

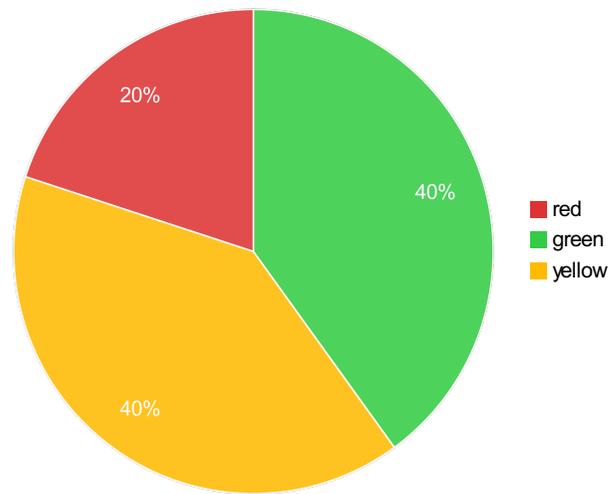
# **Long Term Care Ombudsman, Office of**

Annual Performance Progress Report

Reporting Year 2016

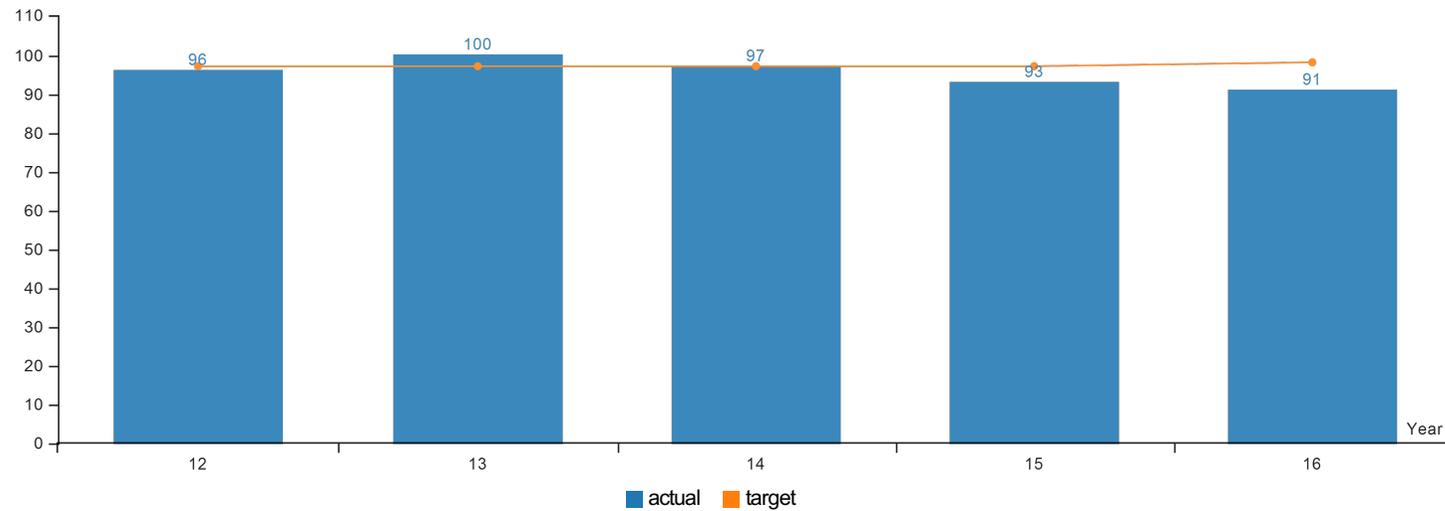
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KPM #	Approved Key Performance Measures (KPMs)
1	Percentage of non-referred complaints where action is needed that are partially or fully resolved. -
2	Average initial response time to non-referred cases. -
3	Average time to close non-referred cases. -
4	Percentage of nursing facilities visited at least once annually. -
5	Percentage of assisted living and residential care facilities visited at least once annually. -
6	Percentage of adult foster care homes visited at least once annually. -
7	Number of requests for assistance from consumers, the public, facility staff and agencies. -
8	Participation in system-wide advocacy meetings at the local, regional, state and national levels. -
9	Total number of certified ombudsmen volunteer hours annually. -
10	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.



