

Participant Satisfaction Survey Summary Report Fiscal Year 2012



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Introduction

Since 2003, Area Agency on Aging 1-B (AAA 1-B)¹ has been measuring the quality of its community-based long term care services through a telephone survey of program participants. This report summarizes the results from AAA 1-B's 2012 Participant Satisfaction Survey.

AAA 1-B administers two community-based long term care programs: Community Care Management and MI Choice Medicaid Waiver. In both programs, care managers provide comprehensive assessments, develop care plans with participants, and monitor community services that are brokered on behalf of enrolled participants. Services are purchased from a pool of provider agencies that have applied to be vendors and have met the standards outlined in the AAA 1-B *Direct Service Purchase Operating and Service Standards Manual*.

In 2012 the program served a total of 857 participants – 690 from the MI Choice Waiver program and 167 from the Community Care Management program. Of these, 492 were randomly selected to participate in the 2012 Participant Satisfaction Survey. People enrolled in the Self Determination Program were excluded from this sample because their satisfaction with services is being assessed via the Participant Status Outcomes Measures/Quality of Life Survey Outcomes (POSM). Of the 492 randomly selected to participate, 344 interviews were completed. This represents a 70% survey response rate. Two hundred seventy-five of the survey participants (80%) were from the MI Choice Waiver program and the remaining 69 (20%)² were from the Community Care Management program. Fifty-five percent of the interviews were completed by the care recipient; 45% were completed by a caregiver – a slightly higher percentage of caregivers than those interviewed in 2011(45.3% versus 42.9%).

So that survey participants would feel free to honestly answer the survey questions, the telephone interviews were conducted by SPEC Associates, an independent research and evaluation organization that specializes in working with non-profit agencies. In addition to this report, a technical appendix is also available that shows the number and percent of participants who gave each response to each survey question. The technical appendix can be obtained from the Director of Community Support Services at AAA 1-B.

¹ The Area Agency on Aging 1-B (AAA 1-B) is a private, non-profit agency supported by the federal Older Americans Act and State of Michigan funding. The AAA 1-B is the regional planning, coordinating, funding and advocating entity for long term care and other support services for older adults in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties.

² Percentages in this report do not always total 100%, due to rounding error.

Description of Care Recipients in the Survey

Of the 344 care recipients who were either directly interviewed or on whose behalf their caregiver was interviewed, 69% were female and 31% were male. Their ages ranged from 27 years to 98 years, with an average age of 71 years.

Table 1 shows the living arrangements of the care recipients at the time of the survey. As Table 1 shows, most (45%) of the care recipients were living alone. When they were living with others, care recipients were most often living with a child (15%) or with their spouse (14%).

Twenty-two percent of the survey respondents said that a member of their family or a friend was paid to provide care for them or their relative.

When asked who they call if they have a concern or complaint about the services that they receive:

- 57% said that they call the vendor
- 28% said that they call their care manager
- 16% said that they call the building/facility staff
- 3% said that they call a family member
- 3% said that they call the worker
- 3% said that they do not call anyone
- 1% did not know who they would call

**Table 1
Living arrangement of Care Recipients
at Survey Time**

	Living Arrangements	
	Number	%
Alone	155	45%
With child	53	15%
With spouse	47	14%
With parents/guardian	14	4%
With non-relatives	18	5%
With spouse and others	19	6%
With siblings	9	3%
With other relatives	8	2%
Unknown/Missing data	21	6%
Total	344	100%

How Quality Was Measured

The survey questions were adapted from a questionnaire designed by Dr. Scott Geron at Boston University.³ The survey was revised in 2006, after receiving feedback on the questions from consumer advisory groups. A few questions were revised in 2008 by SPEC and AAA 1-B staff, to make the meaning of the responses more clear.

The survey questions are very similar to the Administration on Aging's (AoA) recommended performance measurement indicators for care management and homemaker services. This means that AAA 1-B's survey results are aligned with AoA's efforts to meet the federal accountability requirements of the Government Performance and Results Act (GPRA).

The survey items measure seven dimensions of quality:

Competency: How well the care managers and direct care workers perform their job responsibilities.

Respect/Understanding: Respect and understanding that the care managers and direct care workers show to participants.

Absence of Negatives: Absence of undesirable characteristics such as the care managers not listening or not being helpful, or direct care workers using the participant's phone, bringing friends or relatives to the job, or smoking in the home.

