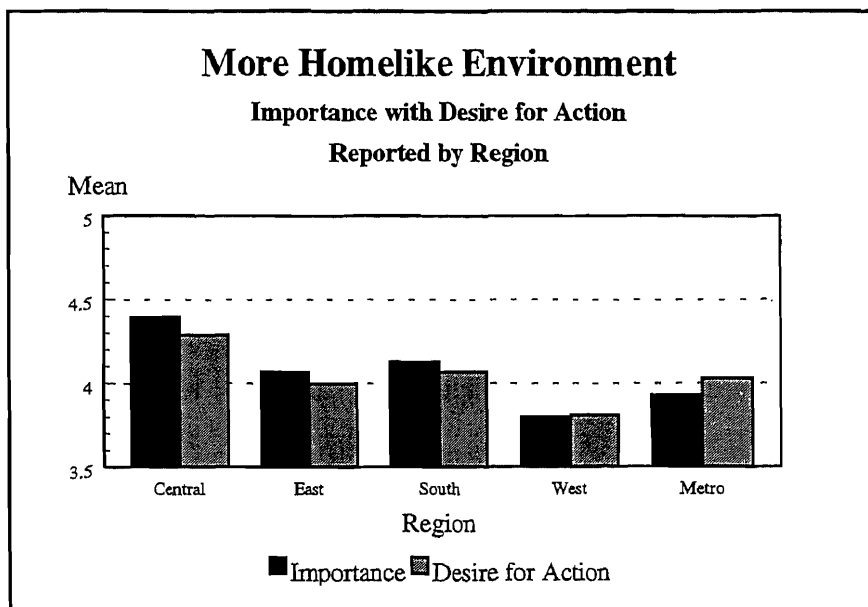
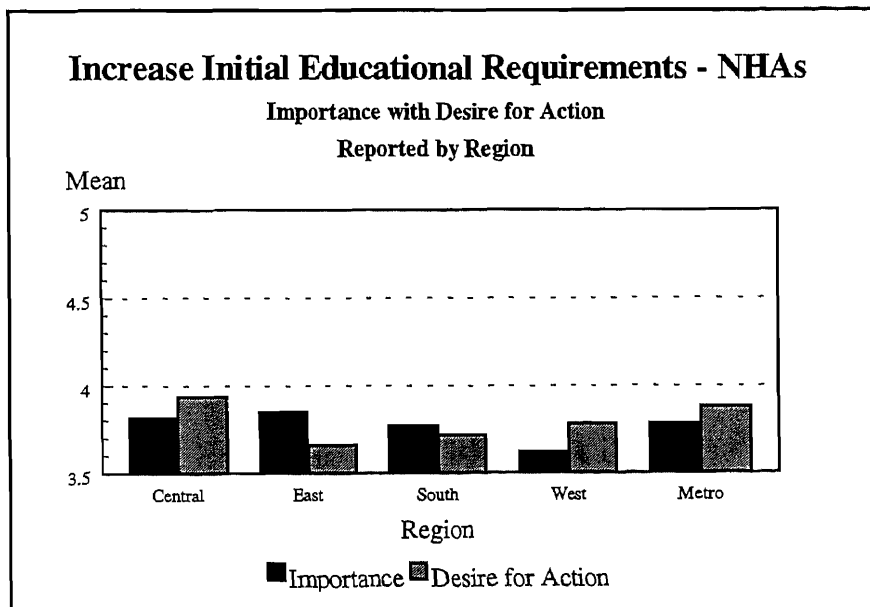


Figure 23





Respondents were also asked to select which one item of the ten listed items would be most important in improving the quality of care in nursing homes in Texas. The results of the entire sample group produced the top five items ranked as follows:

**Table 9**

<b>Top Five Items Ranked by the Total Group</b>	
<b><u>Rank</u></b>	<b><u>Item</u></b>
<b>1</b>	<b>Requirement for improved nurse aide to resident ratio</b>
<b>2</b>	<b>More sensitivity by staff to resident needs</b>
<b>3</b>	<b>More geriatric nursing skills</b>
<b>4</b>	<b>Management training for all supervisors</b>
<b>5</b>	<b>Greater consistency in the survey process</b>

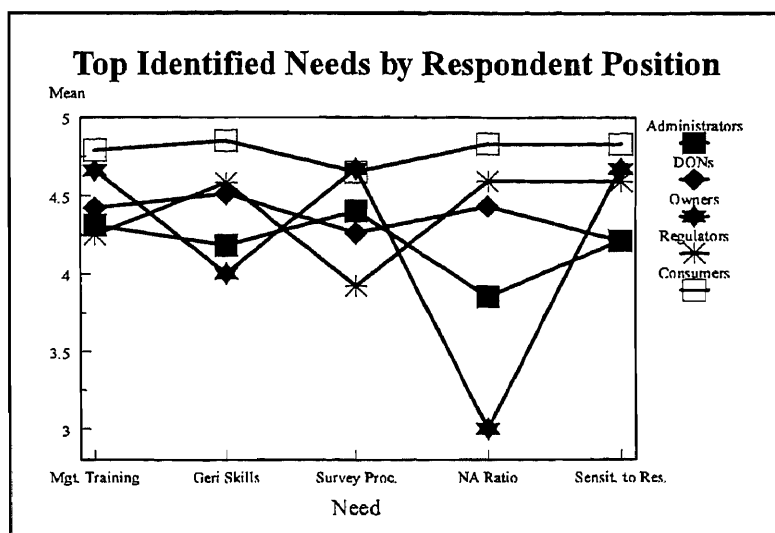
Respondents from all of the regions of Texas agreed that the item considered to be the most important in improving the quality of care in nursing homes would be a requirement for an improved nurse aide to resident ratio. Selection of the most important item in improving the quality of care in nursing homes in Texas, analyzed by position of respondent, is reported in Table 10.

