

Satisfaction survey gives nursing facilities high marks

According to a survey of more than 90,000 residents and their families nationwide, America's nursing facilities are doing a good job.

Four out of five survey participants said they are satisfied with their nursing facility and would recommend it to others as "excellent" or "good."

Between three-fourths and four-fifths of residents and their families also gave high marks to the quality of life, care and service.

Titled *National Survey of Resident and Family Satisfaction in Nursing Facilities* and conducted during 2006 by My InnerView, an applied-research company that works with housing and long-term care providers, the survey looked at specifics such as respectfulness of staff, friendship opportunities and even how well the laundry is done.

For example, about two-thirds of residents and their families gave an excellent or good rating to the quality of dining experience – a subject featured in the November-December 2006 edition of *Families & Friends Bulletin*.

This was the second such report released by My InnerView and included a larger sample of facilities and consumers than the 2005 survey.

Why measure customer satisfaction?

Knowing their residents and families' wants and needs helps caregivers provide better services. Only through knowing what people expect can health-care providers identify areas for improving quality and satisfaction and fostering a person-centered approach to care.

Advancing Excellence campaign

Customer satisfaction in long-term care also is a key goal of the national Advancing Excellence in America's Nursing Homes campaign, which CAHF strongly supports.

Here in California hundreds of nursing facilities already have joined the Advancing Excellence campaign and pledged to target specific, measurable quality-improvement goals.

Learn more about the Advancing Excellence campaign online at www.nhqualitycampaign.org.

To view the *2006 National Survey of Resident and Family Satisfaction in Nursing Facilities*, go online to the Web site of CAHF's national affiliate, the American Health care Association, at www.ahca.org.

Online resident-rights brochure available in four languages

Your Rights as a Resident in a Nursing Home, a useful brochure for health-care consumers, is now available on the Department of Health Services Web site in English, Spanish, Chinese and Tagalog.

Go to www.dhs.ca.gov and click on "Know Your Rights as a Resident in a Nursing Home: Read More," the last item under "Latest CDHS information." Then click on "Your Rights as a Resident in a Nursing Home."

The direct link is <http://www.dhs.ca.gov/lnc/nh-rights>. For more information, contact Eric Wiesenthal at DHS at (916) 552-8762, ewiesent@dhs.ca.gov.

Don't ignore complaints

What if your loved one has complaints about the care he or she is receiving?

Never hastily dismiss a family member's complaint. Even if the complaint appears petty or nonspecific, ignoring it will only further damage your relative's morale.

Keep in mind that, in many cases, all the complainant wants is for you to listen, support and comfort him.

Try to listen to what is really being said. Don't pre-judge the validity of the complaint – and pay particular attention to verbal cues, body language, facial expressions, posture and gestures. These can help

you determine the seriousness of his complaint.

If you feel a complaint could be warranted, bring it up to a staff member you're comfortable dealing with. Lingering or more serious complaints should be taken up with the facility administration.

Although you should always bring complaints to the attention of the staff first, you should also be aware of the other avenues for resolving problems.

Amendments made in 1978 to the Federal Older Americans Act set up an ombudsman program in each state to help family members who have complaints about long-term care facilities. Residents or relatives are encouraged to report any unresolved complaints to the facility ombudsman.

Tips for families and friends

Dining

Food-service staff at long-term care facilities never want residents or clients to eat food they don't like. But staff don't always know your loved one's individual preferences unless you tell them.

Everyone who needs assistance in eating receives it, although residents and clients are encouraged to feed themselves if at all possible, because eating can be a very important part of physical or occupational therapy.

Special equipment is available to help people eat too.

Dinner guests

Families and friends of long-term care residents and clients should plan to stay for dinner occasionally. Your presence will add to your loved one's pleasure.

However, since each nursing facility has its own policies on guest meals, check with the dining-services manager for details on advance notice, meal times, cost (if any) and any other services the facility might provide. For example, some facilities offer a special menu and a special dining room for families.

What about diets?

When it comes to resident diets, long-term care facilities have to look at two issues.

One is that dietary restrictions – low-sodium, for example – are made for important health reasons and should be followed.

The other issue is that each resident has the fundamental right to choose whether to follow that diet. No one can force him to follow it, but families and friends can encourage him to stick with it.