	Green	Yellow	Red
	= Target to -5%	= Target -6% to -15%	= Target > -15%
<b>Summary Stats:</b>	40%	40%	20%

KPM #1	Percentage of non-referred complaints where action is needed that are partially or fully resolved. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>Partially or Fully Resolved Complaints</b>					
Actual	96%	100%	97%	93%	91%
Target	97%	97%	97%	97%	98%

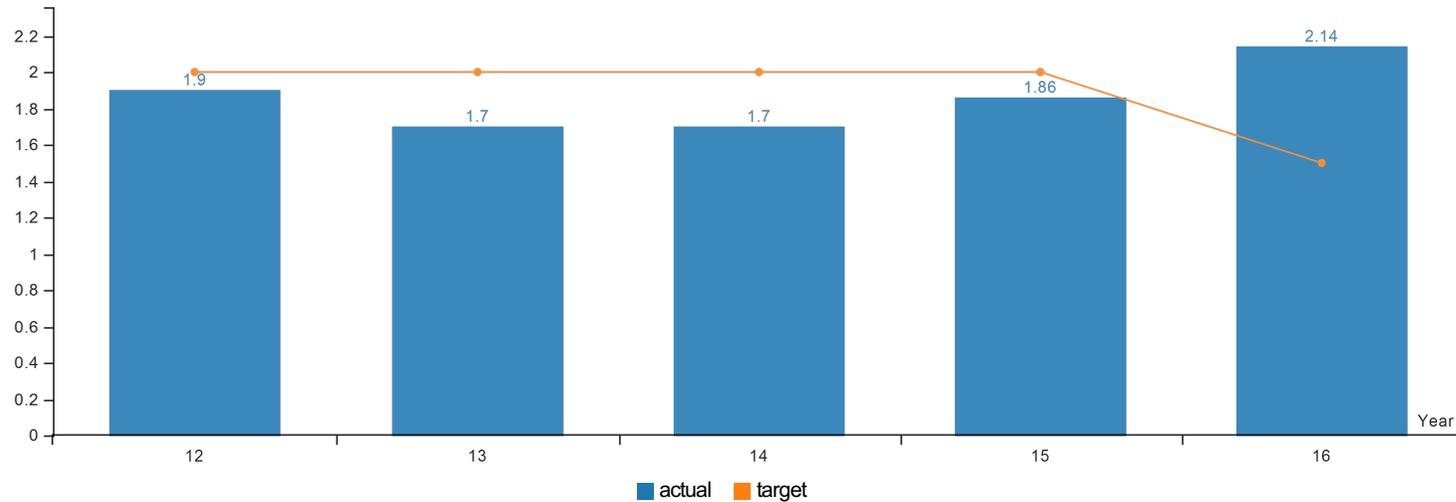
**How Are We Doing**

In 2016 91% of the non-referred complaints that required action on the part of volunteers or staff were partially or fully resolved. This is slightly down from prior years and largely reflects the ongoing complaints received regarding insufficient staffing, unresponsive staffing, and inadequate staff training. Move out notices also comprise a significant portion of the 9% of cases unable to be resolved.

**Factors Affecting Results**

The ability to fully or partially resolve a case to the satisfaction of the resident can be impacted by many factors: the availability of volunteers able to be consistently assigned to a facility, the consistency of administration or staff in a facility with which the volunteer or deputies may work to resolve issues, and the availability of other partners such as licensing with which the volunteer or deputies may work to resolve issues.

KPM #2	Average initial response time to non-referred cases. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>Average Initial Response Time In Days</b>					
Actual	1.90	1.70	1.70	1.86	2.14
Target	2	2	2	2	1.50

### How Are We Doing

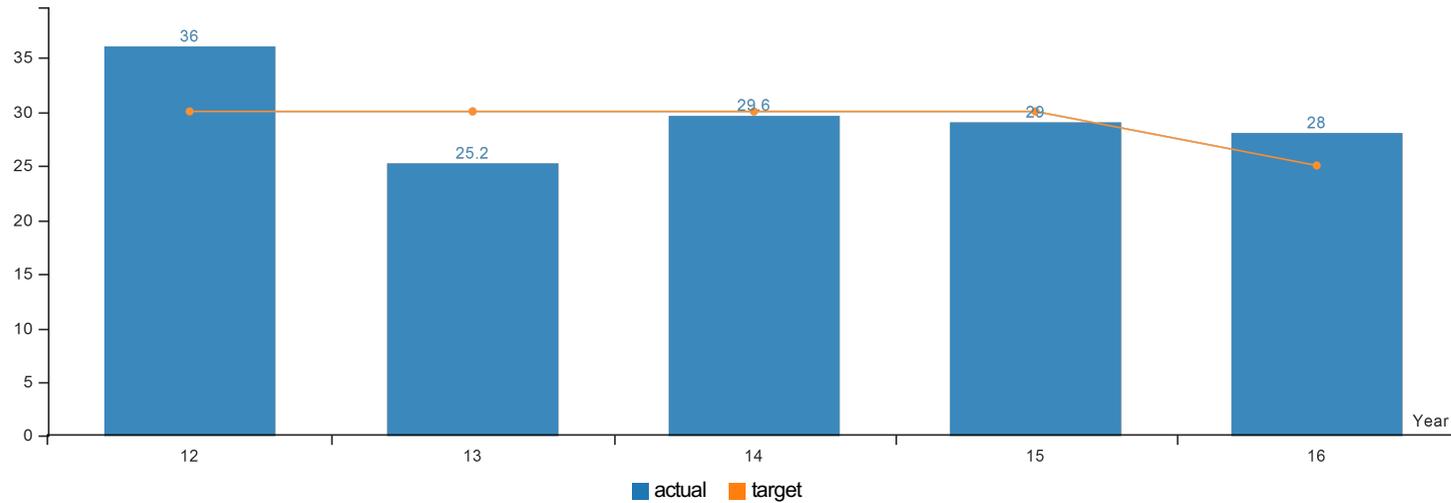
In 2015-16 the average response time to a complaint was 2.14 days. This is above the target set of 1.5 days, which was more ambitious than the prior target of 2 days. Although not within the target range, a response time of slightly over two days does continue to reflect a high level of customer service. It's important to note that this calculation includes weekends and holidays. The 160+ volunteer Ombudsman have the capacity and dedication to perform their advocacy duties at all times, resulting in a level of customer service, presence in long term care facilities, and response time not available through most government or even private agencies. Should this measure only count business days, the days to response would be considerably lower.

