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Enhancing the Performance of Local Long Term Care Ombudsman Programs in New York State and California

NEW YORK CHARTBOOK

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Draft for Review & Comment

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The Commonwealth Fund
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This project was generously supported by The Commonwealth Fund, a New York City-based private independent foundation, the Archstone Foundation, The Jacob & Valeria Langeloth Foundation, and The New York Community Trust. We would like to thank The New York State Ombudsman Association (NYSOA), The California LTC Ombudsman Association (CLTCOA), The New York State Office of Long-Term Care Ombudsman, The California Office of State Long-Term Care Ombudsman, and The California Department of Aging for their support and assistance.

We particularly appreciate the Local Ombudsman Program Coordinators who shared their experiences and knowledge in this project.

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For this New York report, we are particularly grateful for the assistance of Marty Haase, New York State Ombudsman, the staff of the New York State Office of Long-Term Care Ombudsman and the officers and members of the New York State Ombudsman Association (NYSOA).

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Background & Significance

Local Long Term Care Ombudsman Programs (LLTCOPs) advocate to protect the health, safety, welfare, and rights of residents in long-term care (LTC) facilities. LLTCOPs investigate complaints, participate in community and resident and family education, monitor laws and regulations, and advocate for changes in policy. Ombudsmen serve over two million residents of nursing homes and board & care facilities, a figure expected to rise sharply in the future (National LTC Ombudsmen Resource Center). The 1978 Older Americans Act (OAA) created 50 state level Long-Term Care Ombudsman Programs (as well as the District of Columbia and Puerto Rico), that, in turn, have developed local level LTCOPs in every state.

Knowledge concerning successful programmatic approaches and barriers to program operation is essential to enhance the well-being of those residing in long-term care facilities, to strengthen LLTCOPs and to develop meaningful public policy. Although some researchers have examined state level Ombudsman Programs considerably less is known regarding the effectiveness of LLTCOPs.

Previous Literature

The project builds on the 1995 Institute on Medicine report *Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act* and the 2001 Kaiser Family Foundation study of *The Effectiveness of State Long Term Care Ombudsman Programs* (Estes, Goldberg, et. al., 2004). For additional literature, please see the Selected Literature chart in Appendix 1.

Research Goals & Questions

The goal of this project is to enhance the performance of LLTCOPs in New York and identify the specific factors (activities, resources, roles and organizational characteristics) that are associated with program effectiveness to improve the quality of care for residents of LTC facilities.

Specifically, the project focuses on federally mandated activities and roles as well as associations with the organizational elements hypothesized as distinguishing effective programs: adequacy and control over resources, organizational autonomy, and inter-organizational relationships. The role and work of LLTCOPs is examined in the specific issue domains of elder abuse, neglect, and financial exploitation; post-acute, convalescent, and rehabilitative care; cultural competency; end-of-life issues; legal service and support; staffing and staff training; relationships and interagency coordination; and system advocacy.

Methods

Mixed Methods: Qualitative & Quantitative

Survey Data*:* In-depth semi-structured telephone interviews were conducted with representatives from local Ombudsmen Programs in New York. The interview (1 hour ±) consisted of open and closed-ended questions addressing the performance and activities of the program and perceptual questions (perceived effectiveness and barriers to fulfilling program mandates).

National Ombudsmen Reporting System (NORS) Data: NORS data provide objective information about LLTCOPs and program activities including staff size, number of LTC facilities served, and number and types of complaints reported. NORS data from New York for FY 2002-2003 (most recent available data) were linked with local survey data. It should be noted that NORS data used in the study and the time during which interviews were conducted (2004) are proximate but not identical. Integration of both sources of data serves to enhance the overall information collected about local ombudsman programs.

Participation

Survey Interview: Participation in the Local Long-Term Care Ombudsman Survey was voluntary. Representatives from each of the programs were contacted directly by the research staff. Overall, Program Coordinators from 39 of the 50 LLTCOPs in New York participated in the survey interview, representing a participation rate of 78% of the local programs in the state. Program Coordinators from the remaining programs (11) were unable or declined to be interviewed.

NORS Data: Of the NORS data collected from the New York State Long-Term Care Ombudsman Office, complete Quarterly Reports were available for 33 of the 50 programs (representing 66% of the LLTCOPs in the state). Partial data, (at least one quarterly report) were available for an additional 10 programs. Data were available from at least three quarterly reports from 35 programs. Overall, full or partial NORS data were available for 43 of the 50 programs. ***Note****: Additional confirmatory analyses are presently being carried out by research staff related to the New York State NORS Data. Consequently, NORS related findings presented in this Chartbook are preliminary.*

Participatory Research Design

The project is committed to collaborative community-based participatory research. Utilizing a ***Project Advisory Committee*** comprised of key persons with knowledge and experience related to ombudsman programs and long-term care to assist in every phase of the research design, planning, and implementation, the project is a collaboration with the New York State Ombudsman Association (NYSOA).

How to Use this Chartbook

The New York Chartbook is a resource for practitioners, organizations, policymakers, researchers and others concerned with LLTCOPs. Each section of the Chartbook addresses a particular topic area relating to LLTCOPs. Charts within each section provide specific data in an easy to read form. The source of data for each chart is provided at the bottom of the page. *Note:* For those who desire more technical data, detailed information is available upon request from the authors.

Terminology

Local Long Term Care (LTC) Ombudsman Program

The term **"Local"** Long-Term Care Ombudsman Program is used throughout this document to describe the Ombudsman Programs operating within specific locales within a given state. The term **'Local'** is intended to distinguish these programs from the **"State"** Level Long-Term Care Ombudsman Program. Alternative terms, such as 'regional' or 'substate' are also appropriate terms that may be used by certain programs within a state to describe their own particular program.

Program Coordinator

We use the term "**Coordinator"** to designate the person who is lead or head person responsible for a given LLTCOP. Though we recognize that some programs (or states) may designate different titles for this position, such as substate coordinator, program director, etc… , for the purposes of this Chartbook, Coordinator is used to refer universally to the head of a LLTCOP.

Nursing Homes

We use the term "**Nursing Home**" to refer to skilled nursing facilities.

Board & Care Facilities

To maintain consistency with the Administration on Aging terminology, we use the term **"Board & Care"** to refer to LTC Facilities, other than Nursing Facilities (and/or Skilled Nursing Facilities). Board & Care Facilities are also commonly termed Adult Care Facilities and/or Residential Care Facilities (among other terms). Board & Care facilties may range in size and scope of available services offered, but do not provide residents with the level of nursing services available within a Nursing Facility.

Host Agency

The "**Host Agency**" is the organization in which the LLTCOP is located or the sponsoring organization. This is often the Area Agency on Aging (AAA), but it is also common that a local nonprofit serves as a host agency. Other arrangements are also possible, such as being situated in another government department or operating as a free-standing non-profit agency in the community.

Other Terms used in the Chartbook

Federal Mandates

The five specific activities outlined in the Older Americans Act (OAA) which include complaint investigation; community education; resident and family education; monitoring federal, state and local law, regulations, and other government policies and actions; and legislative and administrative policy.

Funded & Unfunded Mandates

Aside from the specific federal activities mandated by the OAA (see above) many states have added additional activities to the ombudsmen's duties. If they are given funds specifically for that duty, it is a funded mandate; if they are not, it is an unfunded mandate.

Law enforcement agencies

Law enforcement agencies include municipal police departments, county sheriff, and the district attorney.

Citizen's Advocacy Groups

Community groups that advocate for residents of long-term care facilities.

Short Term Residents

Residents whose stay in a LTC facility is expected to last less than 100 days. These residents are often recovering from an acute illness or injury, and are often receiving rehabilitation.

Cultural Competency

A heightened awareness and ability to recognize and respond to similarities and differences among persons based on cultural, ethnic, religious, socioeconomic and/or sexual orientation and make improved decision bases on that awareness.

Systems Advocacy

Efforts such as monitoring, gathering and analyzing and communicating information in an effort to see necessary change in laws, policies, or practice affecting residents of LTC facilities.

IMPORTANT:

THIS DRAFT EDITION OF THE CHART BOOK IS PROVIDED FOR "REVIEW & COMMENT"

A COMMENT FORM HAS BEEN INCLUDED ON THE FINAL PAGE

Highlights

In this chapter we present general program characteristics to describe Local Long-Term Care Ombudsman Programs in New York.

Data for this chapter were drawn from the Local Long Term Care Ombudsman Survey and National Ombudsman Reporting System (NORS).

Key Issues:

- The majority of New York LLTCOP Coordinators work in a Part-Time capacity, while approximately 15% reported holding Full-Time positions as Ombudsman.
- The majority of New York LLTCOP Coordinators have more than four years experience, and one-third have more than ten years experience.
- The majority of New York LLTCOPs are housed in the Area Agency on Aging (and/or the County Department for Aging), while approximately one-third are within a multipurpose non-profit. These range from local chapters of the American Red Cross to community service agencies that include programs for aging, families and children.
- Preliminary findings indicate the majority of New York LLTCOPs have one or fewer FTE staff working on program duties [final data analysis being confirmed].
- Preliminary findings indicate the number of certified volunteer ombudsmen varies significantly across LLTCOPs; more than one-third of programs have five or fewer certified volunteers, 18% report having more than 21 [final data analysis being confirmed].
- Preliminary findings indicate the majority of New York LLTCOPs serve less than 20 facilities in their service area, more than 25% served more than 40 LTC facilities, a majority being nursing homes [final data analysis being confirmed].
- Preliminary findings indicate the majority of New York LLTCOPs cover less than 1,000 long-term care beds in their service area, a majority being nursing beds [final data analysis being confirmed].
- Preliminary findings indicate the number of complaints recorded by New York LLTCOPs varied greatly, from 1 to 5,028 in nursing facilities, and 0 to 533 in Board & Care facilities [final data analysis being confirmed].
- Preliminary findings indicate the most common recorded complaint category overall was Care Related complaints (call lights, medications, pressure sores, rehabilitation and restraints). Care Related complaints represented the most common complaint category recorded within nursing facilities; while Environmental complaints (cleanliness, space for activities, air temperature and quality, and laundry) represented the most common category within Board & Care facilities [final data analysis being confirmed].
- The majority of New York LLTCOP Coordinators indicated that staffing issues and call lights as the most pressing issues in nursing homes and resident care and residents' rights as the most pressing issues in board & care facilities.

Local Long-Term Care Ombudsman Program Coordinators in New York were asked to describe '*in their own words*' what they considered to be the mission or main goal of their program...

(

To provide advocacy to LTC residents to assist with their concerns, issues or problems. I also educate the families, facility staff and community about the particular issues elders in LTC face.

(

Advocate for the rights of seniors in nursing homes that would otherwise have no help.

(

My best answer really is to recruit, train, and retain volunteers of diverse backgrounds who will serve residents of the facility they are assigned to. We want them to become the kind of person the residents can confide in.