What about treats?

Generally speaking, there's no reason why families and friends can't bring favorite foods or other treats for long-term care residents and clients.

But it's always a good idea to talk first with the dietitian or dining-services manager to make sure the item does not conflict with dietary needs.

We want to hear from you
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Medicare finances better than expected but still troubled

The Medicare trustees released their annual report in April and found that, while the financial picture remains troubling, the program's outlook has improved slightly compared to last year's estimate.

As a result of slightly higher projected income and slightly lower projected expenditures than shown in the 2006 report, Medicare's Hospital Insurance Trust Fund now is projected to be exhausted in 2019, one year later than expected.

Official warning

However, despite the uptick, this is the second year that Medicare trustees have issued an official warning about the overall financial health of the federal health-insurance program for the elderly and people with disabilities.

As a result, by law, President Bush has until early next year to propose legislation to ease the Medicare financial situation, and, by law, Congress must consider the president's proposals on an "expedited basis."

Although federal officials and the caregiver community take the Medicare funding warning seriously, the federal Centers for Medicare & Medicaid Services emphasized that the situation does not mean Medicare benefits will cease or be interrupted.

'Timely and effective action'

As the trustees note in the report, "These projections demonstrate the need for timely and effective action to address Medicare's financial challenges. . . . The sooner the solutions are enacted, the more flexible and gradual they can be."

CAHF thanks e-mail subscribers to the Families & Friends Bulletin

Thanks to the many Families & Friends readers who are switching to the online version of the *Families & Friends Bulletin*. With such a startling increase in readership, we here at the California Association of Health Facilities (CAHF) are encouraging readers to get their bimonthly *Bulletin* online at www.cahf.org.

If you've been receiving the hard-copy version of *Families & Friends Bulletin* and would prefer to receive an e-mail notice when a new edition is posted online, please let us know.

Health and Human Services Secretary Mike Leavitt said, "Medicare reminds us of the great dilemma of health care – the things that are priceless are not price free. We are making progress toward finding peace between the two – toward addressing long-term solvency while providing up-to-date care. But today's report shows us that we have a long way to go."

Part D is bright spot

One bright spot in this year's Medicare report is the new Part D prescription-drug benefit. The latest cost projections for Part D through 2015 are 13 percent lower than estimated in last year's report – and substantially lower than the original estimates from 2003.

In addition, overall prescription-drug costs have increased much more slowly during 2004-2006 than in prior years.

Bipartisan action

In a recent article on the Medicare report, the *Los Angeles Times* noted previous warnings have prompted bipartisan action on Medicare financing, but there is no guarantee that will happen this year.

David M. Walker, head of the Government Accountability Office, told the *Times*, "We shouldn't be waiting for alarms to go off, but they may help spur much-needed and long-overdue action. The real key is . . . will policymakers act, or will they push the snooze button?"

To view the entire 234-page Medicare report, go online to <http://tinyurl.com/3dj99n>.

Send a note by mail, e-mail or fax to Debbie Ross at CAHF and let her know you prefer the e-mail link to *Families & Friends Bulletin*. Contact Debbie at CAHF at P.O. Box 537005, Sacramento, CA 95853-7004, fax (916) 441-6441 or e-mail dross@cahf.org.

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New name, reorganization coming for state 'DHS'

The California Department of Health Services – the state agency that regulates, inspects and oversees the state's nursing facilities and other categories of long-term care – is about to get a new name.

Starting in July the Department of Health Services, or "DHS," will be known as the state Department of Health *Care* Services, or "DHCS."

Actually, under legislation signed last year by Gov. Arnold Schwarzenegger, the old DHS is being split into two agencies – the DHCS, which will continue to administer the giant Medi-Cal program and other services for Californians, and the new

Department of Public Health, or "DPH," which will be responsible for large-scale and long-range health-care planning for the state.

The reorganization will not affect services to nursing-facility residents or clients of group home for people with developmental disabilities.

But consumers who are familiar with the Department of Health Services can expect to see a new name and new department logo on letters, brochures and other information.

If you have questions about the reorganization effort, e-mail the Department of Health Services at reorg@dhs.ca.gov.