Service Choice (Care Manager only): Whether the participants feel they get enough choice and sufficient quantity of services.

Quality of Life: Whether the care managers helped the participants to have choice in service planning, to be sufficiently informed about services, to have an emergency plan/kit in the home, and to have enough social activity; and whether the direct care worker was absent and the absence interfered with the participant's ability to complete a household or personal care task.

Worker System Adequacy (Direct Care Worker only): Whether the provider agency notifies participants if a worker cannot deliver services as planned and whether the participants would like the workers to provide more services.

Recommendation: Whether the participant would recommend the care management received from AAA 1-B and/or the personal care received from the vendor to other family or friends who were in need of services.

³ Permission to use this instrument was received from the Trustees of Boston University (1997).

To analyze the survey results, a report card grade was given for each survey item. Grades were determined by calculating the percent of participants who gave a desirable response to each survey item. Desirable responses were agreeing with positively worded questions or disagreeing with negatively worded questions. Letter grades were assigned as follows:

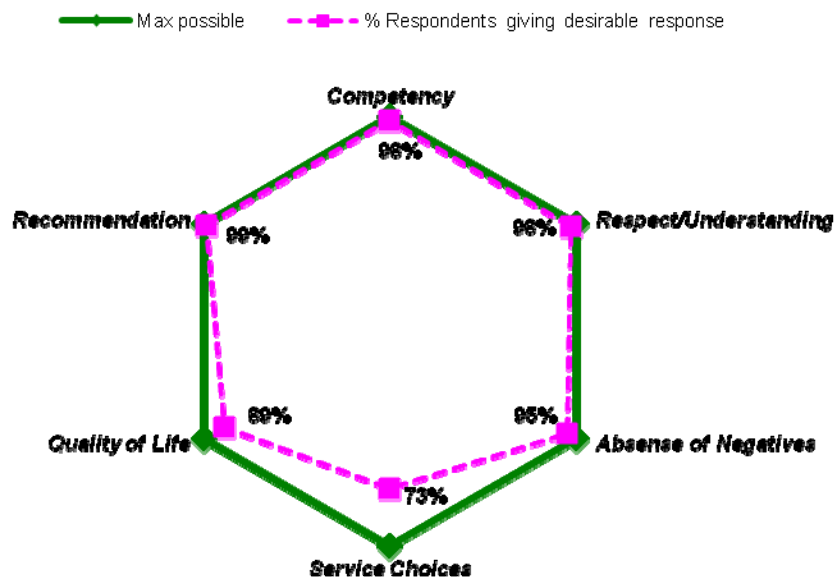
- A = 90% to 100% of the survey participants gave the desirable responses
- B = 80% to 89% of the survey participants gave the desirable responses
- C = 70% to 79% of the survey participants gave the desirable responses
- D = 60% to 69% of the survey participants gave the desirable responses
- E = less than 60% of the survey participants gave the desirable responses

In addition to grades on each item, an overall average grade was calculated for the items making up each of the first six dimensions. The seventh dimension, Recommendation, is composed of a single item.

Care Management Report Card

Figure 1 is a balanced scorecard showing the average report card score of AAA 1-B's services on each of the six dimensions of quality for the care managers. The solid line represents the ideal score: 100% of the survey participants giving the desirable responses to all of the questions measuring the dimension. The dotted line shows the actual percent of survey participants who gave desirable responses to the questions measuring that dimension.

**Figure 1
Balanced Scorecard for
Quality Ratings of Care Manager**



As Figure 1 shows, AAA 1-B received almost perfect scores on:

- Recommendation (99% would recommend AAA 1-B's care management services)
- Care Manager Competence (98% agreed with these questions)
- Respect/Understanding (98% agreed with these questions)
- Absence of Negatives (95% disagreed with these questions)

There is room for improvement on two dimensions:

- Quality of Life (89% agreed with these questions)
- Service Choices (73% agreed with these questions)

Interpretation: Tables 2 through 7 on the following pages break out the scores for each survey question measuring each dimension of care management quality. Grades for the 2010, 2011, and 2012 survey are shown. The 2012 scores are bolded when they are higher than the 2011 score.

There was virtually no change in overall scores for the six dimensions. The largest change was a decrease of two percentage points from the 2011 average on the Service Choices dimension (see Table 6). The Quality of Life dimension decreased by one percentage point slipping into the B range (see Table 5). The other four dimensions either remained the same or increased or decreased by one percentage point while staying in the 90% or above range (see Tables 2 [Competency], Table 3 [Respect/understanding], 4 [Absence of Negatives], and Table 7 [Recommendation]).

