My InnerView’s evidence-based path to quality

Collect data: ensure validity, organize

Evaluate outcomes: measure variation

Turn data into information: benchmark, study variation

Turn knowledge into plan: apply new wisdom to process

Turn information into knowledge: study current process

Turn plan into action: improve process

Collect data: ensure validity, organize

Evaluate outcomes: measure variation

Turn data into information: benchmark, study variation

Turn knowledge into plan: apply new wisdom to process

Turn information into knowledge: study current process

My InnerView’s evidence-based path to quality

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1245 Q Street • Lincoln, NE 68508
(800) 601-3884 • Fax (402) 475-9061 • help@myinnerview.com

www.myinnerview.com
## SATISFACTION SURVEY SUMMARY

### Prime Demo Corp

12 Street Name  
The City, ST 12345

### Exterior Division

## WHAT'S INSIDE

This report summarizes your satisfaction survey results. The charts and graphs selected by your organization provide important information necessary to better understand the perceptions of those individuals closely aligned to your organization.

<table>
<thead>
<tr>
<th>Skilled Nursing Facility</th>
<th>Survey date</th>
<th>Surveys distributed</th>
<th>Surveys returned</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>For Mar 2007 to Mar 2007</td>
<td>1,651</td>
<td>561</td>
<td>34%</td>
</tr>
</tbody>
</table>

Printed from My InnerView's members-only Web site on **July 23, 2007**

See the members' site for:  
- Satisfaction survey items and reference labels  
- Glossary of items

**Peer group:** **Corporation**  
**Peer group size:** **40**

Prepared by

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WHAT IT TELLS ME:
The cover page lists the:

1. Survey type
2. Respondent group
3. Survey date
4. Number of surveys distributed and returned (response rate)
5. Peer group

WHAT IT MEANS:
“Surveys distributed” (or “Out”) and “Surveys returned” (or “In”) for any given provider type are shown as actual number of surveys distributed and returned. The response rate is calculated using these numbers.

Remember that it is possible to have more surveys returned in a given month than the number distributed in that month. Example: If a survey distributed during the one month is returned the subsequent month, it is counted in the month it was received by My InnerView.

For this reason, it is possible to have a “Response rate” greater than 100%. This situation would not exist when doing surveys at a point in time, for example annual or semi-annual snapshots of satisfaction.

Note: If surveys are distributed BUT no surveys are returned for any month, BOTH numbers (“Surveys distributed” or “Out”) and (“Surveys returned” or “In”) will be blank.

HOW TO USE IT:
Survey activity data gives you a clear picture of the surveys distributed and returned for a specific entity on any given month throughout the year for the survey report date you have chosen. The “Response rate” is the number of surveys completed and returned in a given month calculated by dividing the total number of surveys returned by the total number of surveys distributed for the survey date(s) you have chosen for your report. The higher the response rate, the more confidence you can have in what the data are telling you.

Survey activity data is shown in all reports. A review of the response rate will provide a context for interpreting the results of the survey.

When reviewing response rates, keep in mind the following:
- If 100 surveys are distributed and 50 are returned, the “Response rate” is 50%
- If four surveys are sent (as is sometimes the case with resident or former patient (discharge) surveys) and two are returned, you STILL have a 50% “Response rate.”
Strategies for improvement must consider the data from a variety of perspectives. This page shows a composite view of key charts that should be considered when formulating action plans.

**Family**

**Prime Demo Corp, Exterior Division**

**Summary**

**Snapshots**

**ITEMS WITH GREATEST OPPORTUNITY TO IMPACT RECOMMENDATION**

**PRIORITY ACTION AGENDA**

The top FIVE items in Quadrant D comprise your Priority Action Agenda and provide a focus for improving willingness to recommend.

These PRIMARY OPPORTUNITIES are the items with average scores below the midline and more important to "Recommendation."

11. Adequate staff to meet needs
16. Responsiveness of management
  1. Choices/preferences
  12. Attention to resident grooming
  9. CNA/NA care

**5 ITEMS WITH LOWEST PERCENT "EXCELLENT" SCORES**

- 21. Quality of dining experience
- 22. Quality of laundry services
- 12. Attention to resident grooming
- 18. Security of personal belongings
- 11. Adequate staff to meet needs

**5 ITEMS WITH HIGHEST PERCENT "POOR" SCORES**

- 11. Adequate staff to meet needs
- 18. Security of personal belongings
- 22. Quality of laundry services
- 12. Attention to resident grooming
- 20. Quality of meals

**5 ITEMS WITH GREATEST difference IN AVERAGE score FROM PEER GROUP**

**ABOUT RESPONDENT**

- Relationship to resident: Child 54%
- Gender: Female 56%
- Age: 80 to 89 46%
- Spouse 19%
- Length of Stay: 1 to 3 years 32%

**ABOUT RESIDENT**

- Visiting Most: Child 50%
- Spouse 22%
- How Often: Once a week or more 43%
- Homes Visited: None 36%

**VISITOR**

- Visiting Most: Child 50%
- Spouse 22%
- How Often: Once a week or more 43%
- Homes Visited: None 36%

**FACILITY CHOICE**

- Reason: Convenient location 31%
- Doctor or hospital 23%

**5**
WHAT IT TELLS ME:
The Snapshot report pulls information from four page views included in your full report.

1. Results by item: Quadrant Analysis and Priority Action Agenda™

2. Results by item: “Excellent,” “Good,” “Fair” and “Poor” ranked by percent “Excellent” — Lowest percent “Excellent” scores and highest percent “Poor” scores

3. Comparison to peer group: Ranked by difference: Average scores

4. Results by item: Demographic and background information

Specific explanations for these page views can be found in this document.

WHAT IT MEANS:
It is sometimes difficult to determine what the priorities are when reviewing satisfaction survey results. While all of the data included in your reports offers you important information, it might be helpful to consider the results summarized in this snapshot page when determining your priorities.