(

To ensure the residents of LTC have a voice in maintaining their quality of life and care in LTC facilities.

(

(

To enhance the quality of life of LTC residents by providing information and assistance in regards to resident rights and to advocate as necessary to improve their care.

(

I try to approach most cases as a mediator- truly neutral. We try and develop an atmosphere in which complaints and concerns can be solved by working with the resident, staff, and facility. To find a win-win solution arrived at by a collaborative manner and try to strengthen that relationship. Ancillary to that is to ensure the basic needs are being met.

(

Our goal is to do the best we can to maintain, improve, or enhance the lives of long term care residents. On the local level, we try to keep a connection between the community and the LTC facility and the residents.

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Characteristics of LTC Ombudsman Program Coordinators

Table 2.1 [NY]: LLTCOP Coordinator position employment hours per week (**N=39**)

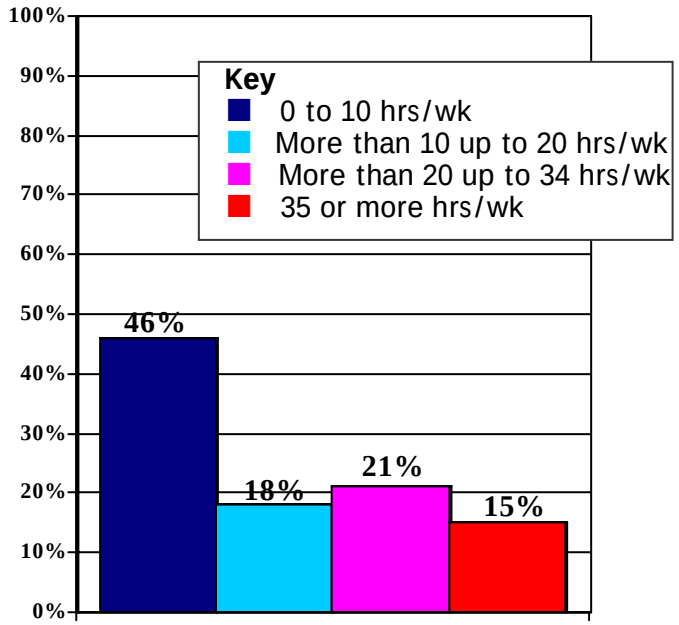


Table 2.2 [NY]: Years of Experience as an Ombudsman (**N=39**)

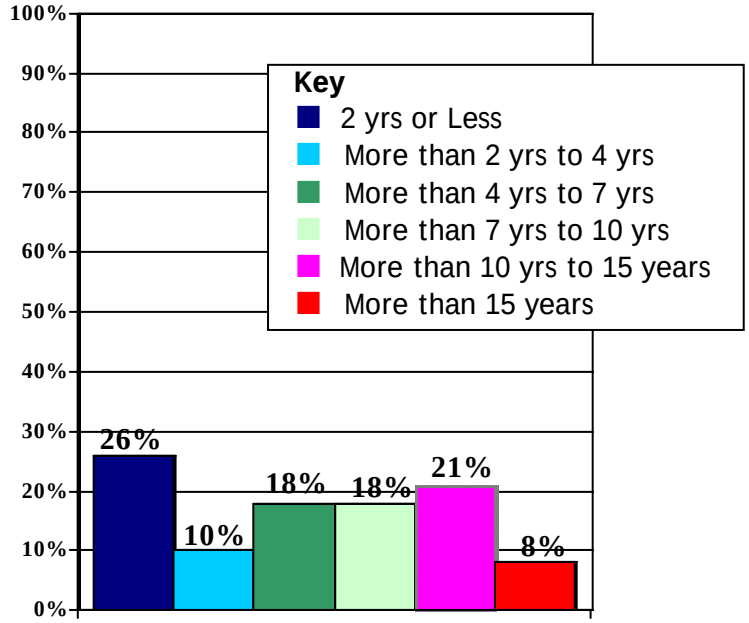


Table 2.1 [NY]: The majority of New York LLTCOP Coordinators worked as Ombudsmen in a Part-Time capacity, while approximately 15% (n=6) of Program Coordinators reported holding Full-Time responsibility as Ombudsmen.

- **Among the 34 Ombudsman Program Coordinators who reported working Part-Time the average hours worked per week was approximately 12 ¼ hours.**

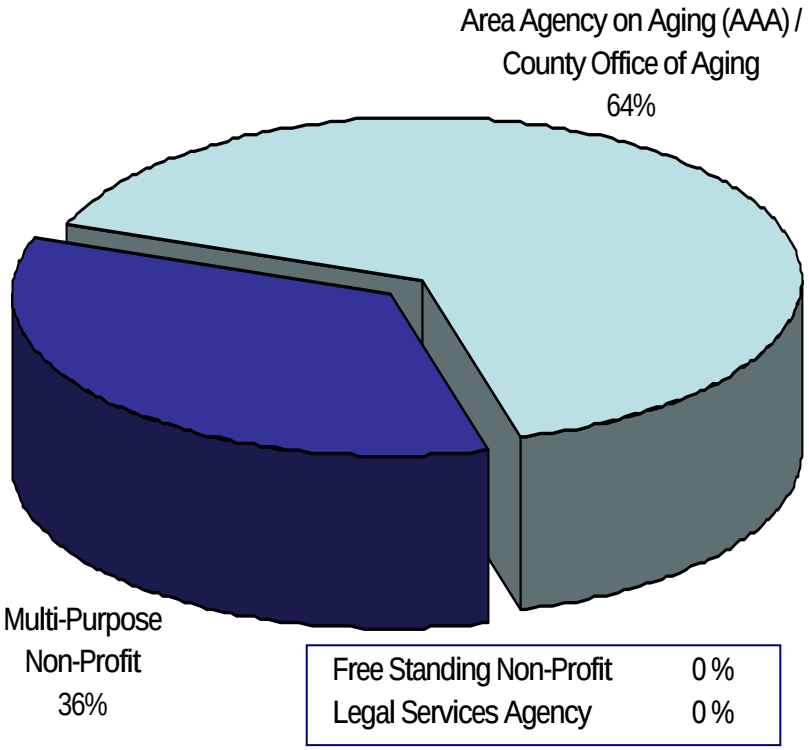
Table 2.2 [NY]: The majority of New York LLTCOP Coordinators reported having more than four years of experience in their current positions with the average being nearly eight years.

- **Nearly 30% of ombudsmen reported having 10 or more years of experience as program coordinators; while slightly more than one-quarter had two years or less in their current positions.**

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 2.1** : A.3/A.4 ; **Table 2.2**: A.2]

Location of Local LTC Ombudsman Programs

Table 2.3 [NY] : Location of LLTCOPs (**N=39**)



Free Standing Non-Profit	0 %
Legal Services Agency	0 %

(

My personal mission is to ensure the rights of residents in LTC facilities are respected. Mainly their dignity and respect- it's their home.

- *New York Local Ombudsman Program Coordinator*

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Table 2.3 [NY]: The majority of New York LLTCOP Coordinators reported their programs were located in Area Agencies on Aging [and/or County Departments of Aging]. Slightly more than one-third, of Coordinators indicated their programs were hosted in Multi-purpose Non-Profit Agencies.

Notes: Complete Data Table [NY]s Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 2.3**: B.1]

Staffing of local Long-Term Care Ombudsman Programs

Table 2.4 [NY]: Number of Paid Program Staff (FTEs) (**N=42**)

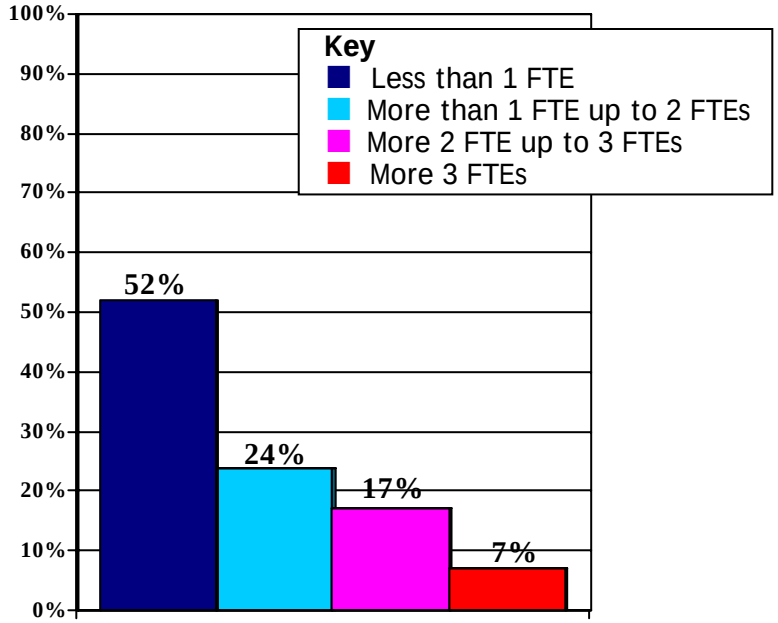

Table 2.5 [NY]: Number of Certified Volunteer Staff (Count) (**N=43**)

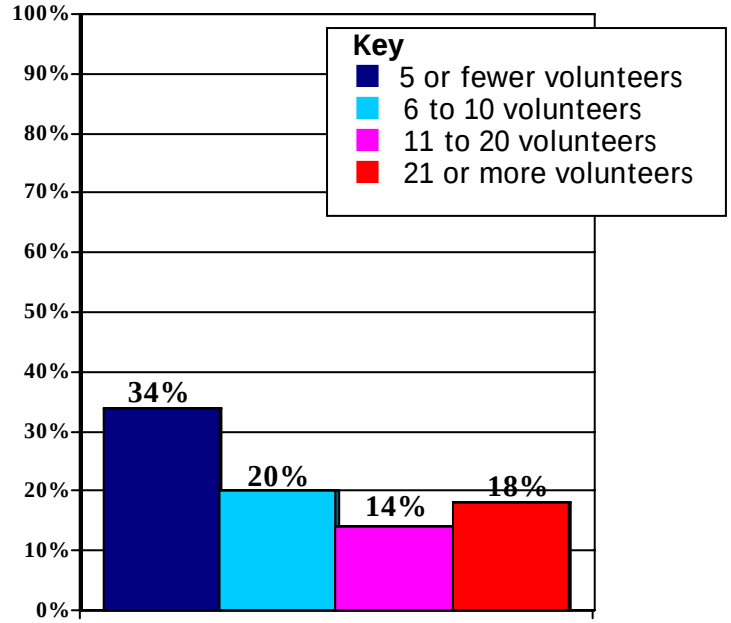

Table 2.4 [NY]: **Preliminary findings indicate the majority of New York LLTCOPs (52% n=22) had less than one Full-Time Equivalent for their program staffing, while almost one-quarter of the programs had between one FTE and two FTE [final data analysis being confirmed].**