**Table 10**

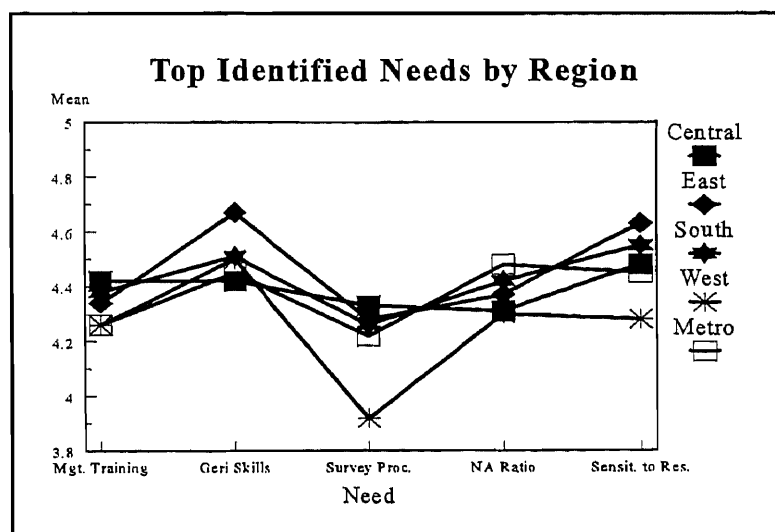
<b>Top Ranked Key Items Reported by Position</b>	
<b><u>Position</u></b>	<b><u>Most Important Item</u></b>
<b>Administrators</b>	<b>Greater consistency in the survey process</b>
<b>Directors of Nurses</b>	<b>Requirement for improved nurse aide to resident ratio</b>
<b>Owners</b>	<b>Greater consistency in the survey process</b>
<b>Regulators</b>	<b>Requirement for improved nurse aide to resident ratio</b>
<b>Consumers</b>	<b>Requirement for improved nurse aide to resident ratio</b>

A line chart of the top five items presents a view of these items contrasted with the position of the respondent. This analysis is also developed for each region of Texas. These analyses are displayed in Figures 24 and 25, respectively.

**Figure 24**

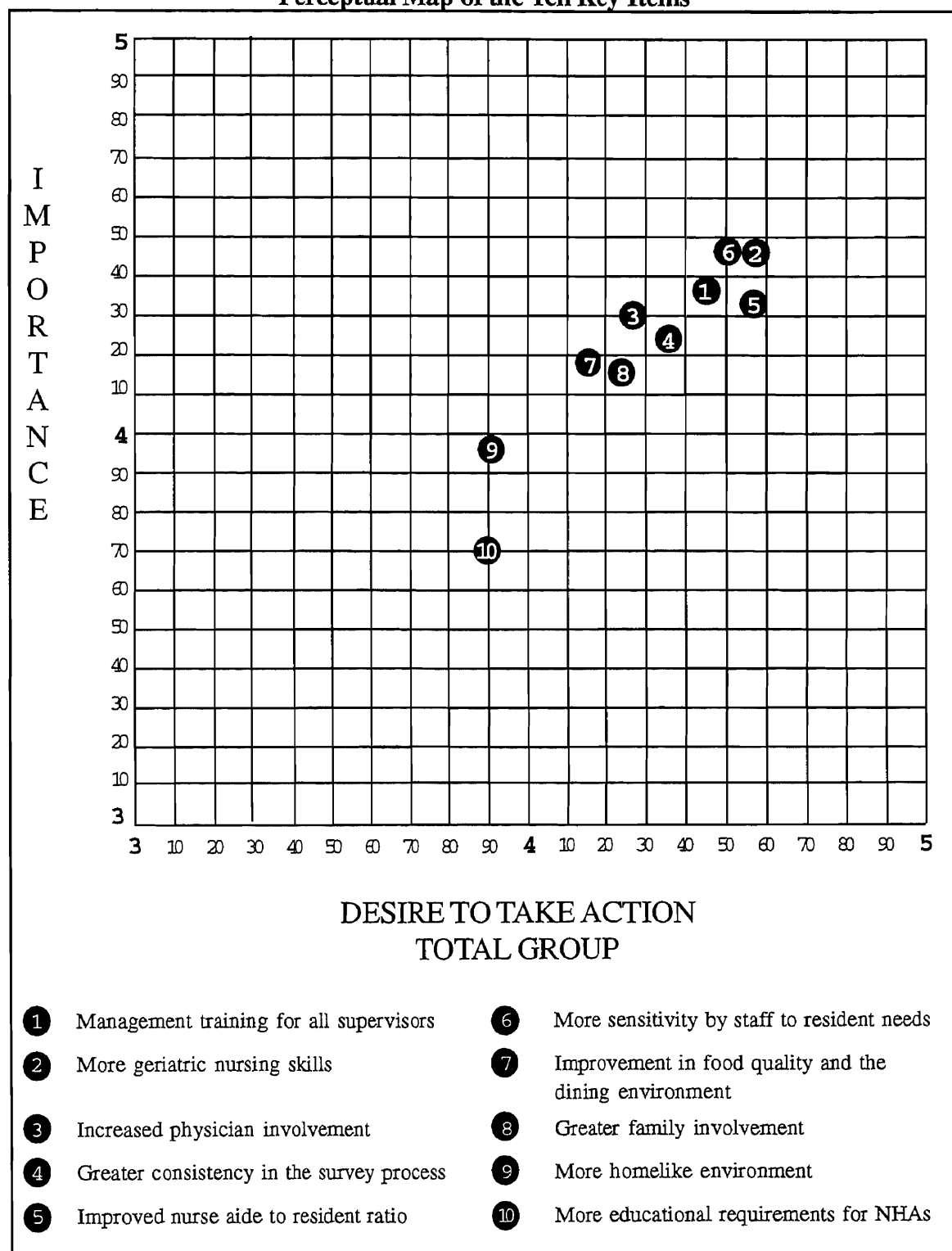


**Figure 25**



A perceptual map which contrasts the ten key items by importance and the respondents' ratings of the need to take action is contained in Figure 26.