Table 5 shows that 91% of participants reported that they participated in a social activity in the prior 60 days. Thirty survey participants (9%) answered "no" to question #22 (In the past 60 days, did you (your relative) participate in any social activity, such as getting together with friends or family, or going to church or the movies, either inside your home or in the community?). This is the same percentage (9%) of participants who answered "no" to this question in 2011.

When the 30 survey participants who answered "no" to this question were asked why they were unable to participate in social activities:

- 13 mentioned bad health
- 4 said they would like to be socially active, but have no visitors
- 3 mentioned that transportation was unavailable
- 2 mentioned that it was simply their choice (e.g. "I am a loner")
- 1 said they did not know why
- 5 gave some other response not within these categories, such as their scooter is broke, or they just got out of rehab

A follow-up question for all survey participants about whether they wanted to be more involved in *any* activity outside of their home revealed that 37% (N=128) of all participants would like to be more active. This compares with 30% who gave the same response in 2011.

When the 128 participants were asked what other activities they would like to be doing:

- 23 said “anything”
- 31 mentioned socializing with others
- 30 mentioned going to church
- 17 mentioned going to movies or theaters
- 17 mentioned going shopping
- 7 mentioned playing bingo or games
- 6 mentioned going to senior centers
- 6 mentioned volunteering
- 5 mentioned eating out
- 3 mentioned going to classes
- 3 mentioned adult day care
- 2 mentioned exercise other than sports
- 2 mentioned playing sports
- 1 mentioned attending support groups
- 13 said they didn’t know what types of activities they would like to do
- 7 gave some other response not within these categories, such as wanting to go to the cemetery, get outside, walk, go to a concert in the park or a picnic

Table 5 shows that in 2012, Quality of Life scores dipped to an overall B rating. This was largely due to two items where scores decreased by four or more percentage points. Participants’ reports that they participated as much as they wanted to in developing their plan of care decreased by four points from 97% in 2011 to 93% in 2012 (See Table 5 Question 15). A six point decrease was seen in the percent of participants who reported having all of the supplies they would need to care for themselves for 72-hours in case of an emergency; this offsets the six point increase seen in 2011 (see Table 5 Question 21).

Table 6 shows that Care Manager Service Choices remained at a C rating, decreasing by two percentage points between 2011 and 2012. A two point decrease was reported by survey participants regarding their wanting more choices about the types of services they receive (from 71% to 69%).

Participants who indicated dissatisfaction were asked to explain what choices and services they wished the care manager could do. Survey participants could give as many explanations as they wished.

Analysis of their responses shows that:

- 22 said that would like more of “anything”
- 28 said they would like more or different hours of services
- 15 would like more or different types of homemaking tasks
- 15 wanted a choice related to the worker
- 5 said they would like more medical equipment/supplies
- 7 would like more or different types of personal care services
- 6 said they would like more medical or dental services or information
- 1 said they would like transportation options, aside for homemaking errands
- 1 said they would like more medication assistance or information

4 said they would like more communication or information
 4 said that they didn't know what kinds of choices they would want
 19 gave some other response not within these categories

As Table 7 shows, as in 2011, in 2012 99% of the survey respondents said that they would recommend care management from AAA 1-B if a friend or family member needed services.

Table 2
2012 Survey Results for
Care Management Competency

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q1. I know I can contact the Care Manager if I need to.	99%	99%	99%	A
Q2. The Care Manager is very knowledgeable about the services that are available.	98%	98%	98%	A
Q7. Overall, the Care Manager does a good job setting up care.	97%	98%	98%	A
Q10. The Care Managers clearly explained the program and services during the first visit.	98%	99%	98%	A
Q14. If I leave a message for the Care Manager she/he usually returns my call in a timely manner.	96%	98%	98%	A
AVERAGE	98%	98%	98%	A

Table 3
2012 Survey Results for
Care Management Respect/Understanding

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q5. The Care Manager treats me (my relative) with respect.	99%	99%	100%	A
Q13. The Care Manager clearly understands my wants and needs.	95%	96%	95%	A
AVERAGE	97%	97%	98%	A

Table 4
2012 Survey Results for
Care Management Absence of Negatives

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q6. The Care Manager does not always listen carefully.*	95%	96%	96%	A
Q11. The Care Manager is not always helpful.*	94%	95%	95%	A
AVERAGE	94%	96%	95%	A

* These items are reverse scored.