Table 2.5 [NY]: **Preliminary findings indicate about one-third of New York LLTCOPs had five or fewer Certified Volunteer Ombudsman, while nearly one-fifth (18%) had more than 20 Certified Volunteer Ombudsmen in their programs. The average number of Certified Volunteers per program was 15, with a total of 670 Certified Ombudsmen across all the local programs FTE [final data analysis being confirmed].**

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Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: NYS Quarterly NORS Reports (FY 2002-2003)
[**Table 2.4** ; **Table 2.5**]

Total LTC Facilities & Total Beds served by Local LTC Ombudsman Programs

Table 2.6 [NY]: Facilities (Nursing Home & Board & Care) served by LLTCOPs (**N=42**)

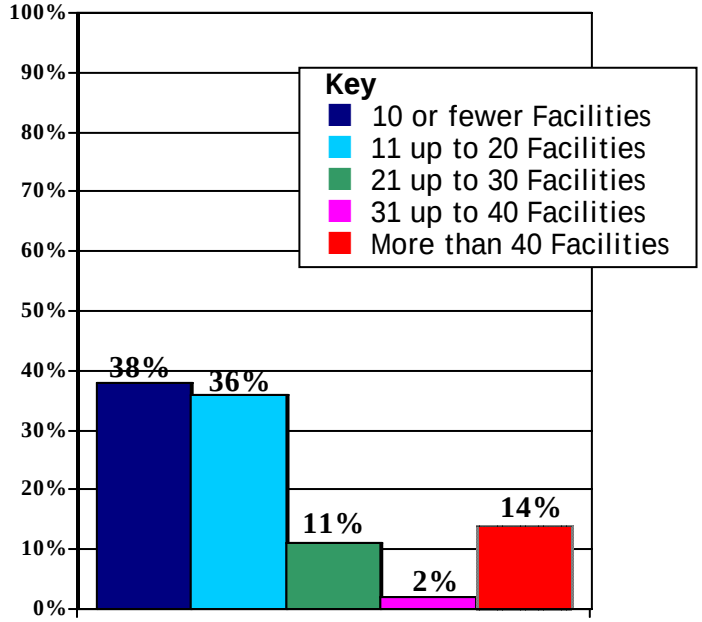

Table 2.7 [NY]: Beds (Nursing Home & Board & Care) served by LLTCOPs (**N=41**)

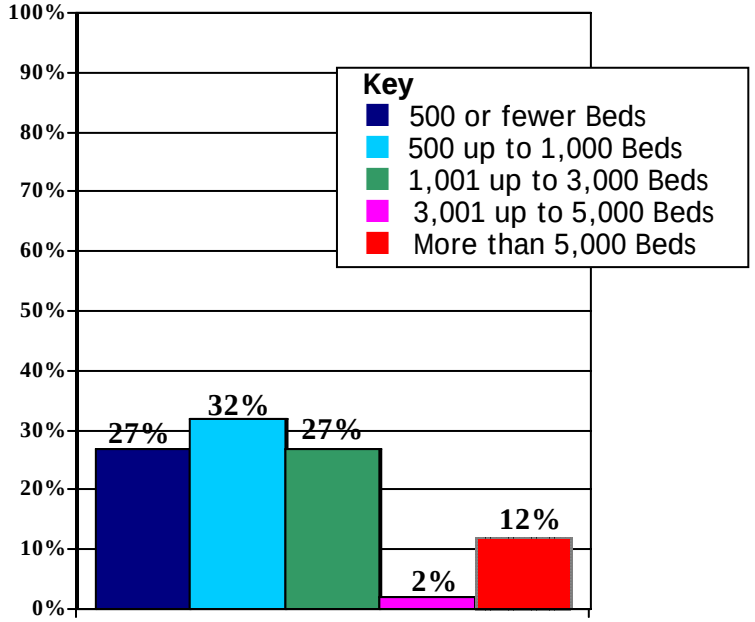

Table 2.6 [NY]: Preliminary findings indicate the New York LLTCOPs, on average, served approximately 20 long-term care facilities (Nursing Home and Board & Care Facilities), representing a total of more than 840 facilities across the state. Approximately, 38% of programs served 10 or fewer facilities in their region, while more than one-fourth of local programs served more than 20 LTC facilities [final data analysis being confirmed].

Table 2.7 [NY]: Preliminary findings indicate the New York LLTCOPs, on average, served more than 2,000 Long-Term Care Facility Beds (Nursing Home and Board & Care Facilities), representing more than 82,250 beds across the state. About 27% of the local programs served 500 or fewer beds in their region, while about 14% served more than 3,000 beds in LTC facilities [final data analysis being confirmed].

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Notes: Complete Data [NY] Tables Available upon Request (UCSF /IHA)
Data Source: NYS Quarterly NORS Reports (FY 2002-2003) [**Table 2.6** ; **Table 2.7**]

Nursing Home Facilities and Beds served by Local LTC Ombudsman Programs

Table 2.8 [NY] : Nursing Home Facilities covered by LLTCOPs (**N=42**)

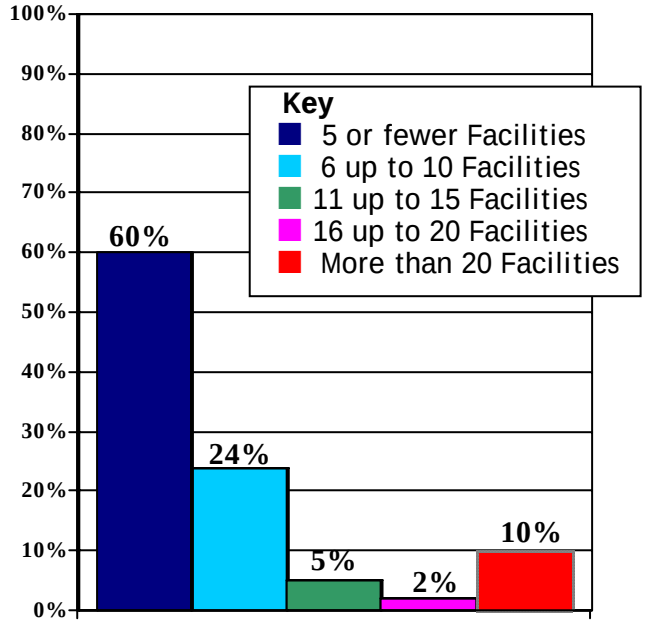

Table 2.9 [NY] : Nursing Home Beds covered by LLTCOPs (**N=41**)

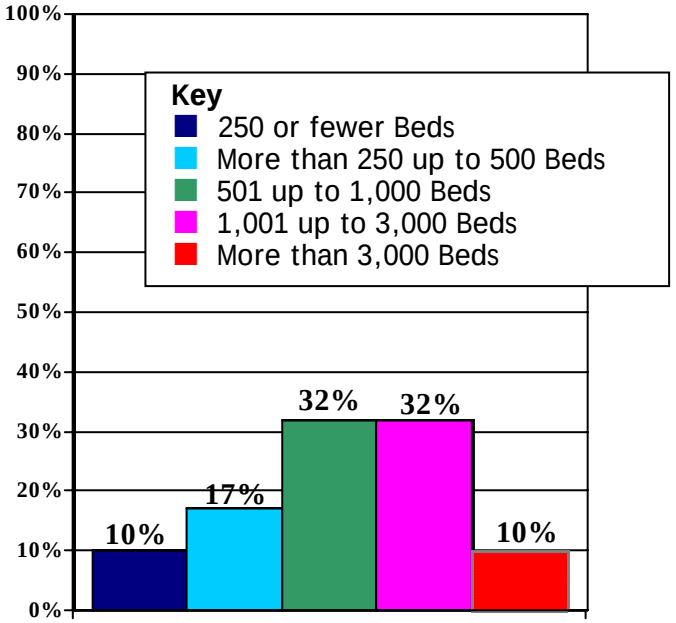

Table 2.8 [NY]: Preliminary findings indicate the New York LLTCOPs, on average, served slightly more than nine Facilities, representing a total of more than 379 facilities across the state. Approximately, 60% of programs covered five or fewer facilities in their region, while 10% of local programs served more than 20 LTC facilities [final data analysis being confirmed].

Table 2.9 [NY]: Preliminary findings indicate, on average, the New York LLTCOPs served more than 1,370 Nursing Home beds, representing more than 56,000 Nursing Home beds across the state. In New York, about 27% of the local Ombudsman programs serving 500 or fewer beds in their region, while about 10% served more than 3,000 beds in LTC facilities [final data analysis being confirmed].

Notes: Complete Data [NY] Tables Available upon Request (UCSF /IHA)
Data Source: NYS Quarterly NORS Reports (FY 2002-2003)
[**Table 2.8** ; **Table 2.9**]

Board & Care Facilities and Beds covered by Local LTC Ombudsman Programs

Table 2.10 [NY] : Board & Care Facilities covered by LLTCOPs (**N=42**)

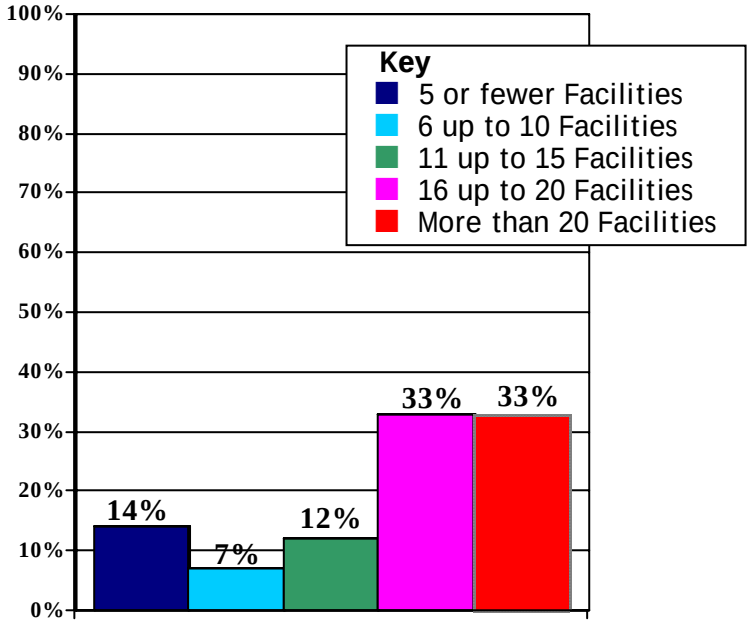

Table 2.11 [NY] : Board & Care Beds covered by LLTCOPs (**N=41**)