### Factors Affecting Results

These results are impacted by the available number of volunteers, as they are able to respond to complaints in person far more quickly than a paid staff member. Since current volunteer levels are only sufficient to cover approximately 50% of all long term care facilities in the state, complaints originating from the other 50% of the facilities have to be addressed by volunteers willing to take on a "back up" case. Identifying someone able to do this often takes a day or more in and of itself. If no "back up" volunteers are available, the duty to respond falls to the paid staff who may not be able to be readjust existing scheduling for several days.

In addition, response time is also driven by the number of paid staff available to answer the statewide toll free complaint line. The number of paid LTCO staff has not increased for several years. However, in that period of time, call volume has increased by over 40%. It is often necessary to have two people assigned to cover incoming calls at any given time, which further limits their ability to perform necessary district management tasks.

KPM #3	Average time to close non-referred cases. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>Average Days To Close Cases</b>					
Actual	36	25.20	29.60	29	28
Target	30	30	30	30	25

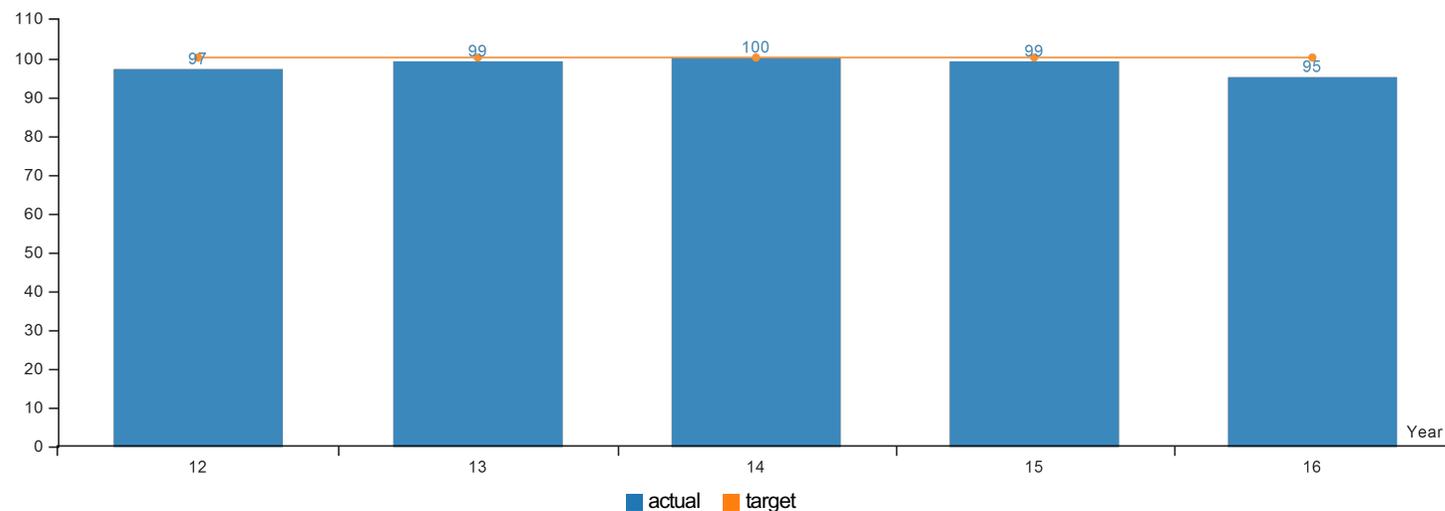
**How Are We Doing**

In 2015-16 the average case closure time was 28 days. This is above the target set of 25 days. Although not within the target range, a case closure time of 28 days reflects a high level of customer service.

**Factors Affecting Results**

There are a variety of factors impacting case closure. The first has to do with the response to, and resolution of, the issue itself. The second has to do with the individual responding to the complaint documenting their efforts and the outcome in the report writing system. The third involves the paid deputy reviewing, revising and/or approving the report. Not until that critical step in the process occurs is the case considered closed.