**Figure 26**  
**Perceptual Map of the Ten Key Items**



## Discussion

The principal key item identified as most important to the improvement of quality of care in nursing homes varies with the analysis used. Taking each item separately and comparing the item mean score resulted in the item **Greater sensitivity by staff to resident needs** being identified as the most important item. However, when the group of respondents was asked to summarize all the items and select the single most important item, the item **Requirement for improved nurse aide to resident ratio** prevailed. Slight changes also appeared in the order of rankings of the key areas depending upon whether the data were viewed from an overall perspective or whether the mean rating of each item was analyzed. It would appear that directors of nurses, regulators, and consumers view the most important concern as the **Requirement for improved nurse aide to resident ratio**, while administrators and facility owners believe the top area of concern to be **Greater consistency in the survey process**. However, all of the ratings, though statistically significant, are similar. Each of the key items included in the survey instrument received a rating greater than 3.0 for almost all groups. This result would be expected as the ten items included in the instrument emerged from a pool of numerous items as the ten most critically important to the improvement of quality in long term care. In addition, the total pool items and the ten most critical items were identified by persons with both knowledge and experience in long term care.

From the analysis, it becomes clear that the key structural need is the **Requirement for improved nurse aide to resident ratio**. Also, two key process needs revealed by the data are: **More sensitivity by staff to resident needs** and **Greater consistency in the survey process**. Two critical educational needs are identified as well: **More geriatric nursing skills** and **Management training for all supervisors**.

The dimensions of importance and the desire to take action, as illustrated in Figure 26, indicate that the key items appear in four clusters. **More geriatric nursing skills** was seen as the most important factor for the improvement of the quality of long term care and also the item about which the respondents felt most strongly with regard to the need to take action.

The item, **More sensitivity by staff to resident needs**, was next in importance with slightly less desire for action. The **Requirement for improved nurse aide to resident ratio** item rated slightly lower in importance but greater in terms of a desire for action. **Management training for all supervisors** was identified as the fourth key item. These four items form a major cluster of highest priority concerns which should be expeditiously addressed to improve the quality of long term care in nursing homes in Texas.

The second cluster is formed by the two key items: **Increased physician involvement** and **Greater consistency in the survey process**. Both are similar in their ranking with **Increased physician involvement** slightly higher in importance and **Greater consistency in the survey process** viewed as rating a greater desire to take action.

**Improvement in food quality and the dining environment** and **Greater family involvement** were two key items that formed the third cluster, ranking slightly lower than those items in the second cluster. The fourth cluster is loosely formed by the final two key items: **More homelike environment** and **More educational requirements in long term care for initial licensure as a nursing home administrator**. Both were identical in their rating on desire to take action, whereas the key item, **More homelike environment**, ranked considerably higher in importance.

It is interesting to note the relationship of the ten key items as they form clusters focusing on the importance and the desire to take action shown on the perceptual map. (Figure 26)

The disparity between the opinions and viewpoints of facility owners, administrators, and Consumers reflects a perception of the quality of care that is too great to ignore. The consumers present a clear voice that much needs to be done. For example, the consumers rated all ten items substantially higher than did any other group. Key health professionals have an opportunity and a responsibility to address these concerns.

The regulators perceive the need for **Greater consistency in the survey process** as less of a need than did the other groups. Facility owners and administrators perceive this key issue

as their number one concern. Whether this is a problem of communication or a real difference is not important; that these key players in the provision of quality care are so far apart in perspective is important.

## Recommendations

### Structural Needs

The structural need expressed most strongly by all of the respondent groups - **Requirement for improved nurse aide to resident ratio** - should be addressed through the regulatory component. The inclusion of this item in the survey reflects an identification within the delivery system of the need to improve caregiving at this level.

Within the context of this study, the narrative and anecdotal comments received indicate that respondents associated an increase in nurse aides with improvement in a staffing ratio. The following respondent comments regarding a nurse aide to resident ratio illustrate this perspective:

"Set ratio of nurse aides to residents." - *Regulator*

"We agree with the advocate for nursing home reform: 1:8, 1:10, 1:14 - *Consumer*

"Utilize an acuity of care level index to determine what level and type of staffing is needed and set ratio based on levels of need." - *Regulator*

"1:8 days, 1:10 evenings, 1:14 nights "- *Consumer*

"Increase ratio on all shifts, especially 3-11, 11-7." - *Regulator*

Certainly, any disagreement regarding the potential benefits of an increase in the number of nurse aides would be minimal. However, significant concern might be expressed with regard to an arbitrarily mandated nurse aide to resident ratio. Much of this disagreement could relate to differences in the acuity levels of residents and the concomitant care levels.

At this point, it is appropriate to acknowledge the fact that, for several years, discussions regarding the topic of nurse aide staffing have been ongoing at multiple levels within the long term care delivery system. Therefore, the fact that this need received the highest

ranking of the structural needs is not surprising. This finding does, however, indicate that the matter is not resolved.

In addition to the care demands imposed by variances in resident acuity levels, another factor for the resolution of this issue might be the need to accumulate more quantitative data. Specifically, studies should be structured to provide a comprehensive analysis of the job of the nurse aide, which would also incorporate time and motion studies. Reimbursement formulas could then be calculated with the inclusion of these data, as well as resident acuity levels.