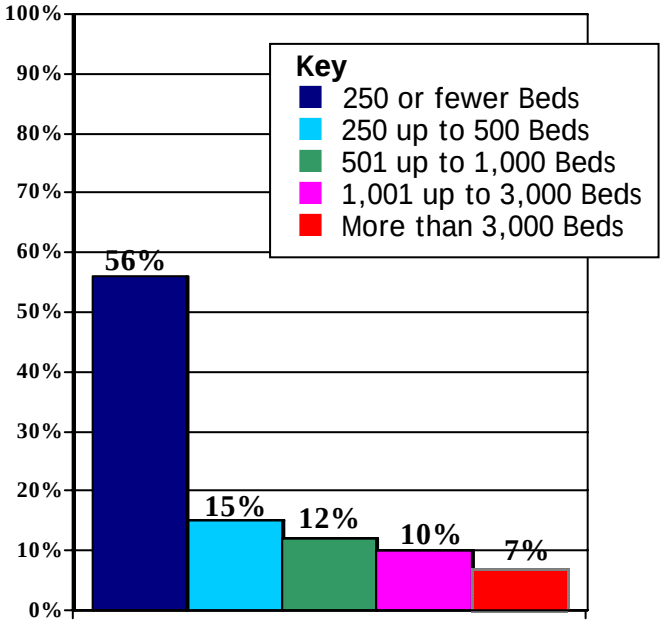

Table 2.10 [NY]: **Preliminary findings indicate New York LLTCOPs, on average, covered approximately 20 Board & Care Facilities, representing more than 840 total facilities across the state. Approximately one-fifth (21%) of the programs covered 10 or fewer facilities in their region, while two-thirds (66 %) of local programs covered 16 or more Board & Care facilities [final data analysis being confirmed].**

Table 2.11 [NY]: **Preliminary findings indicate New York LLTCOPs, on average, covered more than 460 Board & Care Facilities, representing more than 26,000 beds across the state. About 56% of the local ombudsman programs covered 250 or fewer Board & Care beds in their region, while about 17% covered more than 1,000 Board & Care beds [final data analysis being confirmed].**

Notes: Complete Data [NY] Tables Available upon Request (UCSF /IHA)
Data Source: NYS Quarterly NORS Reports (FY 2002-2003)
[**Table 2.10** ; **Table 2.11**]

Complaints Addressed by Local LTC Programs

[NY] Table 2.12: Total Closed Complaints NORS (FY 2002-2003) (**N=43**)

	Nursing Homes	Board & Care
Average	**362**	**55**
Standard Deviation	866	93
Maximum	5,028	533
Minimum	1	0
Sum	15,587	2,348

Table 2.12 [NY]: **Preliminary findings indicate New York LLTCOPs reported an average of 362 complaints annually** (for cases closed during the year)**. This represents a total of more than 15,500 complaints recorded across Local Ombudsman Programs in New York involving Nursing Facilities. The range in recorded complaints across programs was considerable from one to more than 5,000; though approximately half of the programs reported fewer than 100 complaints annually (Median = 100) [final data analysis being confirmed].**

Preliminary findings indicate New York LLTCOPs reported an average of 55 complaints annually (for cases closed during the year) **involving Board & Care Facilities in their region. This represents a total of more than 2,300 complaints recorded across Local Ombudsman Programs in New York involving Board & Care Facilities, however, 16% (n=8;** of the 43 programs for which data was available**) had zero complaints [final data analysis being confirmed].**

Notes: Complete Data [NY] Tables Available upon Request (UCSF /IHA)
Data Source: NYS Quarterly NORS Reports (FY 2002-2003) [**Table 2.12**]

[NY] Table 2.13: Ranking of Closed Complaints by NORS Sub-Groupings (Top 5 Complaint Areas Listed) (FY 2002-2003) (**N=43**)

(Rank 1 = Highest Average Ranked Complaint Area Across Programs).

Overall	NORS Complaint Category Type
1	Care Related
2	Dietary
3	Environment
4	Autonomy, Choice, Rights, Privacy
5	Activities and Social Services

[NY] Table 2.14: Ranking of Closed Complaints by NORS Sub-Groupings by Facility Type (FY 2002-2003) (**N=43**)

(Rank 1 = Highest Average Ranked Complaint Area Across Programs).

Nursing Home	NORS Complaint Category Type
1	Care Related
2	Dietary
3	Environment
4	Autonomy, Choice, Rights, Privacy
5	Activities and Social Services

Board & Care	NORS Complaint Category Type
1	Environment
2	Care Related
3	Activities and Social Services
4	Autonomy, Choice, Rights, Privacy
5	Dietary

Table 2.13 [NY]: Preliminary findings indicate The 17 NORS Complaint Category Types [A thru Q] were ranked for each New York LLTCOP for Total Complaints reported for FY 2002-2003. Average rankings of complaint categories were calculated across programs (*Note*: rankings for each local program (large /small) are equally weighted). **Overall, the complaint category ranked highest (***on average, the category most commonly reported with the highest number of complaints within each local program***) was Care Related Complaints (Care Complaints can include:** *accidents; call lights; care plan; contracture; medications; personal hygiene; physician services; pressure sores; symptoms unattended; toileting; tubes; and/or wandering***). Ranked second were Dietary Complaints (Dietary Complaints can include:** *assistance in eating or assistive devices; fluid availability; menu; snacks, time span between meals; temperature (food); therapeutic diet; and/or weight loss due to inadequate nutrition***) [final data analysis being confirmed].**

Table 2.14 [NY]: Preliminary findings indicate the rankings of the 17 NORS Complaint Category Types [A thru Q] for Nursing Facilities and Board & Care Facilities (top 5 categories reported)* for FY 2002-2003. The ranking complaint categories for Nursing Facilities mirrored the total complaint rankings across New York LLTCOPs. Care Complaints were ranked as most common and Dietary Complaints ranked second. Within Board & Care Facilities, ranked highest were Environmental Complaints (Environment can include: *air temperature; cleanliness; equipment/building; furnishings; infection control; laundry; odors; space for activities; and /or supplies & linens***) [final data analysis being confirmed].**

* Average rankings of complaint categories were calculated across programs (*Note*: This process weights the rankings from each local program (large /small) equally).

Notes: Complete Data [NY] Tables Available upon Request (UCSF /IHA)
Data Source: NYS Quarterly NORS Reports (FY 2002-2003)
[**Table 2.13 ; Table 2.14**]

Local Long-Term Care Ombudsman Program Coordinators in New York were asked to describe what they considered to *'the two most pressing issues as presented by Residents and Families of the Nursing Homes and of Board* ***&*** *Care Facilities served by programs…'*

NURSING HOMES

The majority of New York LLTCOP coordinators indicated staffing issues and call lights as the most pressing issues in nursing homes.

Short staffing and due to that there is a lack or care- not answering call bells, not changing, leading to bed sores.

-New York Local Ombudsman Program Coordinator

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Many LLTCOP coordinators also reported the quality of staff in nursing homes, nursing home staff training, and staff turnover in nursing homes as pressing issues. Similarly, the lack of response to call lights reflects a concern for the quality of care in nursing homes.

BOARD & CARE

A notable number of New York LLTCOP coordinators indicated resident care and residents' rights as the most pressing issues in board & care facilities:

Staff giving inappropriate care, especially when talking about those aging in place. Aides giving care they are not qualified to give.

Resident rights…right to choose to go to adult day care or not, how to spend money.

-New York Local Ombudsman Program Coordinators

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Other issues regarding resident care reported by New York LLTCOP coordinators include call lights, medication issues and personal hygiene. Concerns about residents' rights included evictions and discharges, privacy issues and personal choice issues. Dietary issues, both choice and quality, were also a common concern.

Notes: Complete Data [NY] Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [F.1 ; F.2]

Highlights

In this chapter we present data related broadly to program effectiveness and the perceived effectiveness of Local Long-Term Care Ombudsman Programs in New York State.

Data for this chapter were drawn from the Local Long Term Care Ombudsman Survey and National Ombudsman Reporting System (NORS).

Key Issues:

- **All LLTCOP Coordinators in New York reported that their program is at least somewhat effective in complaint investigations. The majority of coordinators reported that their program is at least somewhat effective in the other four federally mandated activities. More than one-third, however, reported that their program is at best somewhat ineffective in legislative and administrative policy advocacy.**
- **All LLTCOP Coordinators in New York reported that their program is at least somewhat effective in nursing homes, and a majority reported their program is at least somewhat effective in board & care facilities (80%).**
- **Preliminary findings indicate the majority of LLTCOP Coordinators in New York resolved more than 60% of the complaints received from or on behalf of nursing home residents, and more than 40% of complaints received from or on behalf of board & care residents [Final data analysis being confirmed] .**
- **More than one-third of LLTCOP Coordinators in New York reported their program needed an increase of 50% or more to their budgets to meet all federal and state mandates. Almost 40% of the coordinators, however, reported no budget increase was necessary.**
- **Half the LLTCOP Coordinators in New York reported their program had sufficient paid staff while half reported they did not have sufficient staff. The majority of program coordinators (59%) reported they did not have sufficient number of volunteer staff.**
- **The majority of LLTCOP Coordinators in New York reported they are able to perform routine duties based on the availability of resources and funds. Yet, at least one-third reported neglecting or partially carrying out the monitoring of laws and regulations, routine visits to board & care facilities, advocating for policy changes, participating in community in addition to resident and family education due to lack of resources.**
- **Approximately three-quarters of LLTCOP Coordinators in New York perceived that there are no additional mandates that add to their workload and no state, laws, regulations or agency agreements that conflict with their ability to perform their mandated duties.**
- **Over three-quarters of LLTCOP Coordinators in New York indicated that their program was recognized as a priority by their host agency.**
- **Overall, LLTCOP Coordinators in New York rated their overall relationships with other specified agencies/organizations favorably. Program relationships with '*Nursing Home Providers*' were universally rated by coordinators as positive, while an overwhelming majority also rated their relationship with the *'State LTC Ombudsman Program'*, *'Area Agency on Aging (AAA)'* positively.**
- **On average, LLTCOP Coordinators in New York rated training in specific identified topic as average or above. Training in '*Complaint Investigation in Nursing Homes*' was universally rated as average or higher.**

Local Long-Term Care Ombudsman Program Coordinators in New York State were asked to describe barriers to effectiveness they face…

I have no time to do much more than maintaining the status quo.

It is a time constraint more than anything else.

The program suffers from lack of funding.

I really do not think that I am as effective as I could be. There is not sufficient time to do the program- other tasks are my priority.

[We] don't have the staff, resources, or funding. We do the best we can to band-aid what we can here.