Table 5
2012 Survey Results for
Care Management Quality of Life

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q12. The Care Manager included me (my relative) in planning for my (relatives) service.	98%	98%	98%	A
Q15. Did you participate as much as you wanted to in developing your (relatives) plan of care?	95%	97%	93%	A
Q17. Has the Care Manager asked you what services you wanted?	91%	88%	89%	B
Q18. Were you given a copy of your (relatives) plan of care?	93%	91%	92%	A
Q20. Did your Care Manager review with you what to do in case of an emergency situation, such as a loss of heat or electricity?	80%	78%	77%	C
Q21. Do you have all the supplies you would need to care for yourself for 72-hours in case of an emergency; things like a flashlight, can opener, canned food, first aid kit, medicine and bottled water?	83%	89%	83%	B
Q22. In the past 60 days, did you (your relative) participate in any social activity, such as getting together with friends or family, or going to church or the movies, either inside your home or in the community?	88%	91%	91%	A
AVERAGE	90%	90%	89%	B

Table 6
2012 Survey Results for
Care Management Service Choices

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q3. I would like more choices about the types of services received.*	61%	71%	69%	D
Q8. I wish the Care Manager could do more things that need to be done.*	77%	79%	79%	C
AVERAGE	69%	75%	73%	C

* These questions are reverse scored.

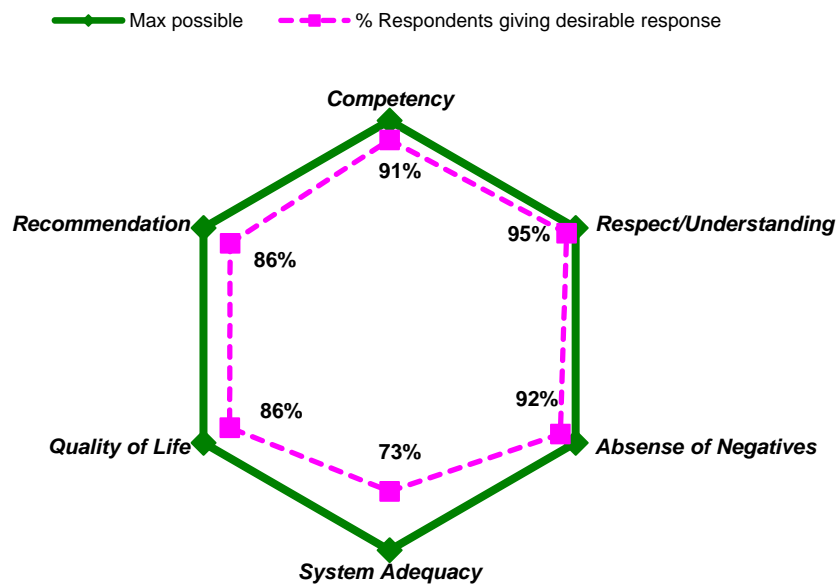
Table 7
2012 Survey Results for
Care Management Recommendation

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q25c. If a friend or family member were in need of services, would you recommend the care management services you received from Area Agency on Aging IB?	100%	99%	99%	A
AVERAGE	100%	99%	99%	A

Vendor Worker Report Card

Figure 2 is a balanced scorecard showing the average scores on each of the six dimensions of direct care worker quality. As with the balanced scorecard for care managers, the solid line represents the ideal score for each dimension and the dotted line represents the average percent of survey participants who actually gave desirable responses to the questions measuring each dimension. This report card is based on 267 completed surveys.⁴

Figure 2
Balanced Scorecard for
Quality Ratings on Direct Care Worker



⁴ Persons who are being served by friends or family members paid to provide service have been excluded from these responses. The Technical Appendix states the total number of surveys available for each item in the analysis.

As Figure 2 shows, the direct care workers received a high grade on:

Respect/Understanding (95% agreed with these questions)

There is room for improvement on five dimensions:

Absence of Negatives (92% disagreed with these questions)

Direct Care Worker Competency (91% agreed with these questions)

Quality of Life (86% agreed with these questions)

Recommendation (86% would recommend the personal care services of their vendor)

System Adequacy (73% agreed with these questions)

Interpretation: Tables 8 through 13 on the following pages show the survey items for each dimension. As with the care manager dimensions, items are bolded when the 2012 percent is higher than the 2011 percent. For all six dimensions, the overall average decreased two to seven percentage points from the 2011 average. The dimension whose overall average decreased by most was System Adequacy (80% to 73%). This is the same dimension that increased the most in the 2011 results.