In fact, a comprehensive job analysis including time and motion studies relating to each entry level position (nurse aide, housekeeping aide, laundry aide, dietary aide) is recommended with the potential for discovering opportunities for job restructuring, modifications in reimbursement, and improvement in care delivery.

In addition to the need for additional quantitative studies, the need for qualitative studies continues to exist. The regulatory component should diligently pursue these areas through internal and external research projects.

### Process Needs

The process needs in this study reflect attitudes in the delivery of services. The highest ranked process item - **More sensitivity by staff to resident needs** - clearly indicates a compelling need to improve interactions and relationships between residents and staff members. The delivery of care within the long term care environment necessitates virtually continuous interaction between these two groups.

Again, anecdotal comments from survey respondents offer suggestions for improvement. Some of the more specific responses are listed below:

"Stop treating them like a herd of animals - more attention to individualism. Listen to what their wants and needs are." - *Regulator*

"Self esteem, dignity" - *Consumer*

"Give nurse aides experience in being dependent." - *Consumer*

"Resident rights and issues still not where they should be." - *Regulator*

"Teach staff to pay attention to residents and keep their minds off their personal business." - *Regulator*

"Customer relation skills" - *Administrator*

These comments, as well as many others received, make a powerful statement regarding the need for sensitivity training. Currently, a minimal number of hours per year of continuing education for all nursing staff is required. However, these sessions rarely include content focused on interpersonal relationships, sensitivity awareness, verbal and nonverbal communication, listening skills, and empathetic responding.

Since training is typically delivered within minimal parameters of compliance, policy makers should carefully evaluate the apparent need to expand both the hours required and the topics addressed and take appropriate action. In addition, the survey process should be structured to provide meaningful recognition for the provision of quality training above required minimums.

Other comments from respondents present a challenge to facility administrators to develop greater expertise in applicant interviewing skills. The following respondent comments reflect the concern that staff members possess certain intrinsic qualities such as compassion and concern for the frail elderly:

"These patients are human beings. They have feelings, feel pain, hunger, they have feelings of loneliness." - *Consumer*

"Good grooming makes them feel loved - privacy, psychological needs makes them feel like 'real people'." - *Consumer*

"Sensitivity to the needs of the cognitively impaired resident" - *Regulator*

"Ethnic sensitivity" - *Consumer*

The need to combine high quality sensitivity training with improved employee selection is apparent. It is also incumbent upon management at all levels within the nursing home to create an environment in which each individual is valued and affirmed. Training efforts will be effective



only if management practices nurture and encourage both residents and staff members.

### Educational Needs

Some needs are most directly amenable through the educational process. In this study, the highest ranked educational need was **More geriatric nursing skills**. A second need was so close in rank that it merits inclusion in this discussion and is identified as **Management training for all supervisors**.

The first educational need related primarily to nursing personnel. Specific comments from respondents provide additional insight into the dimensions of this need:

"More geriatric training in nursing skills in assessment" - *Regulator*

"Specific training in geriatrics" - *Consumer*

"Understand emotional attitudes of elderly. Understand that dependent patients must be observed and assisted frequently." - *Regulator*

"Mandatory geriatric classes in college" - *Consumer*

"More dementia training" - *Consumer*

"Identifying depressions and interventions" - *Regulator*

These comments are qualitative indicators which support the quantitative data of this study. From this base, recommendations can be directed to the educational delivery system at various levels related to nursing content. Specifically, the curriculum in schools for vocational nurses should include an expanded geriatric component. The widespread utilization of vocational nurses in long term care facilities adds emphasis to this recommendation. In addition, associate degree and baccalaureate degree programs in nursing should include an expanded didactic geriatric component as well as a required clinical rotation in a long term care facility. The employment of nurses in nursing homes in management, quality assurance, and direct care positions mandates a stronger preparation in the specific area of geriatric nursing.

Also, providers of continuing education programs for both vocational and registered nurses should develop more programs focused on nursing content relative to the geriatric patient/

resident. In the development of content, survey data related to nursing care deficiencies should be reviewed and addressed.

Inservice programming for nurses at the facility level should be both remedial and developmental. Problems related to knowledge and skill should be identified through internal audits and self-reporting. Consultants, product representatives, and journals can be effectively utilized to support nursing inservice educational efforts.

The second highest educational need was identified as **Management training for all supervisors**. Specific management related topics were included in the anecdotal comments from respondents:

"Decision making, personnel management" - *Administrator*

"Charge training for LVNs and time management" - *Regulator*

"Stress in the workplace" - *Director of Nurses*

"Learn to deal with difficult people, negative employees" - *Regulator*

"More administrative management in day-to-day care" - *Consumer*

"Train supervisors to understand health care facility operations." - *Administrator*

Due to the labor intensive nature of the long term care delivery system, the need for competent management practices is imperative. However, the initial education and training required for supervisors in long term care facilities includes little, if any, management oriented content. Educational preparation tends to focus on basic job knowledge and related skills. As a result, supervisors may be able to adequately perform the primary duties directly associated with the job, but are frustrated in the area of supervisory responsibilities.

Facility based inservice programs may be of modest assistance in improving supervisory skills. However, external programs offered by educational institutions, professional organizations, trade associations, credentialing and regulatory agencies, and independent consultants can be more effective due to expertise and available resources. These providers should be encouraged to offer management development programs that focus on individual

disciplines as well as on all members of the health care team. Currently, the majority of programming focuses on individual positions with relatively few programs offered across the organizational spectrum. Increased interdisciplinary programming could result in shared solutions to management problems and simultaneously reinforce the health care team concept.