- New York Local Ombudsman Program Coordinators

Table 3.1 [NY]: Self Rated Effectiveness of LLTCOPs in meeting the specific federally mandated requirements? **(N=39)**

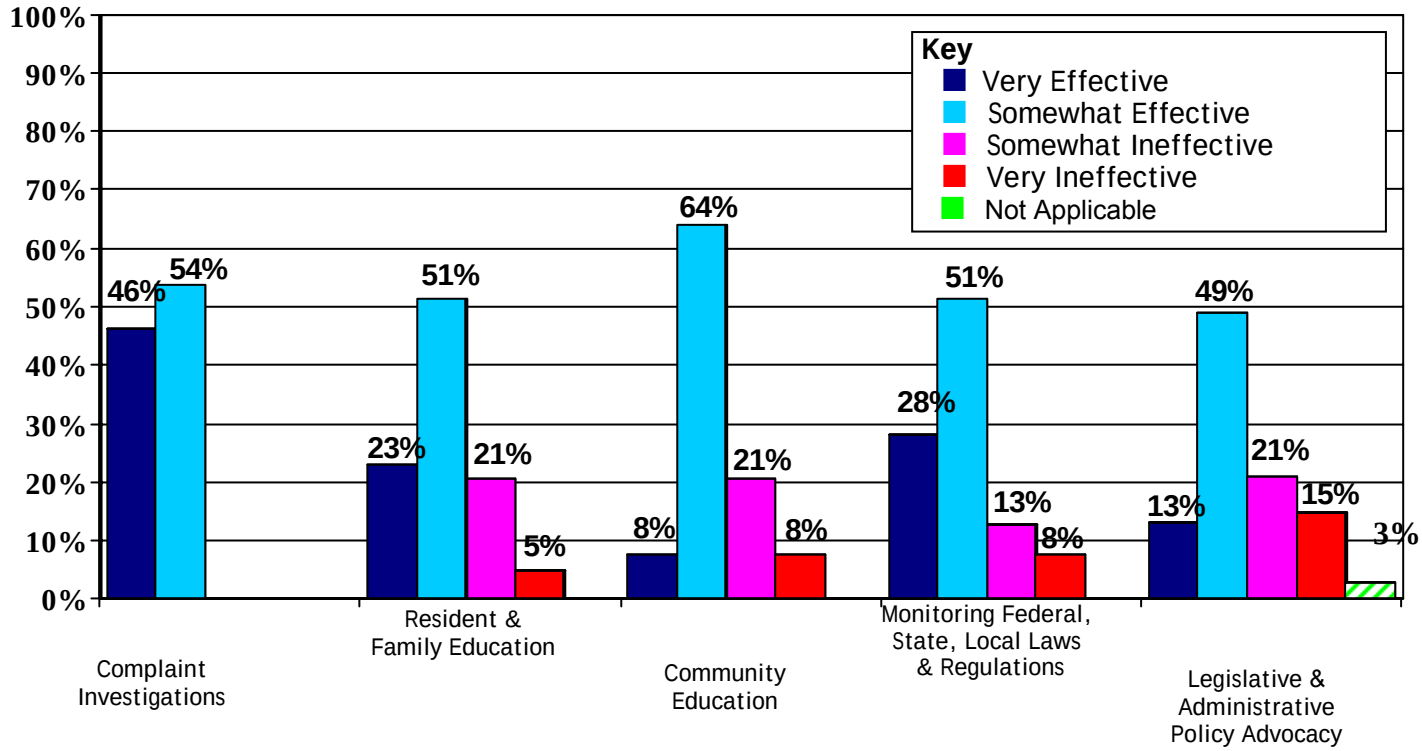

Table 3.1 [NY]: All LLTCOP Coordinators in New York reported that their program is at least somewhat effective in complaint investigations. The majority of coordinators reported they are at least somewhat effective in the other four federally mandated activities. More than one-third, however, reported that their program is at best somewhat ineffective in legislative and administrative policy advocacy.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 3.1**: C.1a – C.1e]

Table 3.2[NY]: Self Rated Effectiveness of LLTCOPs in Nursing Home Settings and Board & Care settings. (**N=39**)

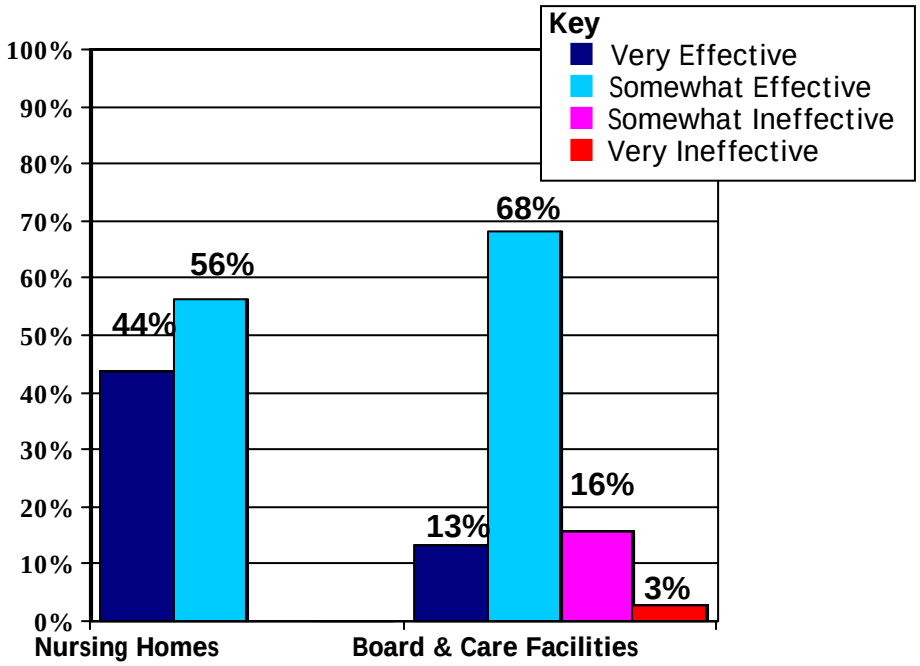

Table 3.3 [NY]: Grouping of LLTCOPs by percentage of closed complaints resolved to satisfaction of resident or complainant. (NH = **N=41** / B&C **N= 26** (B&C missing include 8 programs with 0 complaints))

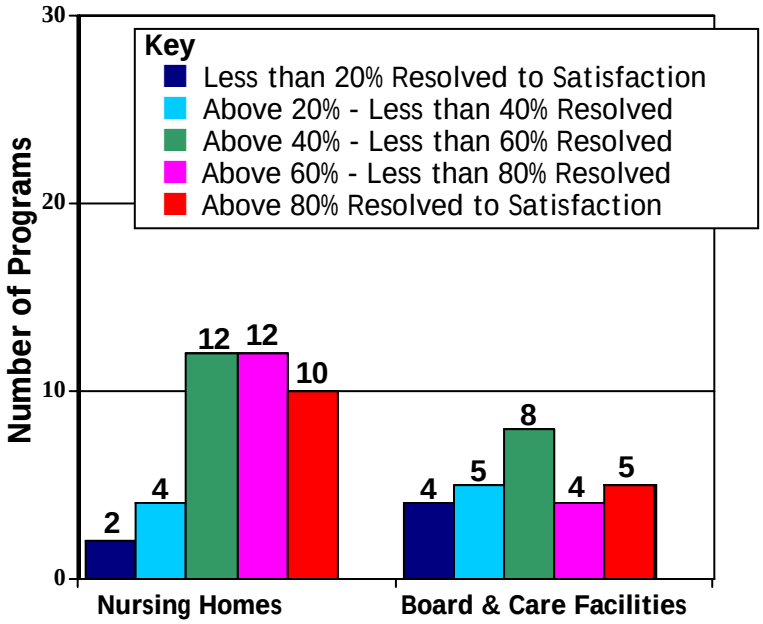

Table 3.2 [NY]: All LLTCOP Coordinators in New York reported that are at least somewhat effective in nursing facilities, and a majority reported they are at least somewhat effective in board and care facilities

Table 3.3 [NY]: Preliminary findings indicate In FY 2002-2003, a majority of LLTCOPs in New York reported that at least 60% of the complaints involving Nursing Home residents were resolved to the satisfaction of the resident or complainant (55% , n=22) with 25% (n=10) of these programs reporting resolution rates 80% or higher. Nearly two thirds (65%; n=17) of Ombudsman Programs in New York State reported that at least 40% of the complaints involving Board & Care residents were resolved to the to the Satisfaction of the Resident or Complainant (Note: 8 Local Programs in New York reporting zero (0) complaints in Board & Care settings during the FY 2002-2003, these programs were not included in this analysis) [final data analysis being confirmed].

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 3.2**: C.7a - C.7b]
NYS Quarterly NORS Reports (FY 2002-2003) [**Table 3.3**]

Table 3.4 [NY]: Estimated additional funding necessary on an annual basis in order to enable LLTCOPs to meet ALL mandated Federal and State Requirements (In % increase to Annual Budget). (**N=39**)

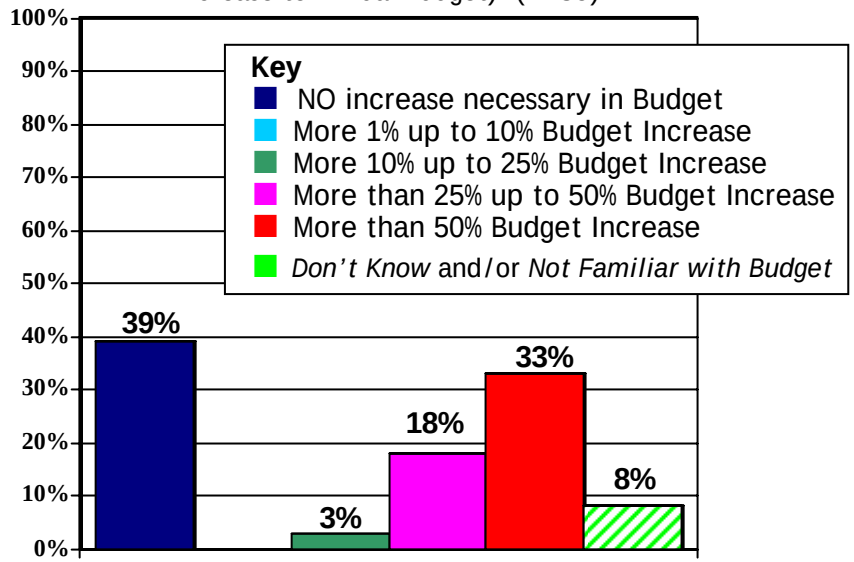

Table 3.5 [NY]: Extent to which LLTCOP Coordinators perceived their LLTCOP to have sufficient numbers of Paid Staff and Volunteer Staff. (**N=38**)