KPM #4	Percentage of nursing facilities visited at least once annually. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>Nursing Facilities Visited Quarterly</b>					
Actual	97%	99%	100%	99%	95%
Target	100%	100%	100%	100%	100%

#### How Are We Doing

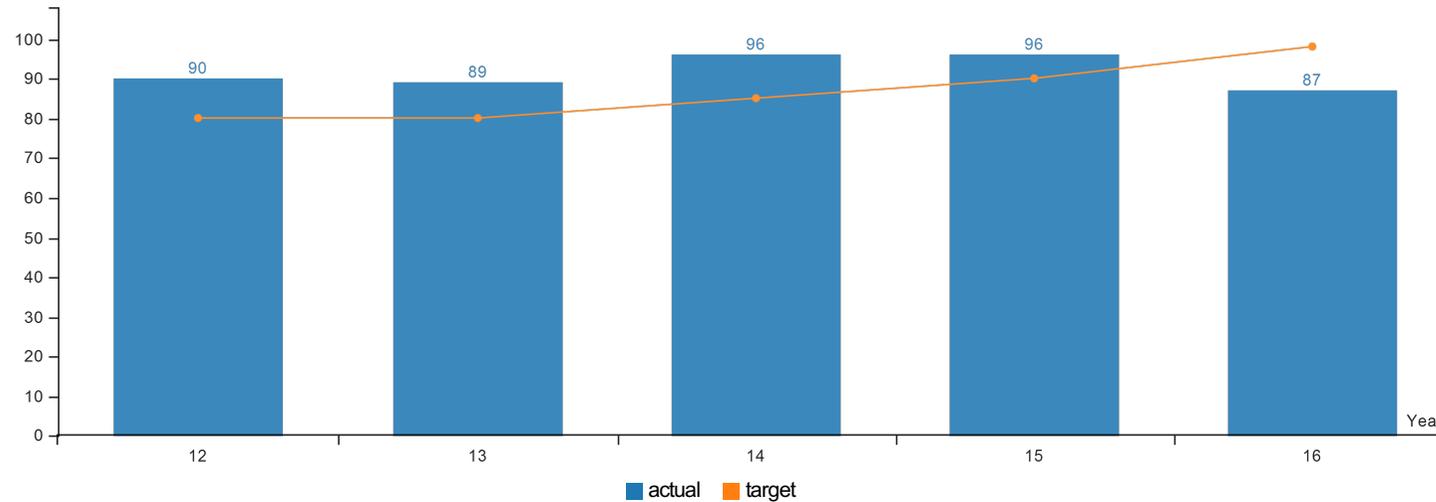
In 2015-16 certified volunteers and paid staff visited 95% of the nursing facilities in the state. The target for visiting of nursing facilities is 100%, a measure which has traditionally been achieved. However, this years measure falls short of that. This is attributable to the unanticipated change in reporting period, which effectively eliminated three months of opportunity to coordinate visits to facilities without assigned volunteers.

#### Factors Affecting Results

**It is critical to note that the reporting period for LTCO KPM measures is different this year than from prior years, resulting in some significant discrepancies in reported performance.** In prior years, LTCO was granted an exception to report on the same cycle as is required for the report to the Federal Government (October 1 – September 30). This exception has now been revoked, resulting in LTCO reporting to the state on a July 1 – June 30 cycle. Unfortunately, the agency was not directly made aware of this change until August, well after the reporting cycle end date. Since staff had been managing their districts, facility visitation, and volunteer hours and efforts based on the prior federal fiscal year cycle, many of the performance activities were still in process following the June 30 cut off and thus are not reflected or “counted” in this year’s KPM report.

Facility visitation frequency and numbers are only limited by the number of program volunteers and staff. Currently, these are not adequate to visit 100% of facilities. Sufficient volunteer management and retention cannot occur without paid staff having the time and work load distribution to make this feasible. The Agency now has seven full-time LTCO Deputy Ombudsman assisting and supervising Certified Ombudsman volunteers statewide. The Deputies average supervising 25-30 Certified Ombudsman volunteers each. At the current level of supervision, the Deputies in Oregon average supervising more Certified Ombudsmen volunteers than in all but four US states and territories (according to the annual AOA LTCO reports). The Institute of Medicine’s study of Ombudsman services recommends a paid staff to volunteer ratio of 1:20.

KPM #5	Percentage of assisted living and residential care facilities visited at least once annually. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>RCFs and ALFs Visited Quarterly</b>					
Actual	90%	89%	96%	96%	87%
Target	80%	80%	85%	90%	98%