As Table 8 shows, the average grade was A for the dimension of Worker Competency. Two items declined by more than two points. The two items that were listed in 2010 as having the most room for improvement going into 2011 did improve in 2011. However, they declined in 2012. Fewer participants agreed that workers are doing things the way they should be done (question 29), a decline of three points from 93% in 2011 to 90% in 2012. Fewer participants disagreed that the worker arrives late in 2012, a four point decline from 90% in 2011 to 86% in 2012 (question 30).

As Table 9 shows, the average grade was A for the dimension of Direct Care Worker Respect/Understanding, but both items declined by three points. On question 27, "The worker treats me (my relative) with respect," fewer survey participants in 2012 agreed (96%) than in 2011 (99%). On question 28, fewer survey participants felt the worker took an interest in them as a person (97% to 94%).

Table 10 shows the average A rating for Absence of Negatives. Only one item declined by more than a few percentage points: the worker uses the phone for reasons other than emergency. Only 12% of participants reported workers used the phone for non-emergency reasons in 2011 compared to 19% in 2012.

As Table 11 shows, there was a seven point decline in the average rating on System Adequacy, which is now at 73% - a C rating. This is a decline from the 80% rating in 2011, and similar to the 72% rating in 2010. Both items declined by four or more points. The item regarding agencies or workers notifying participants of problems with delivering services went from 89% in 2011 to 80% in 2012. The percent of participants who felt that there were no more things that they wished the direct care worker could do went from 70% in 2011 to 66% in 2012.

When the 90 survey participants who wished for more things were asked what they wished the direct care worker could do:

- 48 mentioned more or different homemaking services
- 17 mentioned more or different personal care services
- 25 mentioned more or different hours
- 12 mentioned a worker related issue
- 2 mentioned medication assistance/information
- 1 mentioned transportation
- 2 did not know what more they wanted
- 3 mentioned "anything"
- 6 gave some other response not within these categories

These survey participants were asked if they had told their care manager about the other things they wished the direct care worker could do. Forty-five percent said "yes," and 55% said "no." When the 55% who said "no" were asked why they did not tell their care manager about the other things they would like the direct care worker to do:

- 16 said it was a recent need, and they hadn't had a chance to ask
- 6 said that they did not know that they could ask the care manager
- 5 said that there was an issue with their care manager
- 3 said that they were grateful for the help they did have
- 8 said s/he spoke with the worker or vendor
- 1 said a family member handled it
- 2 could not answer the question
- 8 gave some other response not within these categories, such as waiting for the next meeting with their care manager

The 45% of survey participants who felt that there were more things that they wished the direct care worker could do were offered an opportunity to have an intervention done on their behalf. The surveyor asked if she may forward to their care manager the information about what the participant wanted their direct care worker to do, and for the 49% who accepted the offer, participant requests were forwarded to AAA 1-B.

As Table 12 shows, 86% of the survey participants had no problems with household or personal tasks left undone because the worker did not show up – down from 91% in 2011.

Those who said that things were left undone due to the worker's non-attendance were asked what tasks could not be completed. Among these 37 survey participants:

- 19 said they could not do housework
- 22 mentioned not being able to bathe, groom or dress
- 13 said they could not eat or prepare a meal
- 8 said they could not transfer or use the toilet
- 1 said they could not do errands or shop
- 2 said they could not get transportation
- 4 said they could not manage their medications

These same survey participants were asked what they did when the worker did not show up. Their responses were coded by the interviewer and revealed the following:

- 10 notified the vendor
- 10 went without the care
- 23 were cared for by someone else
- 2 gave some other response not within these categories

As Table 13 shows, 86% of the survey respondents said that they would recommend the vendor to a family or friend who needed services. This is down four percentage points from 2011, and matches the 2010 rating of 86%.

Table 8
2012 Survey Results for
Direct Care Worker Competency⁵

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q26. The worker leaves too early.*	92%	90%	91%	A
Q29. The worker does things the way they should be done.	86%	93%	90%	A
Q30. The worker arrives late.*	87%	90%	86%	A
Q37. The worker has asked you or your loved one to sign a form for a visit you did not receive.*	98%	98%	98%	A
AVERAGE	91%	93%	91%	A

* These items are reverse scored.