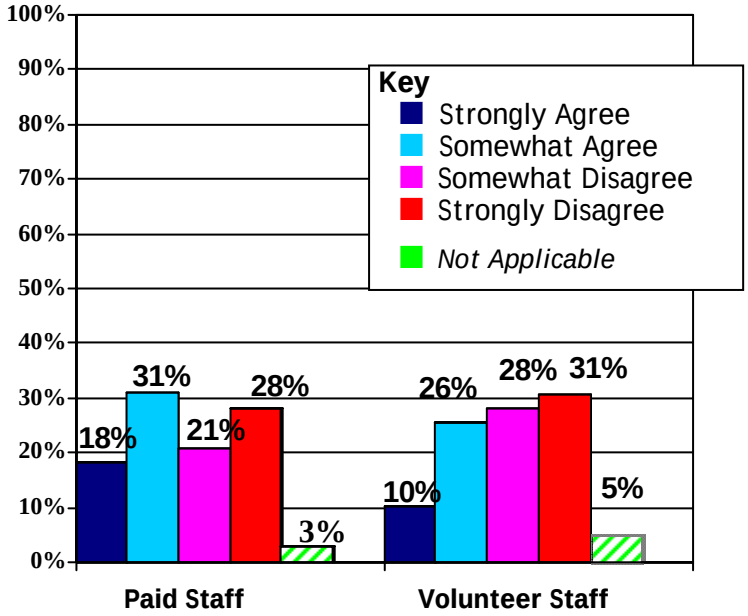

Table 3.4 [NY]: **More than a third of LLTCOP Coordinators in New York reported they needed an increase of 50% or more to their budgets to meet all federal and state mandates. Almost 40% of the coordinators, however, reported no increase was necessary.**

Table 3.5 [NY]: **Half the LLTCOP Coordinators in New York reported their program had sufficient paid staff while half reported they did not have sufficient staff. The majority of program coordinators (50%) reported they did not have sufficient number of volunteer staff.**

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004).
[**Table 3.4** : C.2b; **Table 3.5**: I.1b/I.2b]

Table 3.6 [NY]: Self-Reported LLTCOP activities neglected or partially carried-out because of lack of resources of funds. (**N=39**)

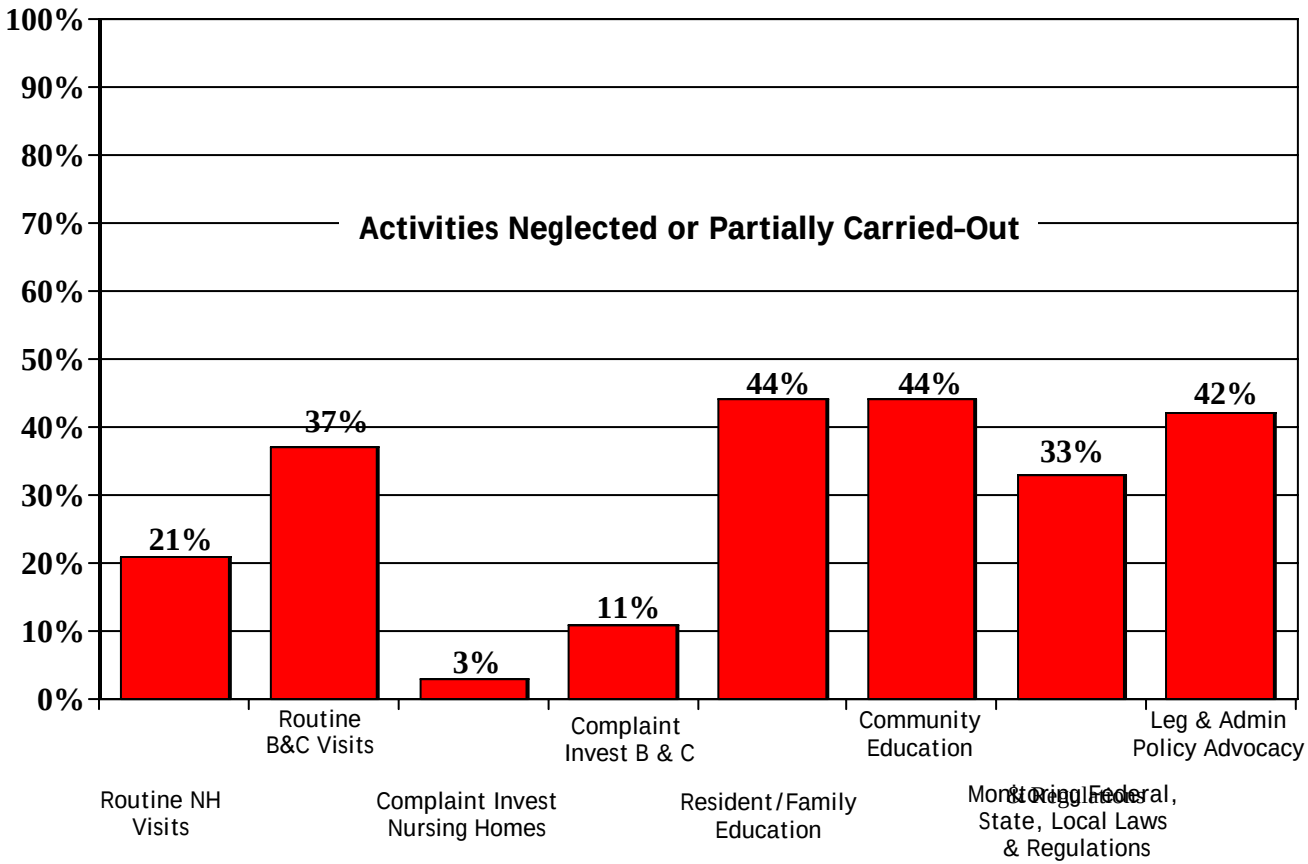

Table 3.6 [NY]: The majority of LLTCOP Coordinators in New York reported they are able to perform routine duties based on the availability of resources and funds. Yet, at least one-third reported neglecting or partially carrying out the monitoring of laws and regulations, routine visiting to board & care facilities, advocating for policy changes, and participating in community in addition to resident and family education due to lack of resources.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 3.6**: C.2b; **Table 3.5**: I.1b/I.2b]

Table 3.7 [NY]: Extent to which LLTCOP Coordinators perceived any (A) any **additional mandates** that added to workload of program or (B) any State Laws, regulations or agency agreements that **conflict** with ability of program to carry-out Federal & State mandates (**N=39**)

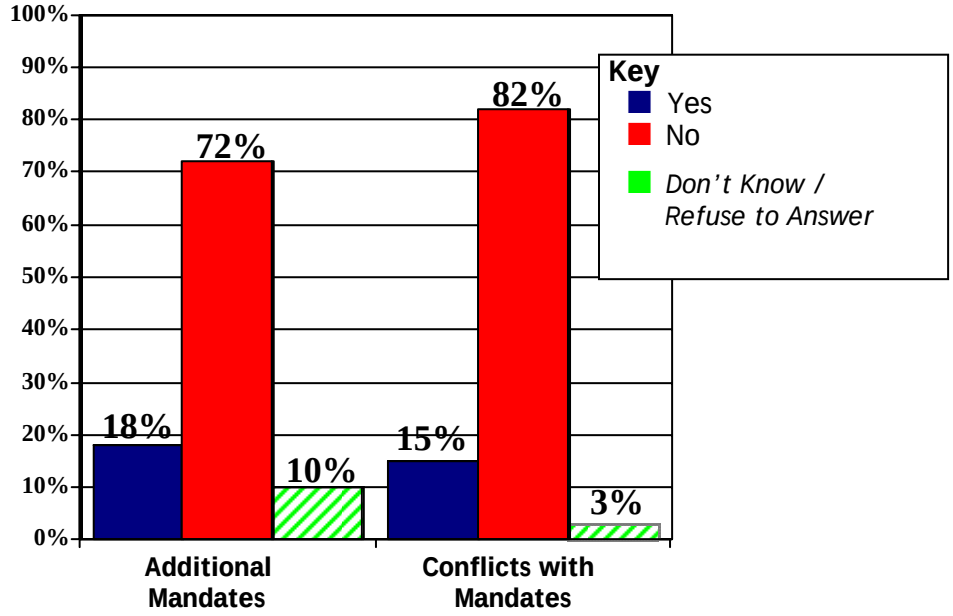

Table 3.8 [NY]: Extent to which LLTCOPs perceived that their LTCOP was recognized as a priority by your host agency (**N=38**).

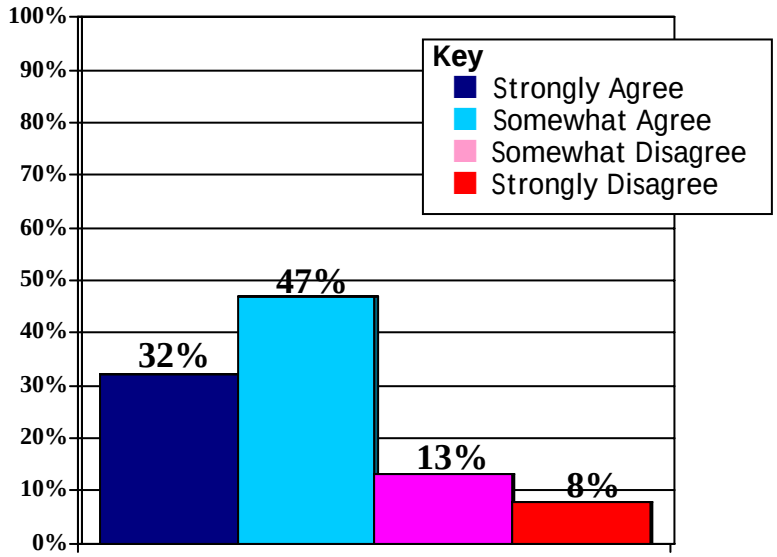

Table 3.7 [NY]: Approximately three-quarters of LLTCOP Coordinators in New York perceived that there are no additional mandates that add to their workload and no state, laws, regulations or agency agreements that conflict with their ability to perform their mandated duties, while a small percentage reported conflicts.