In summary, major needs related to structure, process, and education have been identified through this study. Anecdotal comments from respondents add illustrative details while subsequent discussion suggests an agenda for action.

The survey instrument posed a special question to respondents which did not refer to any of the ten specific items. The question was structured as follows:

**"We have not been able to address all of the current concerns in long term care. We are interested in your opinion. What do you believe would improve the quality of care in nursing homes in Texas?"**

From the numerous responses received, the following were particularly poignant in articulating recommendations for improvement:

"A stronger emphasis on restorative care - what it is and how it really does improve quality of life" - *Administrator*

"A change in attitudes toward the old. More education of the public" - *Director of Nurses*

"Stronger punitive action for poor surveys - including closure for consistently poor surveys" - *Owner*

"Increased awareness of the regulatory environment and the financial effect it has. Texas pays higher per day for prisoners than for nursing home residents." - *Administrator*

"Physician involvement generally is a real joke. By far the biggest rip off in this system. Some residents aren't even seen for very long periods. I've seen it." - *Regulator*

"At least a nurse aide staffing ratio to the residents - creating quality care to our

loved ones on a daily basis, every day, week, month, and year." - *Consumer*

"Better reimbursement: you can't solve every problem by throwing money at it, but I find it disgraceful that so many in Texas, who are full time employees in long term care, are still eligible for some form of public welfare. Says a lot, doesn't it, about the priority we really place on life?" - *Administrator*

"Time - everyone needs that special touch - the regs and employee laws take that away somewhat. The few bad apples have made everyone suffer. Also there needs to be more direction with the A.I.T. Most preceptors do not know how to train. Learning about human nature is a delicate process." - *Administrator*

"Special incentives and a career ladder for nurse aides to provide continuity of service, retention, and increased professionalism" - *Regulator*

"More lay people being on the boards of long term care and outsiders being more involved in surveys - not just state personnel. People who care about the elderly and how they are treated - not just a job. We will all be old someday." - *Consumer*

These responses address a wide range of factors and encompass not only the physical aspects of caregiving but the psychological and social dimensions as well. Simplistic solutions can not be applied to many of the problems inherent within these comments.

The challenges of providing high quality care remain formidable and are accompanied by a rapidly increasing need. Specifically, in Texas, the fastest growing segment of the population is the age group of eighty-five and older. These individuals are often characterized as the "old-old." For our current society, this fact imparts an important message for the future in terms of need with a concomitant mandate regarding quality. In recognition of this reality, one of the survey respondents answered the special question which asked for personal opinions regarding the improvement of care in nursing homes as follows:

"Society's demands. If we accept the mediocre current standards, then that's what we will receive."

It is clear that, as a society, we must be committed to developing an agenda for action. However, motivation for action should incorporate both intrinsic and extrinsic factors. For example, if punitive remedies are available for poor performance in care delivery, then incentives for exemplary performance should be equally available. Encouragement is often a vital component in the realization of superior achievement.

As a conclusion to this report, it is important to acknowledge with appreciation the positive contributions by varied individuals and groups at all levels of service delivery within the long term care system. If the last of life is destined to be the joyous experience suggested in the poetry of Robert Browning, the needs identified and discussed in this study must be conscientiously addressed through individual and collective contributions and commitment.

## Key Needs Identified

### Anecdotal Comments

#### 1. **Management training for all supervisors**

Such as:

- Leadership skills
- Employee counseling/Human relations
- Personnel management (hiring, discipline, crisis management)
- Decision making and problem solving
- Communication skills
- Motivation skills
- Time management
- Stress management
- Organizational skills
- Employee retention
- Safety/OSHA
- Healthcare facility operations

## Key Needs Identified

### Anecdotal Comments

#### 2. **More geriatric nursing skills**

Such as:

- Restraint-free control
- I.V. Therapy
- Medications/Interactions/Side-effects
- Behavior management/dementias/emotional needs
- Depression
- Aging process
- Personal care
- Skin care/Incontinent care
- Death and end of life issues
- Preventive measures (skin breakdown, weight loss)
- Requirements for geriatric clinical training
- Rehabilitation
- Documentation
- Geriatric treatments
- Nutrition/tube feeding/weight loss/hydration
- Lab draws
- Subacute care
- Caring attitude/respect and dignity
- Care planning
- Positioning, lifting, transferring
- Communication and touch skills/sensitivity
- Give nurse the experience of being dependent
- Infection control

## Key Needs Identified

### Anecdotal Comments

#### 3. **Increased physician involvement**

Such as:

- Return calls promptly/Availability
- Closer follow-up/Visitation
- More than 2 minutes per patient
- Hands on care/On site assessments
- Complete history and physicals on patients
- Education on long-term care regulations
- Broader knowledge of geriatric problems
- Knowledge of resident rights
- More compliance with paperwork/better documentation
- Mechanism for penalties for those who don't meet responsibilities
- Involved in care plans
- Keep facility informed re: hospitalized patients
- Knowledge of geriatric medication dosages
- Work as a team with nursing, pharmacy and dietary
- Continuing education for medical director
- Cooperation with regulators in findings and correction
- On-call physicians 24 hours/day
- Skin breakdown/unusual bruising/overmedication



## Key Needs Identified

### Anecdotal Comments

#### 4. Greater consistency in the survey process

Such as:

- Survey based on regulations not surveyor opinions
- Less political and power plays
- More precise standards
- Consistency in surveyors (same team each year)
- Concentrate on chains that abuse Medicaid system
- Increase training for surveyors
- Clear indicators of what constitutes a deficiency
- Regulators understand their own rules
- Greater severity, penalties, closures
- More education with federal regulations
- Concentrate on major compliance/dispense with "small stuff"
- Meeting of all teams to assure correct interpretation of TAGS
- Checklist instead of a narrative
- Consistent forms and procedures
- Rewrite survey process with input from surveyors
- Be truthful
- Resolve complaints/investigate thoroughly
- Check patients as well as paper
- Require long-term care experience
- Listen to families
- Inspect only in trained field
- More frequent surveys/stagger visits