Table 9
2012 Survey Results for
Direct Care Worker Respect/Understanding

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q27. The worker treats me (my relative) with respect.	96%	99%	96%	A
Q28. In general, the worker takes an interest in me (my relative) as a person.	95%	97%	94%	A
AVERAGE	96%	98%	95%	A

Table 10
2012 Survey Results for
Direct Care Worker Absence of Negatives

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q38. The worker uses the phone for reasons other than an emergency.*	86%	88%	81%	B
Q39. The worker brings his/her children or other relatives/friends when s/he comes.*	99%	98%	97%	A
Q40. The worker smokes in the home.*	98%	99%	100%	A
Q41. The worker shares his/her personal problems.*	86%	90%	88%	B
AVERAGE	92%	94%	92%	A

* These items are reverse scored.

⁵ In 2011, Question #36, "You or a loved one sign or initial a form every time the worker comes" was removed from the Direct Care Worker Competency dimension, due to changes in policies regarding how the worker's attendance is validated. The average scores shown here for this dimension have been recalculated for 2010.

Table 11
2012 Survey Results for
Worker System Adequacy

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q31. I wish the worker could do more things that need to be done.*	61%	70%	66%	D
Q43. Does the agency or worker notify you if there is a problem such as the worker will be late or cannot come?	83%	89%	80%	B
AVERAGE	72%	80%	73%	C

* These items are reverse scored.

Table 12
2012 Survey Results for
Worker Quality of Life

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q44. In the last 60 days, were you unable to complete a household or personal care task because the worker did not show up?*	88%	91%	86%	B
AVERAGE	88%	91%	86%	B

* These items are reverse scored.

Table 13
2012 Survey Results for
Worker Recommendation

Question	% Desirable Responses			Grade 2012
	2010	2011	2012	
Q47c. If a friend or family member were in need of services, would you recommend the personal care services you received from (Vendor)?	86%	90%	86%	B
AVERAGE	86%	90%	86%	B

Person-Centered Planning and Self-Directed Care

While a person-centered approach is used in all care management programs at AAA 1-B, person-centered planning and self-directed care are specific, mandated objectives for the MI Choice program. A series of questions were included on the survey inquiring about the survey participants' engagement in developing the plan of care for themselves or their relatives. As shown in Table 5 (on page 8), 93% of those who answered the question reported that they participated as much as they wanted to in developing their (or their relative's) plan of care. Seven percent said that they did not participate as much as they wanted to. Not included in this calculation are 8 participants who said they did not know if they participated as much as they wanted to, or did not answer the question. When the survey participants who did not participate as much as they wanted to were asked why:

- 1 said that they didn't know they could participate
- 1 tried but others did not listen to them
- 4 said they were too ill to participate
- 13 gave some other reason, such as the family planned it, they didn't understand the program at the time, or that the care manager provided a plan to them
- 3 could not answer the question

Survey participants were then asked more specifically about what happened during the development of their plan of care. Results revealed that:

- 89% said that the care manager asked what services they wanted
- 92% said that they were given a copy of the plan of care
- 96% of those who received a copy of the plan said that the plan of care was meaningful to them⁶

Impact of Care Management Practice

The final two questions on the survey asked participants:

- if they considered living in a nursing home as an option for themselves or their relatives; and
- if they did not receive the help they were receiving from AAA 1-B, might they or their relative need to live in a nursing home

Eight percent of the survey participants said "yes," they considered living in a nursing home as an option for themselves or for their relative. This compares with 9% of the 2011 survey participants who said they considered nursing home as a living option. Ninety-two percent responded "no" to this question.

Sixty-six percent of the survey participants said "yes" or "maybe" they or their relative might need to live in a nursing home if they did not receive the help they were getting from AAA 1-B. This compares with 62% who answered this same way in 2011.

⁶ This question is not part of the dimension items shown in the tables in this report. The results of this question, Question #19, can be seen in the Technical Appendix.

Conclusions

The 2012 Participant Satisfaction Survey continues to show that AAA 1-B's community-based long term care services are a vital support for Community Care Management and MI Choice Medicaid Waiver participants. According to the survey participants, without the program, the majority (66%) of care recipients could be facing nursing home placement.