Table 3.8 [NY]: Over three-quarters of LLTCOP Coordinators in New York indicated that their program was recognized as a priority by their host agency, while a small percentage disagreed.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004).
[**Table 3.7** : C.4a – C4.b/C.5a; **Table 3.8**: C.8a]

Table 3.9 [NY]: Extent to which LLTCOP Coordinators perceived a positive relationship with other organizations/agencies. (**N=39**)

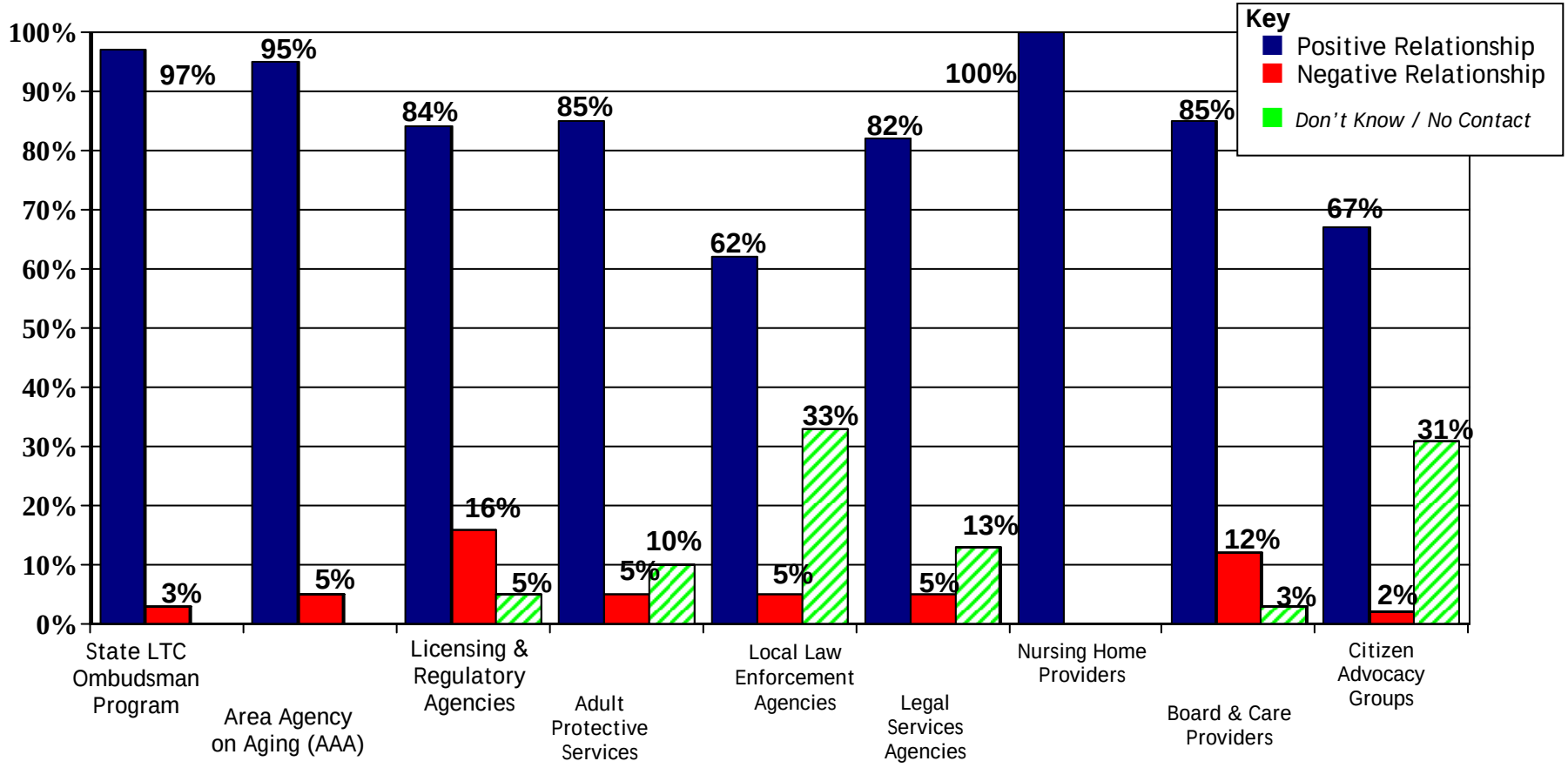

Table 3.9 [NY]: Overall, LLTCOP Coordinators in New York rated their overall relationships with other specified agencies/organizations favorably. Program relationships with '*Nursing Home Providers*' were universally rated as positive. An overwhelming majority also rated their relationship with the *'State LTC Ombudsman Program'*, *'Area Agency on Aging (AAA)'* positively. Ratings of relationships least often reported in positive terms were those involving *'Local Law Enforcement Agencies'* and *'Citizen Advocacy Groups'* (67%), approximately one third of coordinators responded either *"don't know"* or *"no contact"* to these two items. Relationships most often reported as negative involved those with *'Licensing & Regulatory Agencies'* in which 16% of coordinators reported negative relationships.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004).
[**Table 3.9** : D.3a/D.4a/D.4a/D.6a/D.7a/D.8a/D.9a/D.10a/d.11a]

Table 3.10 [NY]: Percentage of satisfactory ratings of training provided in specific content areas for LLTCOP staff members (Paid and Volunteer) (**N=39**)

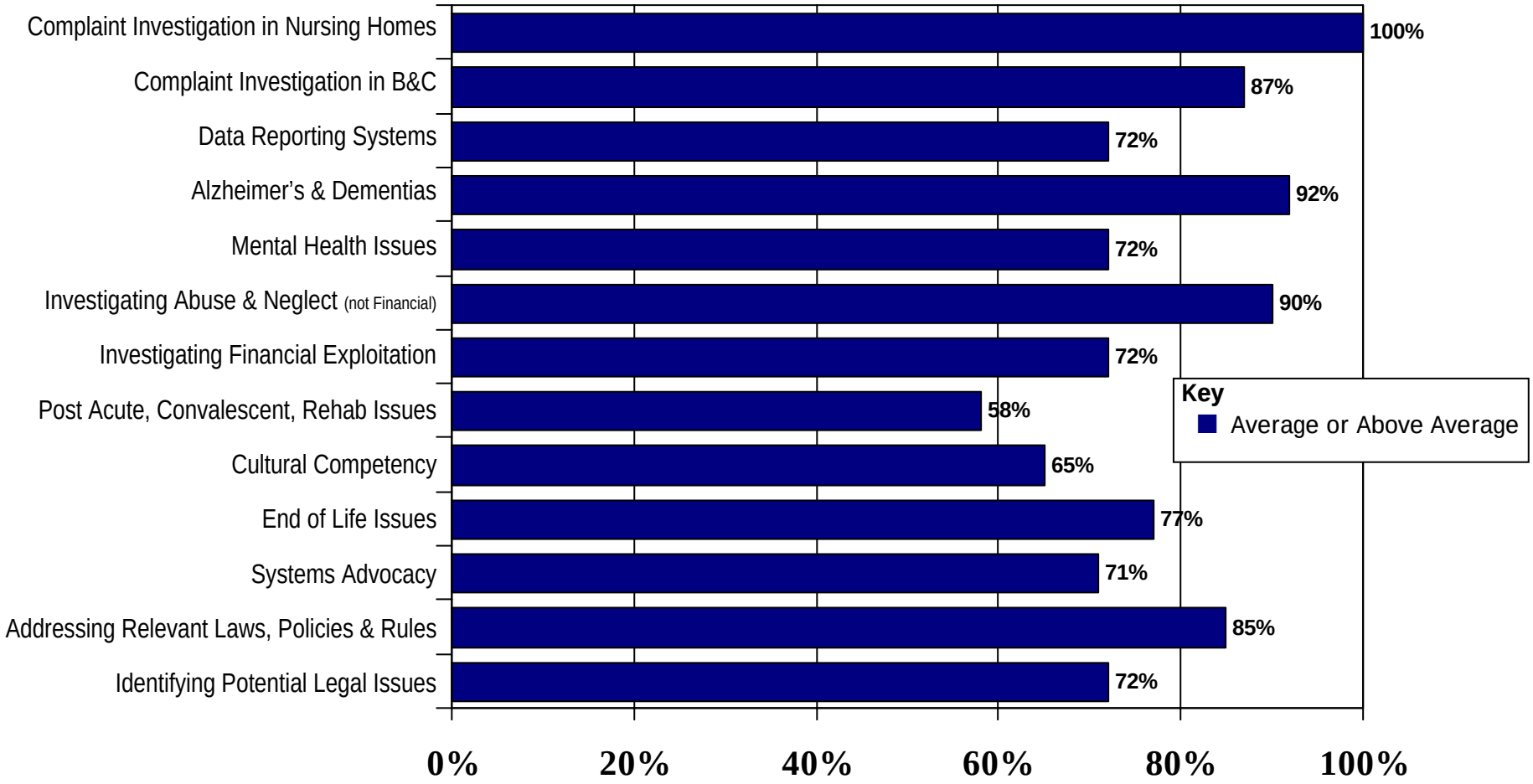

Table 3.11 [NY]: **On average, LLTCOP Coordinators in New York rated training in specific identified topic as average or above. Training in '***Complaint Investigation in Nursing Homes'* **was universally rated as average or higher, while more than three-quarters of coordinators rated training for '***Alzheimer's and Dementias'*, *'Investigating Abuse & Neglect'*, *'Complaint Investigation in Board & Care Facilities'*, **and** *'Addressing Relevant Laws and Policies'* **average or above. Areas in which at least one-third of coordinators did not rate training as at least average included:** *'Post Acute, Convalescent, & Rehabilitation Issues'* **and** *'Cultural Competency'*.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004).
[**Table 3.10** : J.1a – J.1.r – selected items]

Highlights

In this chapter we present data related to specific topic areas in which Local Long-Term Care Ombudsman Programs in New York are engaged. Specifically, we focus on the topics of Elder Abuse, Post-Acute, Convalescent, & Rehabilitative Services, Cultural Competency, End-of-Life Care, Systemic Advocacy, and Legal Services & Support. Data for this chapter were drawn from the Local Long Term Care Ombudsman Survey.

Key Issues:

- **Self-ratings of program effectiveness indicated that most New York LLTCOP Coordinators rated the performance of their LLTCOP in areas of Elder Abuse, Post Acute, Convalescent, & Rehabilitative Care, and End-of-Life Care positively.**
- **In general, New York LLTCOP coordinators rated the quality of training provided to paid staff addressing topics related to Elder Abuse, Post Acute, Convalescent, and Rehabilitative Care, Cultural Competency, End-of-Life Care, Systemic Advocacy and Legal Services and Support as at least average.**
- **Self-ratings by New York LLTCOP Coordinators of the extent to which issues related to Elder Abuse applied to their programs indicated that three-quarters of coordinators indicated their program provided '***Education to Residents & Families abobut Physical Abuse, Gross, Neglect, and Financial Exploitation***', while more than half (64%) of programs disagreed that their program provided '***Training to Long-Term Care Facility Staff targeted Toward Elder Abuse'.***
- **Self-ratings by New York LLTCOP Coordinators of the extent to which issues related to Post Acute, Convalescent, and/or Rehabilitative Services indicated that more than three-quarters (77%) of coordinators responded affirmatively that their program was** *'Regularly Involved with "Short-Term" Residents Receiving Post Acute, Convalescent, and/or Rehabilitative Services'***, approximately two-thirds (67%) disagreed that their program** *'Provides Long-Term Care Facility Staff Training Targeting Post Acute, Convalescent, and/or Rehabilitative Residents'***.**
- **New York LLTCOP Coordinators indicated that their programs engaged in a variety of specified issues related to Post Acute, Convalescent, and Rehabilitative services over the past year, while most coordinators indicated their LLTCOP had been involved with** *'Care Plans'***,** *'Access to Care Issues'***, and** *'Therapies, such as OT/PT'* **for post acute, convalescent, and/or rehabilitative residents, most reported not having involvement in the areas of** *'Managed Care'* **or** *'Hospice Services'* **related to post acute, convalescent, and/or rehabilitative residents.**
- **New York LLTCOP Coordinators indicated that their programs engaged in specified issues related to End-of-Life Care over the past year. While, mixed responses were recorded across programs, most programs had involvement in '***Family Issues and/or Family Mediation'* **(69%) and '***Pain Management'* **(59%).**
- **Self-ratings of New York LLTCOP Coordinators of the extent to which issues related to Cultural Competence applied to their LLTCOPs, indicated that most coordinators reported that their** *'Program Staff Reflected the Ethic and Cultural Backgrounds of the Residents Served'* **and that their programs** *'Train LLTCOP Staff about Ethnic/Cultural Values of Residents'***; though a minority of programs reported having a** *'Formal and Regular Evaluation of the Cultural Competency of their LLTCOP'***.**
- **New York LLTCOP Coordinators indicated that their programs engaged in specified issues related to Systemic Advocacy, as most programs reported involvement in** *'Insuring and Protecting Residents' Rights'* **(85%) and** *'Work to Address Investigations of Abuse & Neglect'* **(74%), while fewer than half of programs reported** *'Communicating on Behalf of Residents to the Media'* **(36%) or '***Work to Preserve/Enhance LTC Licensure or Certification'* **(31%).**
- **An overwhelming majority of New York LLTCOP coordinators reported possessing** *access* **to Legal Services & Assistance for** *Resident Quality of Care and Rights Related Issues* **and for** *Ombudsman Program Related Matters***. Most programs reported having utilized some type of legal service or assistance related to** *Resident Quality of Care and Rights Related Issues* **over the past year, while about one-quarter reported having used legal services for** *Ombudsman Program Related Matters***.**