Strategies for improvement must consider the data from a variety of perspectives. This page view shows a composite view of key charts that should be considered when formulating action plans.

HOW TO USE IT:
The top FIVE items in Quadrant D comprise your Priority Action Agenda™ (1) and provide a focus for improving willingness to recommend. The snapshot titled ITEMS WITH GREATEST OPPORTUNITY TO IMPACT RECOMMENDATION (2) is derived from the Quadrant Analysis, which analyzes your results by looking at the scores on individual items and the strength of their correlation to the willingness of a customer to recommend your facility to others. This analysis results in the creation of a Priority Action Agenda. This snapshot shows you those items that are most important to customers and that you scored the lowest on. It is important to consider those items in your action plan for improvement.

However, if you only consider those items you may miss some important opportunities in other areas. The snapshot also shows you which items you received the 5 ITEMS WITH THE LOWEST PERCENT “EXCELLENT” SCORES (3) and 5 ITEMS WITH THE HIGHEST PERCENT “POOR” SCORES (3).

One of the goals for improvement should always be to see an increase in the percent of respondents who score you as “Excellent” on individual items. In reviewing the lowest percent “Excellent” snapshot, you are able to see which items may deserve your attention. Conversely, the goal should be to decrease the percent of poor responses on individual items. In reviewing the highest percent “Poor” snapshot, you are able to see which items deserve your attention.

As you look across all of these snapshots you may notice patterns emerging. For example, are there items that appear in more than one of the snapshot views? Are there items in the Priority Action Agenda that have a high percent of “Poor” responses?

When patterns are found across the snapshots, it may be beneficial to focus your attention first on those patterns. It is important to understand that it is not necessary or advisable to try to tackle everything at once. Instead, look for those issues that appear to provide your best opportunity to improve and focus your efforts on those areas.

Once you have evaluated your internal performance and identified primary opportunities for improvement you may want to consider those areas in which your performance falls below that of your peers. Look at the snapshot of 5 ITEMS WITH GREATEST DIFFERENCE IN AVERAGE SCORE FROM PEER GROUP (4). This information also may point you in a direction when determining your action plan for improvement.

DEMOGRAPHIC AND BACKGROUND INFORMATION (5) begins to answer the question “Who said so?” Armed with this summary information, you can begin to understand a bit more about the respondents to the survey. This information can guide you to those that can offer you further insights into what the data are saying.
Scores represent the average scores for these questions:

- How would you rate your overall satisfaction with this facility?
- What is your recommendation of this facility to others?

An average score is calculated by assigning the following values: Excellent = 100; Good = 66.7; Fair = 33.3; Poor = 0.

Peer group: Corporation
90th percentile: Average score for facilities in the peer group that fall in the 90th percentile.

**OVERALL SATISFACTION**

1. Your score: 69
2. Peer group: 72
3. 90th percentile: 79

**RECOMMENDATION TO OTHERS**

1. Your score: 70
2. Peer group: 73
3. 90th percentile: 83
WHAT IT TELLS ME:

Global satisfaction is measured by the scores on responses to the two global satisfaction items. Your report includes three views of the data on the global satisfaction scores:

- Global satisfaction as measured by the percent of respondents who scored the item as “Excellent”
- Global satisfaction as measured by the percent of respondents who scored the item as either “Excellent” or “Good” (both scores combined)
- The average score on the responses to the two global satisfaction items.

As an example:

1. “Your score” is the average score based on the responses by your survey respondents
2. “Peer group” represents the data for the same item for all surveys in the selected peer group
3. “90th percentile” represents the average score achieved by the top 10 percent best performers in the same peer group

WHAT IT MEANS:

Benchmarking your performance on these outcomes provide insight into the satisfaction levels of your customers in comparison to those of other providers.

The “90th percentile” shows you where the scores of the top 10 percent of facilities fall.

HOW TO USE IT:

Global satisfaction scores should be looked at in a number of different ways. It should be monitored monthly along with your survey activity, but it is also important to compare your global satisfaction scores with My InnerView's peer group, as well as the “best in class” (or “90th percentile.”)
Summary

Global satisfaction and domain summary scores: Average scores

Prime Demo Corp, Exterior Division

CURRENT: For Mar 2007 to Mar 2007
PREVIOUS: For May 2006 to Oct 2006
PRIOR: For Sep 2003 to Oct 2005

The shaded area shows the average score for each domain and these global satisfaction questions:
- How would you rate your overall satisfaction with this facility?
- What is your recommendation of this facility to others?

Peer group: Corporation

OVERALL SATISFACTION

RECOMMENDATION TO OTHERS

QUALITY OF LIFE DOMAIN

QUALITY OF CARE DOMAIN

QUALITY OF SERVICE DOMAIN
WHAT IT TELLS ME:

This page view plots your scores for the current survey cycle and enables you to trend that score over the previous two survey events. It also reports the score for the peer group and the score for My InnerView (MIV) for the current survey cycle.

Your report includes three views of the data on the global satisfaction and domain summary scores:

- Domain scores as measured by the percent of respondents who scored the item as "Excellent"
- Domain scores as measured by the percent of respondents who scored the item as either "Excellent" or "Good" (both scores combined)
- The average score on the responses to all items within each domain.

WHAT IT MEANS:

This report is generated based upon the date ranges you identified when generating your online report.

Using the My Innerview report interface, you may have selected three date ranges:

- “Current” is the most recent survey cycle that was just completed.
- “Previous” is the survey cycle just before “Current.”
- “Prior” is the survey cycle just before “Previous.”

For organizations conducting an annual survey, these would ordinarily be “this year” (current), “the year before” (previous) and “the year before that” (prior).