## Key Needs Identified

### Anecdotal Comments

#### 5. Requirement for improved nurse aide to resident ratio

Such as:

Based on reimbursement

1:10

Education of regulators on importance of care by CNAs

Acuity system

Based on resident needs and actual care provided

Resident rights and abuse

More money

7:1

5:1

8:1

9:1

Proper training and job enhancement more important than ratio

6:1

Minimum numbers

4:1

2:1

## Key Needs Identified

### Anecdotal Comments

#### 6. **More sensitivity by staff to resident needs**

Such as:

- Continuing education
- Sensitivity training to aides
- Grooming, cleanliness needs (comfort, i.e. able to reach water)
- Stress relief education
- Emotional response to human problems
- Listening to complaints
- Respect residents
- Communications with residents
- Touch communications
- Aging process/dealing with the elderly
- Privacy
- Customer relation skills
- Religious beliefs/social and cultural beliefs
- Understanding loss of independence
- Individualized care/holistic approach
- Assessment for continuum of care
- Residents need to be self-sufficient as possible
- Increased understanding of Alzheimer's
- More involvement with social workers and activities
- Hydration, position, check residents regularly
- Give nurse aide experience of being dependent
- Answering call lights
- Dealing with dementia/cognitive impairment
- Bedfast residents with no stimulation - left alone
- Background/ethnicity
- Follow doctors orders
- Cleanliness

## Key Needs Identified

### Anecdotal Comments

#### 7. **Improvement in food quality and the dining environment**

Such as:

- Respect regional preferences and individual preferences
- China setting - using real dishes
- Less diet restrictions
- Selective menu/more choices
- Sufficient help to serve and assist with eating
- Choices in times meals served
- Hot food
- Appearance of food/presentation
- Space
- Plants in dining room, flowers on table
- More homelike atmosphere/clean and fresh
- More special meals/events
- Improved equipment
- Improved training
- Home cooking/taste of food/more seasoning
- Fresh fruits/salads/more fresh food
- Clean residents
- Smaller, separate dining room
- Nutritious meals/better quality food
- Eliminate noise during meal service
- Family style dining
- Allow volunteers to feed
- Ethnic menu choices
- Separate feeders and alert and disruptive residents
- More assistive devices/more assistance
- More variety
- Offer substitutes
- Background music which can be "felt" not heard
- More education in food service department
- Too much CHO, not enough protein
- Increase wages
- Tablecloths
- Do not rush feeding
- Proper temperature of food

## Key Needs Identified

### Anecdotal Comments

#### 8. **Greater family involvement**

Such as:

- Attend care plan meetings
- Family council meeting and support groups
- Educate families of the importance of family involvement in care
- Facility functions/special events
- Understanding facility limitations
- Education regarding guilt, tough love
- Provide families with knowledge of facility operations
- Making sure resident has enough clothing
- Making positive statements
- Increase communications
- Improve housekeeping and maintenance
- Open houses/county fairs/programs
- Include families in survey exit conferences
- Require social workers or administrators to provide information every  
week on resident status
- Provide non-public areas for family visits
- Education regarding feeding

## Key Needs Identified

### Anecdotal Comments

#### 9. More homelike environment

Such as:

- More living areas
- Personalization of rooms, halls, dining room, lobbies
- More pictures that are meaningful to residents
- More flexible mealtime
- Eliminate wards
- Family involvement in rooms
- Carpeting in common areas and halls
- Plants and gardens
- No elevators
- Separate closets for each resident
- Pretty beds and linens
- Private rooms
- Different colors each room/better decorating
- Fireplace
- Music
- Allow resident to establish own schedule
- Fabrics easy to care for - clean - odor free
- Swimming pools
- Pets
- Libraries
- More space for activities/more living rooms
- Freedom to come and go
- Architecture
- Bigger rooms
- Allow windows open sometimes
- More outdoor activities
- Outdoor walk areas
- Sensitivity to roommate placement
- Individual thermostat controls
- Small den/dining areas for family visits
- Remove trays after eating
- Clean
- No smoking
- Allow residents to help make decisions concerning their welfare

## Key Needs Identified

### Anecdotal Comments

#### **10. More educational requirements in long term care for initial licensure as a nursing home administrator**

Such as:

- Minimum BA/BS and 1 year experience
- Staff sensitivity/people skills/interpersonal relations
- More professionalism
- Screening for integrity, compassion, motive
- Knowledge of nursing needs/quality
- Knowledge of Medicaid documentation requirement
- Pharmacology
- Social Work
- Stay updated on changes
- Some medical knowledge
- Counseling training/Personnel management
- Business management training/financials
- One year internship/extended internship
- Get rid of 200 hour course
- Gerontology training
- More hands-on experience and time in facility
- R.N. s
- Make present classwork more meaningful
- Bachelor's in gerontology and management
- Graduates that are people oriented, not survey driven
- BS or MS in long term care administration
- Understanding of all jobs in nursing home
- Administrator be a resident for a week
- Abuse, neglect
- Family interventions
- Activity planning
- Need psychological profile done before education
- Behavioral management
- Diplomacy
- Open and honest with families
- Be human
- Accountability
- Letting department heads manage