**How Are We Doing**

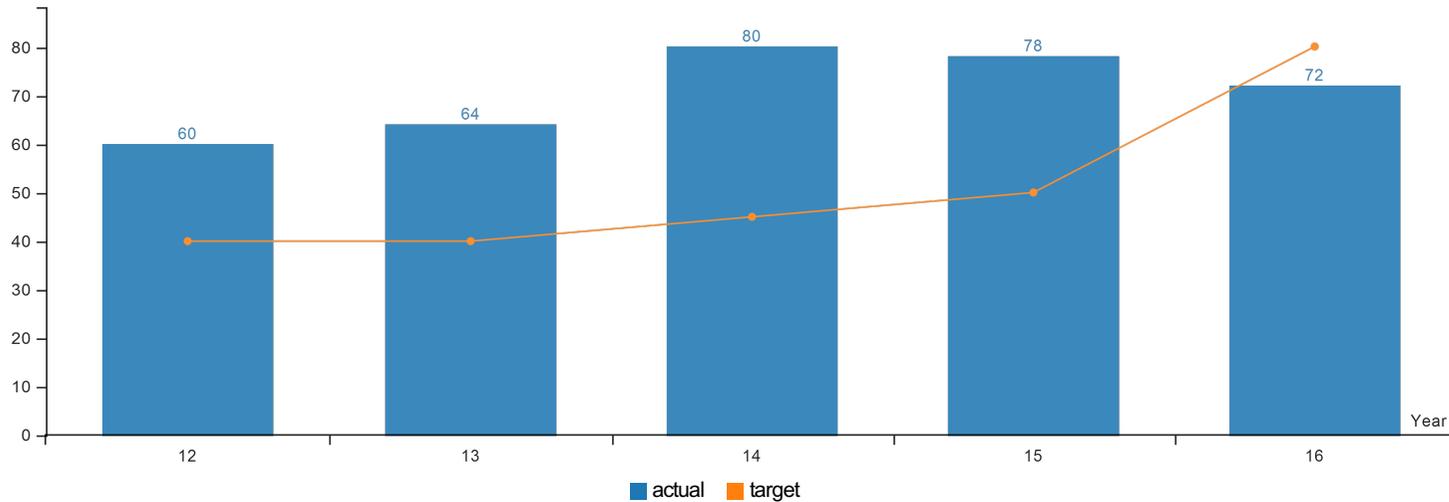
In 2015-16 certified volunteers and paid staff visited 87% of the assisted living and residential care facilities in the state, down from 96% last year. The target for visiting of these types of facilities is 98% so this years measure falls short of that. However, this is attributable to the unanticipated change in reporting period, which effectively eliminated three months of opportunity to coordinate visits to facilities without assigned volunteers.

**Factors Affecting Results**

**It is critical to note that the reporting period for LTCO KPM measures is different this year than from prior years, resulting in some significant discrepancies in reported performance.** In prior years, LTCO was granted an exception to report on the same cycle as is required for the report to the Federal Government (October 1 – September 30). This exception has now been revoked, resulting in LTCO reporting to the state on a July 1 – June 30 cycle. Unfortunately, the agency was not directly made aware of this change until August, well after the reporting cycle end date. Since staff had been managing their districts, facility visitation, and volunteer hours and efforts based on the prior federal fiscal year cycle, many of the performance activities were still in process following the June 30 cut off and thus are not reflected or “counted” in this year’s KPM report.

Facility visitation frequency and numbers are only limited by the number of program volunteers and staff. Currently, these are not adequate to visit 100% of facilities. Sufficient volunteer management and retention cannot occur without paid staff having the time and work load distribution to make this feasible. The Agency now has seven full-time LTCO Deputy Ombudsman assisting and supervising Certified Ombudsman volunteers statewide. The Deputies average supervising 25-30 Certified Ombudsman volunteers each. At the current level of supervision, the Deputies in Oregon average supervising more Certified Ombudsmen volunteers than in all but four US states and territories (according to the annual AOA LTCO reports). The Institute of Medicine’s study of Ombudsman services recommends a paid staff to volunteer ratio of 1:20.

KPM #6	Percentage of adult foster care homes visited at least once annually. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>Adult Foster Home Quarterly Visitation</b>					
Actual	60%	64%	80%	78%	72%
Target	40%	40%	45%	50%	80%