HOW TO USE IT:

The level of satisfaction of your customers is important at any given point in time. Thus it is always important to look at the scores for any survey event. However, evaluating performance also involves making comparisons to:

- Yourself over time
- An external benchmark

This summary provides you with that information.
<table>
<thead>
<tr>
<th>Item</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation to others</td>
<td>30%</td>
<td>53%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>27%</td>
<td>56%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Commitment to family updates</td>
<td>43%</td>
<td>38%</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>Respectfulness of staff</td>
<td>39%</td>
<td>50%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>RN/LVN/LPN care</td>
<td>35%</td>
<td>51%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Resident-to-staff friendships</td>
<td>34%</td>
<td>52%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Care (concern) of staff</td>
<td>34%</td>
<td>48%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Resident-to-resident friendships</td>
<td>33%</td>
<td>53%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Safety of facility</td>
<td>32%</td>
<td>53%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Competency of staff</td>
<td>31%</td>
<td>52%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Cleanliness of premises</td>
<td>31%</td>
<td>48%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Respect for privacy</td>
<td>30%</td>
<td>58%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>CNA/NA care</td>
<td>29%</td>
<td>47%</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Rehabilitation therapy</td>
<td>29%</td>
<td>45%</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Meaningfulness of activities</td>
<td>27%</td>
<td>50%</td>
<td>19%</td>
<td>4%</td>
</tr>
<tr>
<td>Responsiveness of management</td>
<td>27%</td>
<td>48%</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Religious/spiritual opportunities</td>
<td>26%</td>
<td>54%</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>Choices/preferences</td>
<td>24%</td>
<td>57%</td>
<td>17%</td>
<td>3%</td>
</tr>
<tr>
<td>Quality of meals</td>
<td>24%</td>
<td>50%</td>
<td>21%</td>
<td>6%</td>
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<tr>
<td>Quality of dining experience</td>
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<td>5%</td>
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<tr>
<td>Quality of laundry services</td>
<td>19%</td>
<td>51%</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Attention to resident grooming</td>
<td>16%</td>
<td>46%</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>Security of personal belongings</td>
<td>16%</td>
<td>43%</td>
<td>29%</td>
<td>12%</td>
</tr>
<tr>
<td>Adequate staff to meet needs</td>
<td>15%</td>
<td>39%</td>
<td>31%</td>
<td>15%</td>
</tr>
</tbody>
</table>
This chart puts your survey results into visual format as a percentage of responses: "Excellent," "Good," "Fair" or "Poor."

WHAT IT TELLS ME:
Items are rank-ordered by the percentage of "Excellent" responses received for each item.

1. "Global Satisfaction" domain: Overall satisfaction and Recommendation to others. Global satisfaction items are always reported first and are not rank ordered.

2. Other domains: Quality of life, quality of care and quality of service. Individual items on the survey are rank ordered from highest to lowest percent "Excellent."

WHAT IT MEANS:
Look at the left side of the chart ("Excellent") for items receiving the highest scores where customers are most satisfied with performance. The goal is to have as many customers as possible rate you as "Excellent." These are your greatest fans.

You can also quickly identify those areas that are your greatest challenges. Here you will find the highest percent "Poor" responses ( ).

HOW TO USE IT:
It is important to look at the distribution of scores for each item.

For example, consider a facility that receives 35 percent "Excellent" responses and 2 percent "Poor" responses to the item "RN/LVN/LPN care."

While it is always a high priority to maintain good staff performance, customers at this facility are, in general, currently satisfied with the services provided.

On the other hand, this same facility received only 15 percent "Excellent" responses and 15 percent "Poor" responses to the item "Adequate staff to meet needs."

This pattern of ratings (low “Excellent” and high “Poor” percentages) could be a cause for action on this item.

Focus your attention and performance improvement activities on these two areas. You want to move your poor responses to the "left," ultimately reducing the percent of "Poor" responses and increasing the percent of more positive responses.

It is important to remember that this is a journey. Set realistic goals. If you decrease your percent "Poor" responses in your next survey, that is progress even if the respondents only shifted to a "Fair" response. With sustained attention to the improvement goals and activities, you should ultimately see your respondents continue to shift to the "left" and ultimately your percent "Excellent" scores may improve.

Use this page view as you begin to prioritize your actions and execute on your plan.

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### Results by item

"Excellent," "Good," "Fair" and "Poor" within domains

Prime Demo Corp, Exterior Division

Percent of responses **EXCELLENT, GOOD, FAIR** or **POOR** on each item on the survey. Items are grouped by domain and listed in the order they appear on the survey. *(May not total 100% due to rounding)*

<table>
<thead>
<tr>
<th>GLOBAL SATISFACTION DOMAIN</th>
<th>Overall satisfaction</th>
<th>Recommendation to others</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>GOOD</td>
<td>56%</td>
<td>53%</td>
</tr>
<tr>
<td>FAIR</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>POOR</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALITY OF LIFE DOMAIN</th>
<th>Choices/preferences</th>
<th>Respectfulness of staff</th>
<th>Respect for privacy</th>
<th>Resident-to-resident friendships</th>
<th>Resident-to-staff friendships</th>
<th>Meaningfulness of activities</th>
<th>Religious/spiritual opportunities</th>
<th>Safety of facility</th>
<th>Security of personal belongings</th>
<th>Quality of dining experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>24%</td>
<td>39%</td>
<td>30%</td>
<td>33%</td>
<td>34%</td>
<td>27%</td>
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<td>19%</td>
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<td>4%</td>
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<td>3%</td>
<td>12%</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALITY OF CARE DOMAIN</th>
<th>RN/LVN/LPN care</th>
<th>CNA/NA care</th>
<th>Rehabilitation therapy</th>
<th>Adequate staff to meet needs</th>
<th>Attention to resident grooming</th>
<th>Commitment to family updates</th>
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</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
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<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>FAIR</td>
<td>12%</td>
<td>21%</td>
<td>19%</td>
<td>31%</td>
<td>29%</td>
<td>14%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>POOR</td>
<td>2%</td>
<td>3%</td>
<td>6%</td>
<td>15%</td>
<td>8%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALITY OF SERVICE DOMAIN</th>
<th>Responsiveness of management</th>
<th>Cleanliness of premises</th>
<th>Quality of meals</th>
<th>Quality of laundry services</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>27%</td>
<td>31%</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>GOOD</td>
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<td>48%</td>
<td>50%</td>
<td>51%</td>
</tr>
<tr>
<td>FAIR</td>
<td>20%</td>
<td>18%</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>POOR</td>
<td>6%</td>
<td>4%</td>
<td>6%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Results by item

“Excellent,” “Good,” “Fair” and “Poor” within domains

WHAT IT TELLS ME:

1 Items are grouped by domain — Domains for the RESIDENT AND FAMILY chart: Overall Satisfaction, Quality of Life, Quality of Care and Quality of Service.