### Anecdotal Responses to Special Question

**"What do you believe would improve the quality of care in nursing homes in Texas?"**

Management training to nurses/staff

Better lobbying THCA

Less paper work for facilities and agencies

No MDS

More money/higher reimbursement rates

Educate the public and families to the survey process

Use LVNs as DONs

Eliminate the big chains

Revise the reimbursement mechanism to favor patient care

Media focus on good care

Require long term care experience for surveyors

Get government out of health care (fewer regulations)

Stratified management

Weekend managers

Education of staff to standards

Non-confrontation survey systems

Continuous Quality Improvement

More continuing education for all staff

Limit size of homes to 50 residents

Better training for nurse assistants

More direction to A.I.T.s

More hours for internships

More education and knowledge for administrators

Limit profit corporations can make

Increase in staff/resident ratio - based on patient acuity

"Clean up" the bad homes - with owner accountability

More experience in administration for staff

Have unpredictable random surveys

Decrease use of medications

Corporations should allow individual facilities to tailor policies to meet residents' needs

Meeting of all regulatory teams to assure the correct interpretation of tags

Require 1 RN/shift

No children in long term care facilities



**Anecdotal responses to Special Question, continued**

Cap for corporate profits  
Increased community awareness of nursing home conditions  
Change attitude of citizenry to refuse to accept bad care  
More training for ombudsman/more involvement as advocates  
Listen to the residents  
Give residents more freedom of choice, rights  
Limit what aides are allowed to do - to force nurses into patient care  
Greater family involvement  
Prevent abuse and threats of retaliation  
Mandatory assessment training for LVNs  
Change in attitudes toward the elderly  
Greater physician involvement  
More community involvement  
Nurses interact with residents instead of push papers  
Criminal check before employment (on all personnel)  
More training for activity director  
More lay people on boards and do surveys  
No TDHS members (board) involved with nursing homes  
Post masters education for administrators  
More Alzheimer's training  
Being able to provide better quality of staff  
Better pay incentives for nursing assistant staff  
Decrease turnover  
Pay administrators equal to hospital administrators - or more  
Stronger emphasis on restorative care  
More networking opportunities for administrators  
Better qualified management and staff  
More administrative involvement in day-to-day care  
Base reimbursement on geographic differential costs  
More office staff  
Bigger resident rooms  
Offer psychiatric services within the facility  
Remove politics  
Delete bad operators/dollar penalties for deficiencies  
Drop moratorium on new beds  
More training for surveyors  
Compassionate employers  
Teamwork

**Anecdotal responses to special question, continued**

Patient outcome oriented surveys  
Screen administrators for attitude  
More emphasis on customer relations  
Better and higher quality inspectors  
Use geriatric nurse practitioners  
Consistency among schools on the 200 hour course  
Drop nurse aide certification requirement  
State funded software - verified documentation  
Geriatric training in nursing schools  
State produced no-cost seminars for nurse aides  
Homelike food/more nutritious  
Program for geriatric associate  
Have medical people on regulatory board instead of attorneys  
Free market  
Active activity programs  
Elevate status of nursing homes  
Prohibit restraints except in emergencies  
Prohibit psychoactive drugs  
RN schools use long term care facilities as training/clinical sites  
Better communication  
Consistency in surveys  
More community education and involvement  
More regimented supervision of nurse aides  
Address psychosocial needs better  
Require long term care experience before training as administrators  
All administrators/owners must spend a week/month in facility as a dependent resident with no family  
More investigators assigned to suspected fraud/complaints  
Stiffer regulations on nurse aide abuse  
Do inspections quarterly  
Increase social worker requirements  
DON/ADON should be less in their office and out on rounds  
Improve food quality  
Supplies and equipment provided to do the job  
Less money to corporation and more to patient care  
More M.D. involvement  
Do not take anonymous complaints (TDHS)  
Require monthly visits from geriatric nurse practitioners

## Attachment 1

**Institute for Quality Improvement in Long Term Health Care**  
**School of Health Professions**  
**Southwest Texas State University, San Marcos, Texas 78666**

54

Long Term Care Quality-Focused Needs Assessment Survey

**FIRST:**

Please circle the number that indicates your opinion of the quality of care in nursing homes in Texas. The number one (1) is low and the number ten (10) is high.

*Low* 1   2   3   4   5   6   7   8   9   10 *High*

**NEXT:**

Please indicate the degree to which **you** believe each item is important as it relates to improving the quality of care in nursing homes in Texas.

- |  | Not<br>Important at All |  | Somewhat<br>Important |  | Very/Most<br>Important |  |   |  |   |
|--|-------------------------|--|-----------------------|--|------------------------|--|---|--|---|
|  | 1                       |  | 2                     |  | 3                      |  | 4 |  | 5 |
| 1. Management training for all supervisors<br>Such as: _____   |                         |  |                       |  |                        |  |   |  |   |
| 2. More geriatric nursing skills<br>Such as: _____   |                         |  |                       |  |                        |  |   |  |   |
| 3. Increased physician involvement<br>Such as: _____   |                         |  |                       |  |                        |  |   |  |   |
| 4. Greater consistency in the survey process<br>Such as: _____   |                         |  |                       |  |                        |  |   |  |   |
| 5. Requirement for improved nurse aide to resident ratio<br>Such as: _____   |                         |  |                       |  |                        |  |   |  |   |
| 6. More sensitivity by staff to resident needs<br>Such as: _____   |                         |  |                       |  |                        |  |   |  |   |
| 7. Improvement in food quality and the dining environment<br>Such as: _____  |                         |  |                       |  |                        |  |   |  |   |
| 8. Greater family involvement<br>Such as: _____  |                         |  |                       |  |                        |  |   |  |   |
| 9. More homelike environment<br>Such as: _____   |                         |  |                       |  |                        |  |   |  |   |
| 10. More educational requirements in long term care for initial<br>licensure as a nursing home administrator<br>Such as: _____ |                         |  |                       |  |                        |  |   |  |   |

**NOW:**

Select the item number from those above that you think would be **most** important.