**How Are We Doing**

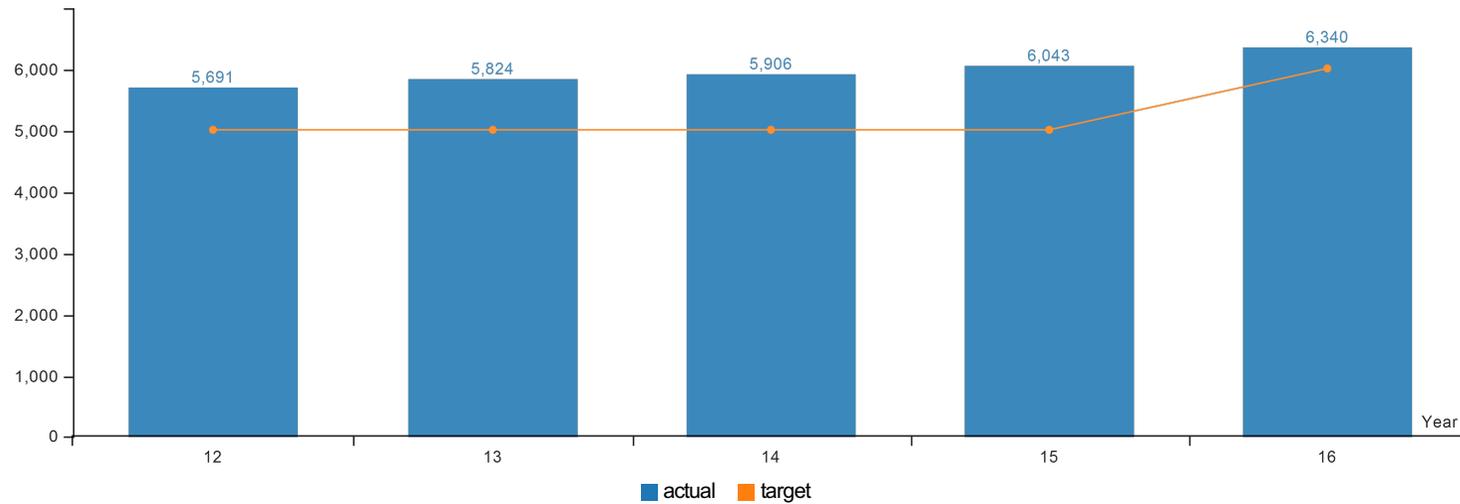
In 2015-16 certified volunteers and paid staff visited 78% of the adult foster homes in the state. The target for visiting of these types of facilities is 80% so this years measure falls short of that. However, this is attributable to the unanticipated change in reporting period, which effectively eliminated three months of opportunity to coordinate visits to facilities without assigned volunteers.

**Factors Affecting Results**

**It is critical to note that the reporting period for LTCO KPM measures is different this year than from prior years, resulting in some significant discrepancies in reported performance.** In prior years, LTCO was granted an exception to report on the same cycle as is required for the report to the Federal Government (October 1 – September 30). This exception has now been revoked, resulting in LTCO reporting to the state on a July 1 – June 30 cycle. Unfortunately, the agency was not directly made aware of this change until August, well after the reporting cycle end date. Since staff had been managing their districts, facility visitation, and volunteer hours and efforts based on the prior federal fiscal year cycle, many of the performance activities were still in process following the June 30 cut off and thus are not reflected or “counted” in this year’s KPM report.

There are a large number of adult foster care homes in the state of Oregon (1575) and it has always been challenging to provide effective volunteer coverage in these types of settings. While various strategies have been utilized by paid staff to coordinate visits to these homes, the sheer quantity vs. limited volunteer numbers have made it difficult to achieve success on this performance measure. Sufficient volunteer management and retention cannot occur without paid staff having the time and work load distribution to make this feasible. The Agency now has seven full-time LTCO Deputy Ombudsman assisting and supervising Certified Ombudsman volunteers statewide. The Deputies average supervising 25-30 Certified Ombudsman volunteers each. At the current level of supervision, the Deputies in Oregon average supervising more Certified Ombudsmen volunteers than in all but four US states and territories (according to the annual AOA LTCO reports). The Institute of Medicine’s study of Ombudsman services recommends a paid staff to volunteer ratio of 1:20.

KPM #7	Number of requests for assistance from consumers, the public, facility staff and agencies. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>Requests for Assistance.</b>					
Actual	5,691	5,824	5,906	6,043	6,340
Target	5,000	5,000	5,000	5,000	6,000