2 Your survey results are listed for each item as a percentage in each of the responses — “Excellent,” “Good,” “Fair” or “Poor.”

WHAT IT MEANS:

Pay particular attention to scores in the “Excellent” and “Poor” columns. While the “Good” and “Fair” scores are important, “Excellent” and “Poor” will capture the responses of your greatest fans OR your greatest critics. This chart enables you to narrow your focus to those areas within a domain that appear to be of biggest concern.

HOW TO USE IT:

Because this chart is a summary overview of all scores sorted by domain, it enables you to compare survey responses within domains. You can identify the strong and the challenged areas within the domain.

For example: If you are concerned about care issues in your facility, review the QUALITY OF CARE domain. You can see that respondents say that the facility does the best job with “Commitment to family updates.” Note the high “Excellent” score and the low “Poor” score. However, at a glance you can see that respondents do not feel that the facility is doing as good of a job with “Adequate staff to meet needs.” Note the low “Excellent” score and the high “Poor” rate.

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The percentile rank of the average score on the satisfaction items is plotted against the percentile rank of the average "importance" score on each item and the question:
- **What is your recommendation of this facility to others?**

**Quadrant analysis:** Plots scores within the four quadrants (see descriptions below) to identify strengths and opportunities. Items in the lower-right quadrant (D) are those most important to "Recommendation to others" but received the lowest scores.

**Priority Action Agenda:** Lists top five items in Quadrant D to provide a focus for improving willingness to recommend.

**Family**

For Mar 2007 to Mar 2007

**A**

Quadrant A shows items of lower importance to "Recommendation" with a higher average score

**B**

Quadrant B shows items of higher importance to "Recommendation" with a higher average score

**C**

Quadrant C shows items of lower importance to "Recommendation" with a lower average score

**D**

Quadrant D shows items of higher importance to "Recommendation" with a lower average score
WHAT IT TELLS ME:
The quadrant analysis is a two dimensional representation of the each survey item correlated to the question “What is your recommendation for this facility to others?” It is based on a graphical display of coordinates (X,Y) computed by averaging all survey items (percentile ranked to obtain Y coordinates) as well as the correlation between all survey items and the “Recommendation” question (percentile ranked to obtain X coordinates). However, the “important” items are the ones plotted in the lower-right quadrant. Those items have X coordinate higher than 0.5 and Y coordinate lower than 0.5.

WHAT IT MEANS:
Scores are plotted within the four quadrants to identify strengths and opportunities:

1. Quadrant A shows items of lower importance to “Recommendation” with a higher average score.
2. Quadrant B shows items of higher importance to “Recommendation” with a higher average score;
3. Quadrant C shows items of lower importance to “Recommendation” with a lower average score; and
4. Quadrant D shows items of higher importance to “Recommendation” with a lower average score. Quadrant D represents those items with the greatest opportunity to improve on “Recommendation.”

HOW TO USE IT:
Consider the following:
Performance on items of high importance should always be carefully evaluated. If an item falls anywhere in Quadrant B or D, it is of high relative importance to the willingness of the customer to recommend. The closer to the far right-hand side of the quadrants, the higher the importance of the item.

Performance on items with relatively low scores should also be carefully evaluated. If the goal is to improve in the willingness to recommend the facility, then those areas that fall in the lower-right quadrant would be of priority.
Results by item  
**Quadrant analysis and Priority Action Agenda**

**Prime Demo Corp. Exterior Division**

For Mar 2007 to Mar 2007

### A. Secondary Strengths
Items with average scores above the midline but not as important to "Recommendation"
- Q7 Religious/spiritual opportunities
- Q3 Respect for privacy
- Q19 Cleanliness of premises
- Q4 Resident-to-resident friendships
- Q13 Commitment to family updates

### B. Primary Strengths
Items with average scores above the midline and more important to "Recommendation"
- Q15 Care (concern) of staff
- Q14 Competency of staff
- Q8 RN/LVN/LPN care
- Q17 Safety of facility
- Q2 Respectfulness of staff
- Q5 Resident-to-staff friendships

### C. Secondary Opportunities
Items with average scores below the midline but not as important to "Recommendation"
- Q18 Security of personal belongings
- Q10 Rehabilitation therapy
- Q20 Quality of meals
- Q22 Quality of laundry services
- Q21 Quality of dining experience
- Q6 Meaningfulness of activities

### D. Primary Opportunities
Items with average scores below the midline and more important to "Recommendation"

These are areas that represent a good opportunity for improvement.

**Priority Action Agenda**
The top FIVE items in Quadrant D (Primary Opportunities) comprise your Priority Action Agenda and provide a focus for improving willingness to recommend.

If Quadrant D has less than five items, the Priority Action Agenda will list only those items in the quadrant.