Write it in this space: \_\_\_\_\_



**In your opinion, how much should be done to provide:**

55

	Nothing	As Much As			Possible
	1	2	3	4	5
1. Management training for all supervisors?	1	2	3	4	5
2. More geriatric nursing skills?	1	2	3	4	5
3. Increased physician involvement?	1	2	3	4	5
4. Greater consistency in the survey process?	1	2	3	4	5
5. An improved nurse aide to resident ratio?	1	2	3	4	5
6. More sensitivity by staff to resident needs?	1	2	3	4	5
7. Improvement in food quality and the dining environment?	1	2	3	4	5
8. Greater family involvement?	1	2	3	4	5
9. More homelike environment?	1	2	3	4	5
10. More educational requirements in long term care for initial licensure as a nursing home administrator?	1	2	3	4	5

**Special Question - Please Give Us Your Ideas.**

We have not been able to address all of the current concerns in long term care. We are interested in your opinion. What do **you** believe would improve the quality of care in nursing homes in Texas?

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**Please complete the following demographic information:**

Age:\_\_\_\_\_ Sex: M F Ethnicity:\_\_\_\_\_ Education Level:\_\_\_\_\_

Length of time working in long term care:\_\_\_\_\_

Position:\_\_\_\_\_

County:

Facility\_\_\_\_\_

Other Employment/

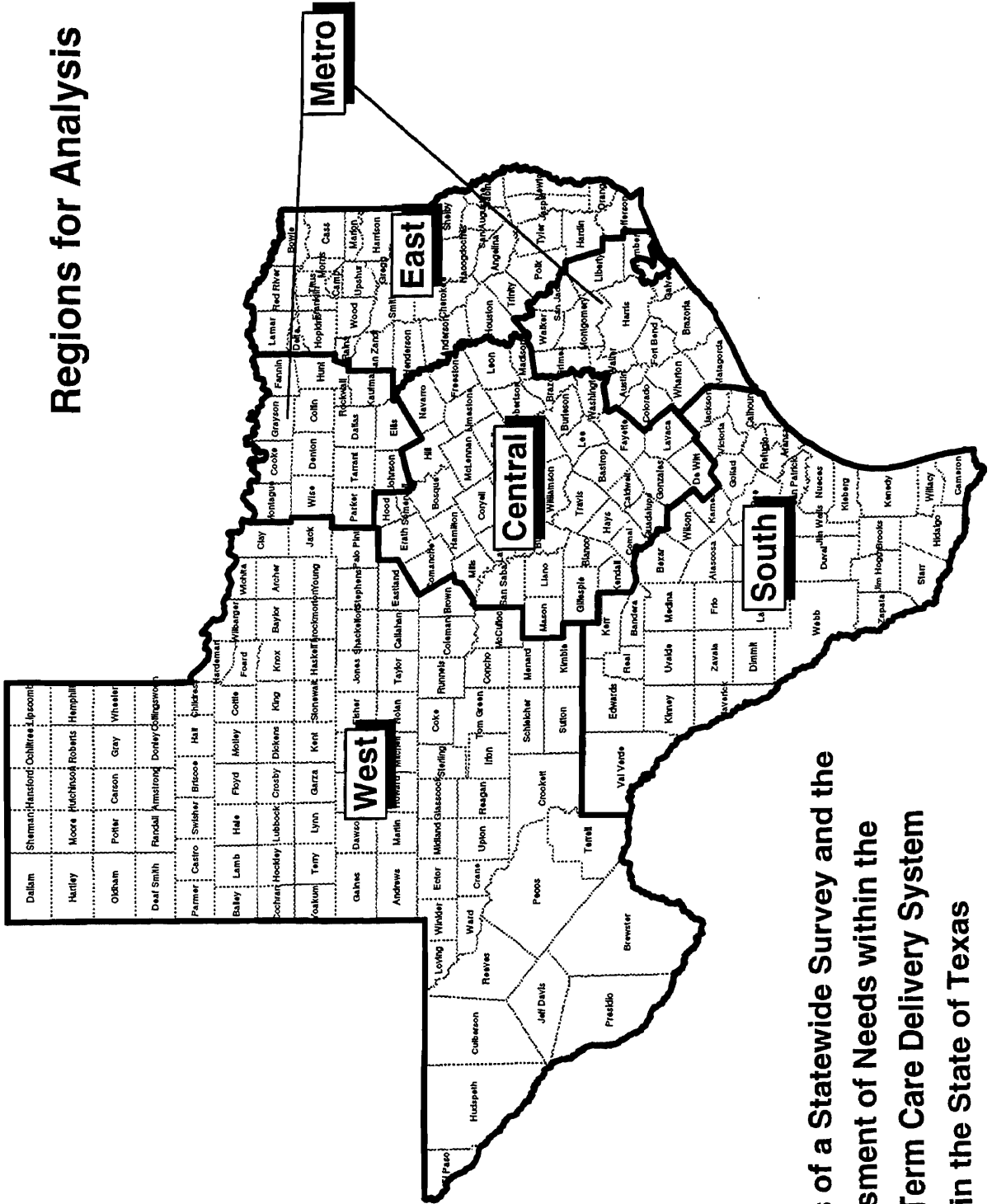
Residence\_\_\_\_\_

Occupation:\_\_\_\_\_

**Thank you very much for your participation.**

## Attachment 2

# Regions for Analysis



An Analysis of a Statewide Survey and the  
Assessment of Needs within the  
Long Term Care Delivery System  
in the State of Texas

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