Similar to past years, the 2012 Participant Satisfaction Survey revealed that almost all of the consumers of AAA 1-B's long term care services are satisfied with the quality of care they are receiving from the care management staff. Overall AAA 1-B received an A rating on four of the six dimensions of quality of care management. Virtually all of the survey participants said that they would recommend the care management services they received from AAA 1-B to family or friends in need of services.

Care recipients continue to call out for more services and more choices in the services they receive. The Care Management Service Choices dimension of care management quality continues to receive an average rating of C by survey participants. This result is consistent with previous years. . It may be that the survey participants are largely maintenance rather than active care recipients and, therefore, receive fewer visits from the care manager and would like more. It may be that some care managers are better than others in identifying additional services that care recipient's desire, or that the types of services that care recipients would like are simply not available as paid services through any of the care management programs.

During the time of the survey, AAA 1-B was in the process of reducing the number of vendors in their pool in an effort to improve quality and maximize efficiencies in managing the vendor pool. This was achieved through a competitive application process for vendors to be a member of the pool. There were a total of 26 vendors being discontinued as of October 1, 2012. Care recipients who were with a vendor whom was not selected to remain in the pool received a notification indicating that they would be assigned to a different vendor. Interestingly, those care recipients who were with a vendor whom was not selected gave significantly lower ratings on the two Care Management Service Choice items (61% versus 71%; 68% versus 81%). This finding suggests that participants' perception of their vendors or vendor choices carried over to their ratings of the care managers when it comes to service choices.

The biggest change in survey respondents' ratings of the quality of care management was on the survey item asking about whether care recipients have the supplies they would need to take care of themselves for 72 hours in case of an emergency. While still averaging a B rating on this item, the percent agreeing dropped by a full 6% from the 2011 survey results. Interestingly, there was no real change on the related item asking respondents if the care manager reviewed with them what they should do in the case of an emergency; this item averaged a C rating both years. These results suggest that AAA 1-B still needs to work on emergency preparedness of its care recipients.

Noteworthy is the fact that the survey data were collected in June through August of 2012. AAA 1-B management report that at the end of August and early September of 2012 – after the survey data were collected – most participants in both care management programs were sent an emergency kit that contained all of the items

someone would need in an emergency except for medications, clothing, food and water. We expect an increase in this category in the 2013 Participant Satisfaction Survey because care managers discussed this kit with care recipients.

In terms of satisfaction with worker quality, the overall average ratings remained the same between 2011 and 2012 on three of the six dimensions: worker competency, worker respect/understanding and absence of negatives. There were declines in the overall ratings on three dimensions: system adequacy, quality of life and worker recommendation. While the overall rating on respect/understanding remained an A from 2011 to 2012, the actual percent score dropped by three points from an average of 98% to an average of 95%.

One conjecture about the drop in satisfaction relates to the care recipients who were notified that they were being reassigned to different vendors. Participants who received the notification had lower ratings on one item measuring quality of life (78% versus 88%). This item was about the worker not showing up. They also had lower ratings on one of the two items for system adequacy (57% versus 68%), wishing that the worker could do more things that need to be done. Participants who were affected by the notification of change in vendor could have been having service problems with their vendors, which affected quality of life. For example, it is possible that workers from these vendor agencies were upset by the change and this affected the services they provided. Alternatively, the veteran workers may have left their vendors soon after the notification was sent and newer, workers were providing services at the time of the survey. It often takes several weeks of service provision for a client and worker to develop a rapport and for the client to feel their new worker is competent.

Left unexplained is why this year's ratings of system adequacy, quality of life and recommendation of the vendor dropped so significantly from 2011 to 2012. AAA 1-B will present these results to its care managers, its vendor pool and its consumer advisory committee to ascertain if there are interpretations that might be tested with the existing data or examined in next year's client satisfaction survey.

In addition to the summary data presented here, AAA 1-B has the survey scores separated for each care manager and each vendor agency. As in past years, AAA 1-B will use this detailed analysis to identify if there are particular care managers and/or vendors for whom quality ratings are low. AAA 1-B regional supervisors will work with care managers who have problematic results. AAA 1-B Direct Service Purchase (DSP) managers will work with vendor agencies that have problematic results. The AAA 1-B Director of Community Support Services will also look at responses to open-ended questions to identify other areas for possible service improvement.

Quality is very important to AAA 1-B. As such, the agency will continue to measure participants' perceptions of quality on an annual basis. The voices of the consumer are very important to assuring that AAA 1-B continues to provide high quality services through its community-based long term care programs.