<table>
<thead>
<tr>
<th>Q11</th>
<th>Adequate staff to meet needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q16</td>
<td>Responsiveness of management</td>
</tr>
<tr>
<td>Q1</td>
<td>Choices/preferences</td>
</tr>
<tr>
<td>Q12</td>
<td>Attention to resident grooming</td>
</tr>
<tr>
<td>Q9</td>
<td>CNA/NA care</td>
</tr>
</tbody>
</table>
WHAT IT TELLS ME:

This chart provides guidance for action. It helps you target your resources on those key areas with the greatest opportunities for improvement. It is based upon an analysis of survey results to identify factors that show a strong relationship to the question What is your recommendation of this facility to others?

1. The number beside each item represents the item order as it appears on the actual survey.

2. Items are listed using abbreviated labels. (For a reference of items and actual survey items, go to HELP on the members-only Web site.)

WHAT IT MEANS:

The top FIVE items listed are those that are most important to “recommendation” but received the lowest scores. The Priority Action Agenda provides a focus for improving the willingness to recommend your facility to others.

HOW TO USE IT:

It is important to consider the following:

- To be effective, a quality improvement initiative must be focused.
- From the perspective of strategic management, you can’t successfully implement 20 different initiatives at one time. If you try to do too many things at once, you are not likely to succeed.

We recommend that you consider one or more of the top five items for focused improvement efforts.
The percent of respondents within different demographic categories. SHADING indicates the category with the highest percentage. (May not total 100% due to rounding)

### Family
For Mar 2007 to Mar 2007

<table>
<thead>
<tr>
<th>Length of stay</th>
<th>Person visiting most</th>
<th>How often visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 month</td>
<td>1%</td>
<td>Spouse 22%</td>
</tr>
<tr>
<td>1 to 3 months</td>
<td>11%</td>
<td>Child 50%</td>
</tr>
<tr>
<td>3 to 6 months</td>
<td>10%</td>
<td>Brother or sister 12%</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>21%</td>
<td>Grandchild 2%</td>
</tr>
<tr>
<td>1 to 3 years</td>
<td>32%</td>
<td>Friend 3%</td>
</tr>
<tr>
<td>3 or more years</td>
<td>26%</td>
<td>Another person 11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homes visited</th>
<th>Reason for choosing</th>
<th>Gender of resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>36%</td>
<td>Convenient location 31%</td>
</tr>
<tr>
<td>Only this one</td>
<td>10%</td>
<td>Good reputation 17%</td>
</tr>
<tr>
<td>Two</td>
<td>28%</td>
<td>Doctor or hospital 23%</td>
</tr>
<tr>
<td>Three</td>
<td>15%</td>
<td>Relative or friend 8%</td>
</tr>
<tr>
<td>Four</td>
<td>7%</td>
<td>Insurance requirement 2%</td>
</tr>
<tr>
<td>Five or more</td>
<td>5%</td>
<td>Other reason 20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of resident</th>
<th>Relationship to resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 or under</td>
<td>Spouse 19%</td>
</tr>
<tr>
<td>20 to 29</td>
<td>Child 54%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>Brother or sister 11%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>Grandchild 1%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>Friend 2%</td>
</tr>
<tr>
<td>60 to 69</td>
<td>Other relationship 14%</td>
</tr>
<tr>
<td>70 to 79</td>
<td>20%</td>
</tr>
<tr>
<td>80 to 89</td>
<td>46%</td>
</tr>
<tr>
<td>90 or older</td>
<td>20%</td>
</tr>
</tbody>
</table>
Look at your survey results. What areas do you have the greatest challenges with? Use the demographic information to determine who might be able to offer you additional insights into those issues.

In the example above, perhaps a focus group made up of the demographic group noted (child) might lead you to a greater understanding of the meaning in the data.

3. For insight into the confidence you can have in the data. For example, if a high number of respondents visit frequently it is likely that they have good insights into what happens on a day-to-day basis at the facility.

Also, by reviewing demographics, you can determine if the respondent group is representative of your resident population. If it is, you can have a high level of confidence that the responses you received are indicative of the level of satisfaction in your facility.
Results by item  "Recommendation" by demographics: Average scores

Prime Demo Corp, Exterior Division

Listed by demographic breakouts, average scores are listed for the question:
- What is your recommendation of this facility to others?

An average score is calculated by assigning the following values: Excellent = 100; Good = 66.7; Fair = 33.3; Poor = 0.

Family For Mar 2007 to Mar 2007

Length of stay

Less than 1 year 67
1 to 3 years 67
More than 3 years 69

How often visited

Daily 69
Weekly 69
Less often 73

Reason for choosing

Reputation 83
Recommendation 70
Location 65
Other 68
WHAT IT TELLS ME:
The chart is an expansion of the “Demographic and background information” chart. It illustrates three primary demographics and the responses of individuals to the question “What is your recommendation of this facility to others?”

Your report includes three views of the data:

- Scores based on the percent of respondents who responded “Excellent” to the “Recommendation” question
- Scores based on the percent of respondents who responded either “Excellent” or “Good” to the “Recommendation” question
- The average score based on the average response to the “Recommendation” question

With this information you can begin to see how responses to this question change with:

- Length of stay
- How often visited
- Reason for choosing

WHAT IT MEANS:
Do you see patterns here? Are individuals less or more willing to recommend your facility if they have lived there longer? Are respondents less or more satisfied if they are in the facility often? If your facility is chosen because of reputation what happens to the results on the “Recommendation” question.