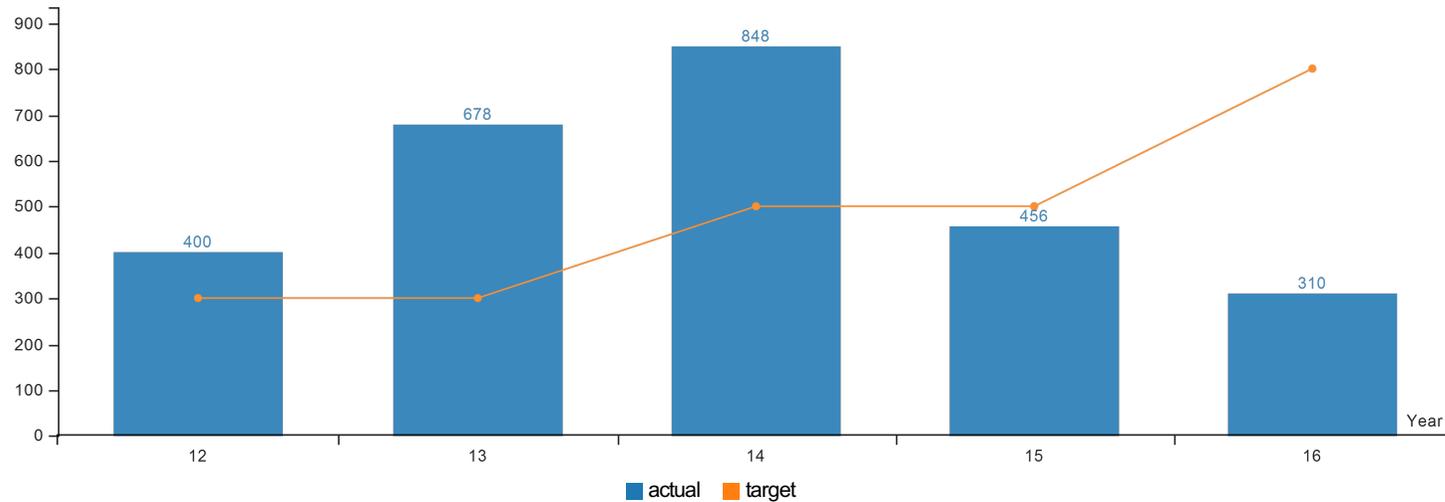
#### How Are We Doing

In 2015-16 there were 6340 documented requests for assistance from the LTCO program. This is up from 6043 requests recorded during the last reporting period. This increase may be indicative of increased program awareness, increased knowledge regarding consumer and resident's rights, or an overall increase in service dissatisfaction.

#### Factors Affecting Results

Residents may be limited in their ability to request assistance by the lack of a volunteer assigned to their building or by lack of awareness of the program, despite the posted information. To that end, an increase in volunteers that can dedicate their time to a specific building would likely increase awareness and requests for assistance. Residents may also be reluctant to request assistance due to fear of retaliation or retribution. Again, a dedicated volunteer can take the time to explain the possibility of remaining anonymous and the rules and regulation prohibiting retaliation.

KPM #8	Participation in system-wide advocacy meetings at the local, regional, state and national levels. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>System-wide advocacy</b>					
Actual	400	678	848	456	310
Target	300	300	500	500	800

**How Are We Doing**

The agency documented participation in 310 events regarding the program and mission. This falls well short of the target of 800, although less so from last year’s target of 500.

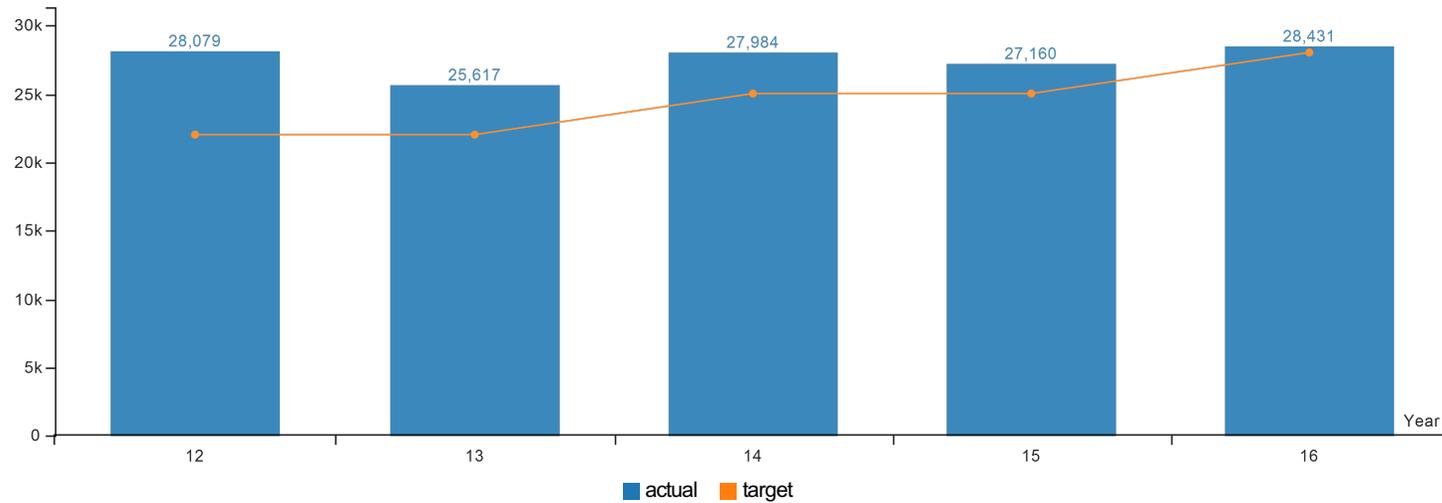
The year’s measure is impacted primarily by the availability of the Agency Director/State Long Term Care Ombudsman to engage in system advocacy. In this reporting period, that has been impacted by the fact that there was not a permanent person in this position for the first several months of this reporting period. Furthermore, the addition of two program units to the agency has required significant portions of the Director’s time that were previously available to engage in these activities. As these programs are developed and stabilized this measure is expected to rise.

Deputy Ombudsman staff also perform system advocacy but the deputy positions were short-handed the first few months of the reporting period with one deputy serving as the interim director and another deputy being new and being trained and on-boarded during that time period. The Deputy Ombudsmen are also increasingly pressed for time as demands for individual specific advocacy and volunteer management increase and take priority over other activities.