HOW TO USE IT:
Thinking through the demographics in this manner will provide you with information that may assist in developing your action plan.
### Ranked by difference: Average scores

<table>
<thead>
<tr>
<th>Family</th>
<th>For Mar 2007 to Mar 2007</th>
<th>Average score</th>
<th>Peer group</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate staff to meet needs</td>
<td>51</td>
<td>3</td>
<td>57</td>
<td>-6</td>
</tr>
<tr>
<td>Responsiveness of management</td>
<td>65</td>
<td>70</td>
<td>-5</td>
<td></td>
</tr>
<tr>
<td>Commitment to family updates</td>
<td>74</td>
<td>78</td>
<td>-4</td>
<td></td>
</tr>
<tr>
<td>Security of personal belongings</td>
<td>54</td>
<td>58</td>
<td>-4</td>
<td></td>
</tr>
<tr>
<td>Attention to resident grooming</td>
<td>57</td>
<td>61</td>
<td>-4</td>
<td></td>
</tr>
<tr>
<td>Safety of facility</td>
<td>71</td>
<td>74</td>
<td>-3</td>
<td></td>
</tr>
<tr>
<td>Choices/preferences</td>
<td>67</td>
<td>70</td>
<td>-3</td>
<td></td>
</tr>
<tr>
<td>Cleanliness of premises</td>
<td>69</td>
<td>72</td>
<td>-3</td>
<td></td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>69</td>
<td>72</td>
<td>-3</td>
<td></td>
</tr>
<tr>
<td>Religious/spiritual opportunities</td>
<td>68</td>
<td>71</td>
<td>-3</td>
<td></td>
</tr>
<tr>
<td>Recommendation to others</td>
<td>70</td>
<td>73</td>
<td>-3</td>
<td></td>
</tr>
<tr>
<td>Meaningfulness of activities</td>
<td>67</td>
<td>70</td>
<td>-3</td>
<td></td>
</tr>
<tr>
<td>Care (concern) of staff</td>
<td>71</td>
<td>73</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>Resident-to-staff friendships</td>
<td>72</td>
<td>74</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>CNA/NA care</td>
<td>67</td>
<td>69</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>RN/LVN/LPN care</td>
<td>73</td>
<td>75</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td>Quality of dining experience</td>
<td>62</td>
<td>63</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Quality of laundry services</td>
<td>61</td>
<td>62</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Quality of meals</td>
<td>64</td>
<td>65</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation therapy</td>
<td>66</td>
<td>67</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Competency of staff</td>
<td>71</td>
<td>72</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Resident-to-resident friendships</td>
<td>72</td>
<td>73</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Respectfulness of staff</td>
<td>76</td>
<td>76</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Respect for privacy</td>
<td>72</td>
<td>71</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
**Comparison to peer group**

These charts enable you to evaluate opportunities for improvement based upon comparison of your performance to the performance of your peer group.

Your report includes three views of the data:

- Scores based on the percent of respondents who responded “Excellent”
- Scores based on the percent of respondents who responded either “Excellent” or “Good”
- The average score

**WHAT IT TELLS ME:**

By comparing scores, you know whether your families and employees rate you worse (negative difference) or better (positive difference) than those in your peer group — and by how much.

Items are ranked by the amount of difference between your score and the peer group's score. The difference is shown in both numerical and chart format.

- Your average score on each item is your score averaged across respondents using the following percentages: Excellent = 100%; Good = 66.7%; Fair = 33.3%; Poor = 0%. The peer group score is calculated the same way.

- Your percent “Excellent” score on each item is the percent of “Excellent” responses you received for that particular item on the survey. The peer group score is calculated the same way.

- Your percent “Excellent” and “Good” score on each item is the percent of “Excellent” and “Good” responses you received for that particular item on the survey. The peer group score is calculated the same way.

**Ranked by difference**

HOW TO USE IT:

By presenting the difference between scores in chart format and ranking items by the largest difference to the smallest difference, you can see where your probable issues are.

Use the peer group scores to make external comparisons of performance in different areas. If an item has a higher score than the peer group, then you are doing well on this item. If an item has lower score, then there may be an issue.
### Percentile ranking: Average scores

**Prime Demo Corp, Exterior Division**

Your percentile rank within the peer group is based on your average score for each item. An average score is calculated by assigning the following values: Excellent = 100; Good = 66.7; Fair = 33.3; Poor = 0.

Peer group: **Corporation**

90th percentile: Average scores for facilities in peer group that fall in the 90th percentile.

<table>
<thead>
<tr>
<th>Family</th>
<th>For Mar 2007 to Mar 2007</th>
<th>Your average &quot;score&quot;</th>
<th>Your percentile rank</th>
<th>90th percentile</th>
<th>Quartiles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lowest score</td>
<td>Median</td>
</tr>
<tr>
<td>Respect for privacy</td>
<td>72</td>
<td>58</td>
<td>77</td>
<td>50</td>
<td>68</td>
</tr>
<tr>
<td>Rehabilitation therapy</td>
<td>66</td>
<td>50</td>
<td>78</td>
<td>47</td>
<td>61</td>
</tr>
<tr>
<td>Resident-to-staff friendships</td>
<td>72</td>
<td>45</td>
<td>81</td>
<td>43</td>
<td>71</td>
</tr>
<tr>
<td>Quality of laundry services</td>
<td>61</td>
<td>45</td>
<td>73</td>
<td>43</td>
<td>55</td>
</tr>
<tr>
<td>Quality of meals</td>
<td>64</td>
<td>45</td>
<td>73</td>
<td>39</td>
<td>61</td>
</tr>
<tr>
<td>Recommendation to others</td>
<td>70</td>
<td>43</td>
<td>83</td>
<td>48</td>
<td>65</td>
</tr>
<tr>
<td>Resident-to-resident friendships</td>
<td>72</td>
<td>43</td>
<td>81</td>
<td>59</td>
<td>70</td>
</tr>
<tr>
<td>Respectfulness of staff</td>
<td>76</td>
<td>43</td>
<td>83</td>
<td>58</td>
<td>72</td>
</tr>
<tr>
<td>Safety of facility</td>
<td>71</td>
<td>40</td>
<td>81</td>
<td>53</td>
<td>69</td>
</tr>
<tr>
<td>Quality of dining experience</td>
<td>62</td>
<td>38</td>
<td>70</td>
<td>42</td>
<td>60</td>
</tr>
<tr>
<td>Competency of staff</td>
<td>71</td>
<td>38</td>
<td>78</td>
<td>44</td>
<td>68</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>69</td>
<td>35</td>
<td>79</td>
<td>49</td>
<td>66</td>
</tr>
<tr>
<td>Cleanliness of premises</td>
<td>69</td>
<td>35</td>
<td>81</td>
<td>49</td>
<td>67</td>
</tr>
<tr>
<td>Attention to resident grooming</td>
<td>57</td>
<td>35</td>
<td>70</td>
<td>33</td>
<td>55</td>
</tr>
<tr>
<td>CNA/NA care</td>
<td>67</td>
<td>35</td>
<td>77</td>
<td>40</td>
<td>65</td>
</tr>
<tr>
<td>RN/LVN/LPN care</td>
<td>73</td>
<td>33</td>
<td>82</td>
<td>54</td>
<td>70</td>
</tr>
<tr>
<td>Choices/preferences</td>
<td>67</td>
<td>33</td>
<td>78</td>
<td>52</td>
<td>67</td>
</tr>
<tr>
<td>Care (concern) of staff</td>
<td>71</td>
<td>30</td>
<td>80</td>
<td>45</td>
<td>70</td>
</tr>
<tr>
<td>Religious/spiritual opportunities</td>
<td>68</td>
<td>28</td>
<td>78</td>
<td>47</td>
<td>68</td>
</tr>
<tr>
<td>Security of personal belongings</td>
<td>54</td>
<td>28</td>
<td>69</td>
<td>40</td>
<td>53</td>
</tr>
<tr>
<td>Adequate staff to meet needs</td>
<td>51</td>
<td>28</td>
<td>65</td>
<td>30</td>
<td>51</td>
</tr>
<tr>
<td>Meaningfulness of activities</td>
<td>67</td>
<td>28</td>
<td>79</td>
<td>47</td>
<td>64</td>
</tr>
<tr>
<td>Responsiveness of management</td>
<td>65</td>
<td>25</td>
<td>77</td>
<td>33</td>
<td>65</td>
</tr>
<tr>
<td>Commitment to family updates</td>
<td>74</td>
<td>15</td>
<td>86</td>
<td>44</td>
<td>75</td>
</tr>
</tbody>
</table>
WHAT IT TELLS ME:

Your survey results by item in relationship to (a) our percentile rank within the peer group (b) the “best in class” (top 10%) and (c) quartiles of performance.

Your report includes three views of the data:

Measured by the percent of respondents who scored the item as “Excellent”

Measured by the percent of respondents who scored the item as either “Excellent” or “Good” (both scores combined)

The average score on the responses to the item

WHAT IT SHOWS:

There are two “benchmarking” questions that are important to ask when reviewing your satisfaction survey results.

• How are your scores trending over time? In other words, is performance improving over time as a result of actions that have been taken, or not?

• How do your scores compare to those of others?

This chart provides you with information to assist you in answering the question “How do my scores compare to those of others?”

EXAMPLE — AVERAGE SCORES:

1. Your average score is calculated by assigning the following values: Excellent = 100; Good = 66.7; Fair = 33.3; Poor = 0.

2. Your percentile rank: On a scale of 1 to 100, where does your score fall in the distribution of peer group?

3. 90th percentile: On a scale of 1 to 100, what is the score of facilities that fall at the 90th percentile (best in class or top 10%)?

4. Quartiles: Where does your score fall in relationship to the peer group in a distribution of scores broken into quartiles? (For more information on quartiles, see next page)

HOW TO USE IT:

This chart should be used to evaluate your performance against the peer group at a given point in time. Comparison of your scores to other scores is what is referred to as “benchmarking.” Three levels of benchmarking are possible with this chart:

• Your score compared to the peer group's score

• Your score compared to the score that falls at the 90th percentile of performance

• Your score plotted along the range of scores for an individual item broken down into quartiles

The evaluation of benchmarking data is of particular importance when setting your performance-improvement goals. There are two primary ways to set goals:

• What is your goal for improving your score on the next survey? For example, if your average score on an item on a survey is 78, you may determine that you want that score to be 80 on the next survey. Or, you may have 24% “Excellent” responses on an individual item and you want that to increase to 28% on the next survey. This form of target setting is called “absolute” target setting

• Where would you like your performance to be in relationship to the peer group (relative target setting)? In setting relative targets, you can use the percentile rankings and quartile breakdowns to assist you in setting your targets.
In descriptive statistics, a quartile is any of the three values which divide the sorted data set into four equal parts, so that each part represents one-fourth of the sample or population.

A LOOK AT QUARTILES

- Lowest score attained by anyone in the peer group
- Scores lower than the first quartile
- Scores higher than the first quartile but lower than the second quartile
- Scores higher than the second quartile but lower than the third quartile
- Scores higher than the third quartile
- Highest score attained by anyone in the peer group

Each row represents the actual scores achieved by the peer group for that item.

<table>
<thead>
<tr>
<th>Quartiles</th>
<th>Lowest score</th>
<th>Median</th>
<th>Highest score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>22</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>33</td>
<td>67</td>
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</tr>
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<td>33</td>
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<td>67</td>
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<td></td>
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<td>83</td>
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<td>80</td>
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<td>33</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>67</td>
<td>83</td>
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<tr>
<td></td>
<td>33</td>
<td>67</td>
<td>80</td>
</tr>
</tbody>
</table>

This is you. The blue dot represents your score.

Why are the numbers different for each item? Each row represents the actual scores achieved for those items; so the quartile scores vary from item to item.

Why is the dotted line for the 90th percentile a straight line when the numbers (scores) are different? The dotted line represents the 90th percentile for each individual item based upon the range of possible scores for that individual item. Even though the actual score represented by the 90th percentile will vary, the relative position of the 90th percentile on the chart remains the same.