**Factors Affecting Results**

Documentation of system advocacy activities is generally understated on monthly reports and needs to be an ongoing topic of training for paid and volunteers ombudsman alike.

KPM #9	Total number of certified ombudsmen volunteer hours annually. -
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>Volunteer Hours Annually</b>					
Actual	28,079	25,617	27,984	27,160	28,431
Target	22,000	22,000	25,000	25,000	28,000

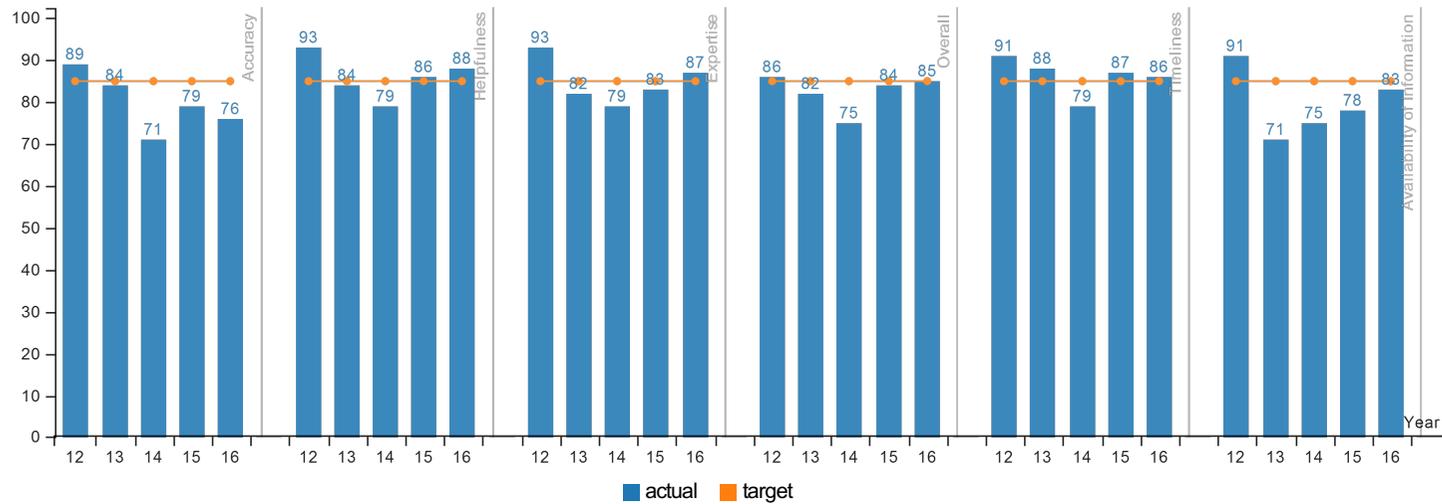
#### How Are We Doing

In 2015-16 volunteers provided 28,431 hours of service to the program. As has been the case in prior years, this exceeds the established KPM target. This is particularly notable this year as the target increased from 25000 to 28000 hours. Had these hours of service been provided by paid staff, the cost to the State would have been in excess of \$1.4 million dollars.

#### Factors Affecting Results

Recruitment, retention, and supervision of volunteers are all factors impacting this measure. Sufficient volunteer management and retention cannot occur without paid staff having the time and work load distribution to make this feasible. The Agency now has seven full-time LTCO Deputy Ombudsman assisting and supervising Certified Ombudsman volunteers statewide. The Deputies average supervising 25-30 Certified Ombudsman volunteers each. At the current level of supervision, the Deputies in Oregon average supervising more Certified Ombudsmen volunteers than in all but four US states and territories (according to the annual AOA LTCO reports). The Institute of Medicine's study of Ombudsman services recommends a paid staff to volunteer ratio of 1:20.

KPM #10	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2012	2013	2014	2015	2016
<b>Accuracy</b>					
Actual	89%	84%	71%	79%	76%
Target	85%	85%	85%	85%	85%
<b>Helpfulness</b>					
Actual	93%	84%	79%	86%	88%
Target	85%	85%	85%	85%	85%
<b>Expertise</b>					
Actual	93%	82%	79%	83%	87%
Target	85%	85%	85%	85%	85%
<b>Overall</b>					
Actual	86%	82%	75%	84%	85%
Target	85%	85%	85%	85%	85%
<b>Timeliness</b>					
Actual	91%	88%	79%	87%	86%
Target	85%	85%	85%	85%	85%
<b>Availability of Information</b>					
Actual	91%	71%	75%	78%	83%
Target	85%	85%	85%	85%	85%

**How Are We Doing**

Overall customer satisfaction of good or excellent was 85%, up slightly over last years measure of 84%. The highest area of satisfaction was reflected in the areas of Helpfulness and Knowledge.

**Factors Affecting Results**

The biggest challenge when measuring performance in this area is receiving feedback from extremely vulnerable individuals who often do not have the ability to respond to questions and surveys. Available feedback on customer service may therefore be driven by other parties to a complaint such as family and friends rather than the direct customer themselves.