It is important to recognize that the peer group scores may change throughout the year as additional survey data become available for comparison. However, using the benchmarking data available to you at any given point in time is an important way to evaluate your performance and to set improvement goals.
### Percent "Excellent," "Good," "Fair" and "Poor" by Item

**Prime Demo Corp, Exterior Division**

Percent of responses EXCELLENT, GOOD, FAIR or POOR on each item on the survey. Items are ranked from the highest percent EXCELLENT to the lowest percent EXCELLENT. *(May not total 100% due to rounding)*

- **For May 2006 to Oct 2006**
  - Recommendation to others: 33% EXCELLENT, 49% GOOD, 13% FAIR, 4% POOR
  - Overall satisfaction: 30% EXCELLENT, 52% GOOD, 15% FAIR, 3% POOR
  - Commitment to family updates: 42% EXCELLENT, 40% GOOD, 14% FAIR, 4% POOR
  - Respectfulness of staff: 39% EXCELLENT, 48% GOOD, 10% FAIR, 3% POOR
  - RN/LVN/LPN care: 38% EXCELLENT, 48% GOOD, 12% FAIR, 2% POOR
  - Resident-to-staff friendships: 32% EXCELLENT, 53% GOOD, 13% FAIR, 2% POOR
  - Care (concern) of staff: 33% EXCELLENT, 47% GOOD, 16% FAIR, 4% POOR
  - Resident-to-resident friendships: 30% EXCELLENT, 54% GOOD, 13% FAIR, 3% POOR
  - Safety of facility: 35% EXCELLENT, 50% GOOD, 13% FAIR, 3% POOR
  - Competency of staff: 30% EXCELLENT, 52% GOOD, 15% FAIR, 3% POOR
  - Cleanliness of premises: 35% EXCELLENT, 45% GOOD, 16% FAIR, 4% POOR
  - Respect for privacy: 29% EXCELLENT, 57% GOOD, 13% FAIR, 4% POOR

- **For Mar 2007 to Mar 2007**
  - Recommendation to others: 30% EXCELLENT, 53% GOOD, 14% FAIR, 3% POOR
  - Overall satisfaction: 30% EXCELLENT, 52% GOOD, 15% FAIR, 3% POOR
  - Commitment to family updates: 43% EXCELLENT, 38% GOOD, 14% FAIR, 4% POOR
  - Respectfulness of staff: 39% EXCELLENT, 50% GOOD, 9% FAIR, 3% POOR
  - RN/LVN/LPN care: 35% EXCELLENT, 51% GOOD, 12% FAIR, 2% POOR
  - Resident-to-staff friendships: 34% EXCELLENT, 52% GOOD, 13% FAIR, 2% POOR
  - Care (concern) of staff: 34% EXCELLENT, 48% GOOD, 15% FAIR, 3% POOR
  - Resident-to-resident friendships: 33% EXCELLENT, 53% GOOD, 12% FAIR, 3% POOR
  - Safety of facility: 32% EXCELLENT, 53% GOOD, 12% FAIR, 3% POOR
  - Competency of staff: 31% EXCELLENT, 52% GOOD, 15% FAIR, 3% POOR
  - Cleanliness of premises: 31% EXCELLENT, 48% GOOD, 18% FAIR, 4% POOR
  - Respect for privacy: 30% EXCELLENT, 58% GOOD, 10% FAIR, 4% POOR
WHAT IT TELLS ME:
In this view of your results, two survey periods are shown — based on your choices when generating the report.

WHAT IT SHOWS:
This charts allows you to compare your results in several important ways with the perspective of improvement or decline from one period to the next.

HOW TO USE IT:
The goal should be to improve in percent “Excellent” and percent “Excellent” plus “Good,” while reducing the number of “Poor” responses from one period to the next.
The following page views are included in reports above facility level.

Global satisfaction: Percent of “Excellent” responses

Percent of responses in the EXCELLENT category for global satisfaction items (overall satisfaction and recommendation) for the (1) company and (2) other entities in the report.

Global satisfaction: Percent of “Excellent” and “Good” responses

Percent of responses in the EXCELLENT and GOOD categories for global satisfaction items (overall satisfaction and recommendation) for the (1) company and (2) other entities in the report.

Global satisfaction: Average scores

Average scores for global satisfaction items (overall satisfaction and recommendation) for the (1) company and (2) other entities in the report.

Top 10% and bottom 10% performers:
Percent “Excellent”

Based on percent EXCELLENT responses, the top 10% and bottom 10% performers for global satisfaction items and each domain. Results are listed from highest to lowest score.

Top 10% and bottom 10% performers:
Percent “Excellent” and “Good”

Based on percent EXCELLENT and GOOD responses, the top 10% and bottom 10% performers for global satisfaction items and each domain. Results are listed from highest to lowest score.

Top 10% and bottom 10% performers: Average scores

Based on average scores, the top 10% and bottom 10% performers for global satisfaction items and each domain. Results are listed from highest to lowest score.

Domains, key indicators and response rate:
Percent “Excellent”

Based on percent EXCELLENT responses, current scores for (1) each domain, (2) all survey items, (3) the “overall satisfaction” question, (4) the “recommendation” question and, from the previous survey, (5) the “recommendation” question. The response rate is also listed. Results for all entities in the report are included.

Domains, key indicators and response rate:
Percent “Excellent” and “Good”

Based on percent EXCELLENT and GOOD responses, current scores for (1) each domain, (2) all survey items, (3) the “overall satisfaction” question, (4) the “recommendation” question and, from the previous survey, (5) the “recommendation” question. The response rate is also listed. Results for all entities in the report are included.

Domains, key indicators and response rate:
Average scores

Based on average scores, current scores for (1) each domain, (2) all survey items, (3) the “overall satisfaction” question, (4) the “recommendation” question and, from the previous survey, (5) the “recommendation” question. The response rate is also listed. Results for all entities in the report are included.

Response rates

Number of facilities within each distribution range of response rates. Includes your lowest, highest and average response rates, as well as My InnerView’s average rate.