Elder Abuse – Physical Abuse, Gross Neglect, & Financial Exploitation

Table 4.1 [NY]: Self Rated Effectiveness of LLTCOPs in addressing complaints and concerns related to Elder Abuse. (**N=39**)

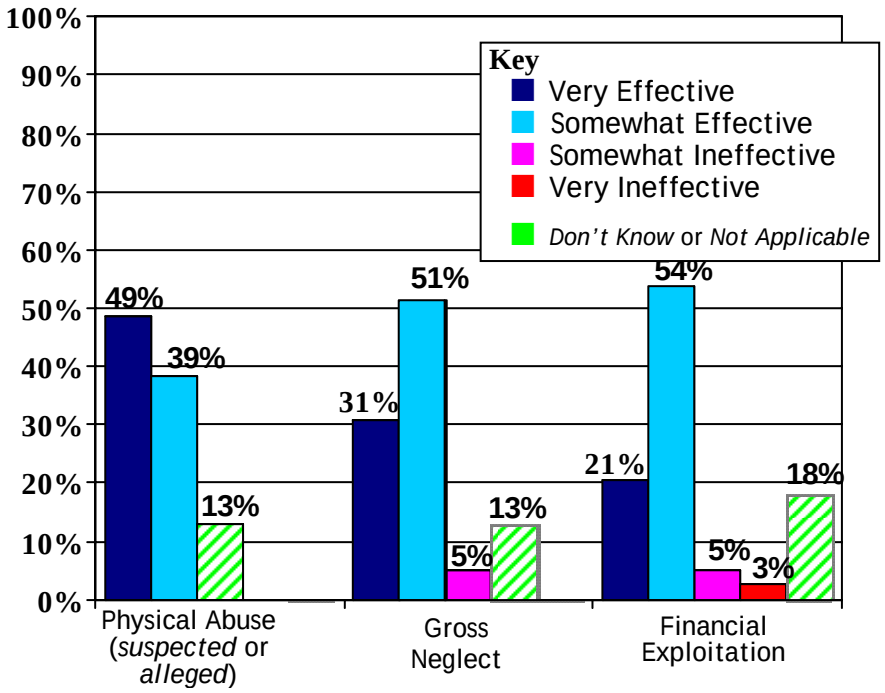

Table 4.2 [NY]: Extent to which characteristics/activities applied to LLTCOPs in issues related to Elder Abuse. (**N=39**)

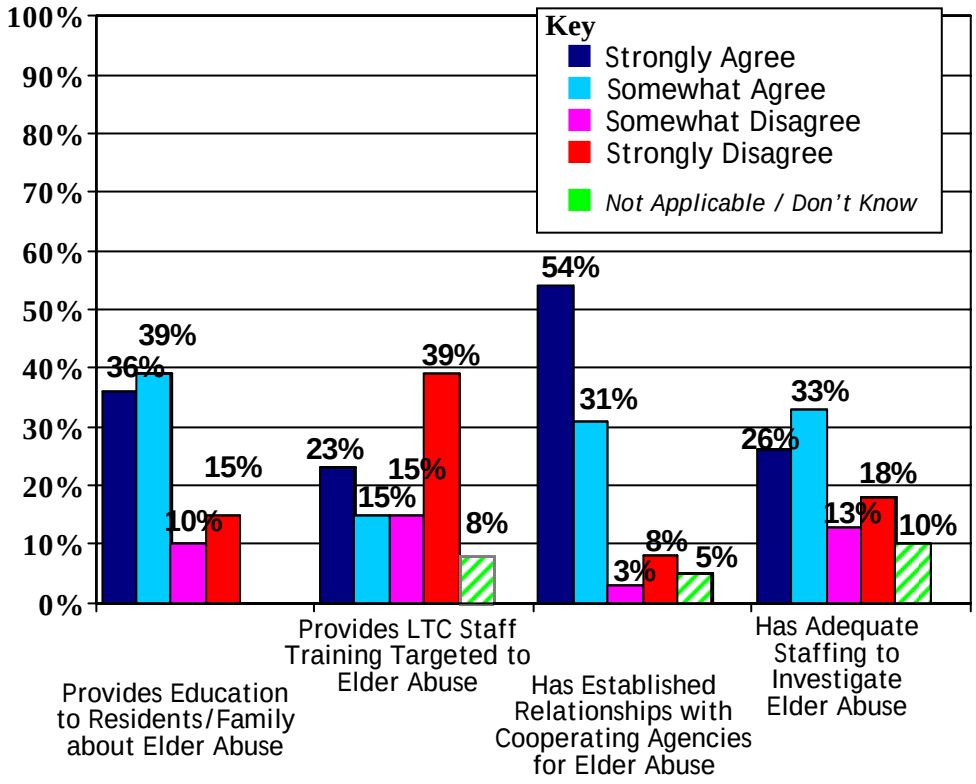

Table 4.1 [NY]: In self-ratings of program effectiveness, the majority of New York LLTCOP Coordinators rated the performance of their LLTCOP in areas of Elder Abuse favorably, as 88% rated their programs effective in addressing complaints related to *'Physical Abuse'*, 82% and 75% made such ratings related to *'Gross Neglect'* and *'Financial Exploitation'*, respectively.

Table 4.2[NY]: Self-ratings by New York LLTCOP Coordinators of the extent to which issues related to Elder Abuse applied to their programs, showed variation across programs and issues. Three-quarters of coordinators indicated their program provided '*Education to Residents & Families about Physical Abuse, Gross, Neglect, and Financial Exploitation*' and most agreed their program '*Has Established Relationships Among Cooperating Agencies to Investigate Elder Abuse'*. Most programs (54%) disagreed that their program provided '*Training to Long-Term Care Facility Staff targeted Toward Elder Abuse'*. Responses among coordinators were varied in response to whether their LLTCOP '*Has Adequate Staffing to Investigate Abuse'*.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004).
[**Table 4.1** : H.4/H.5/H.6; **Table 4.2**: H.1a - H.1.d]

Table 4.3 [NY]: Ratings of Training for Paid Program Staff of LLTCOPs in areas related to Elder Abuse (**N=39**)

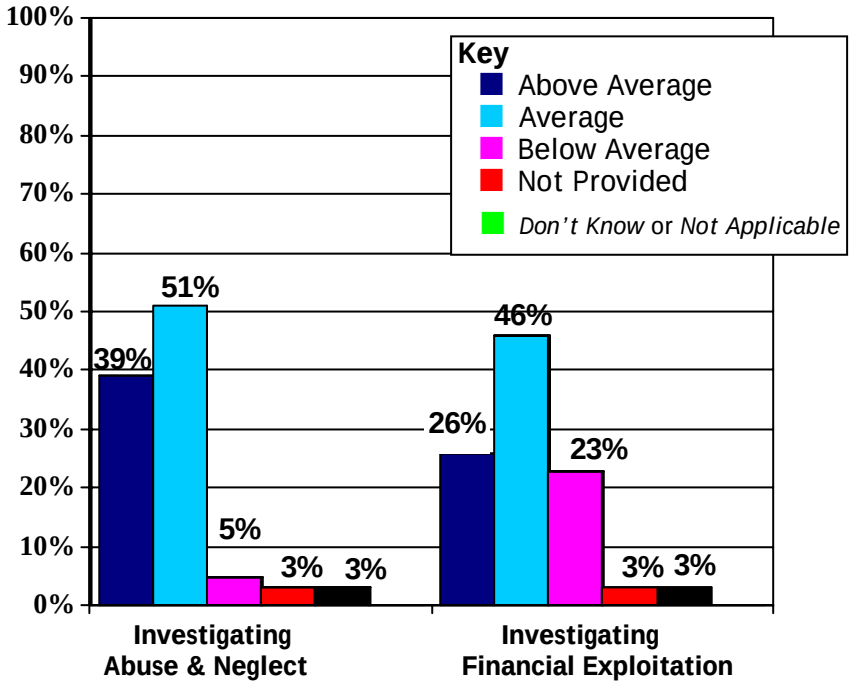

Table 4.3 [NY]: Most New York LLTCOP Coordinators rated the quality of training provided to paid LLTCOP staff focused on topics relating to Investigating Elder Abuse as average or better (90%) and close to three-quarters (72%) of coordinators made similar ratings for *'Financial Exploitation'*.

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Financial exploitation because it is hard to prove it. When you suspect it, you call in other agencies, like APS and law enforcement. Hard to prevent and it is hard to deal with if it is family.

First, it is getting cooperation with facility in the investigation. Secondly, when facility is being investigated the facility assumes it is the ombudsman program that reported it – then we have a difficult relationship [with the facility].

Resident or family refusing to let us pursue matters on their behalf because they are afraid of retaliation.

There is an appearance of lack of interest of agencies. They are non-committal when they receive referrals/complaints.

- New York Local Ombudsman Program Coordinators

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Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.3** : J.1c/J.1d]

Post-Acute, Convalescent, & Rehabilitative Care

Table 4.4 [NY]: Self Rated Effectiveness of LLTCOPs in addressing complaints and concerns related to "Short-Term" Post-Acute, Convalescent, and/or Rehabilitative Services? (**N=39**)

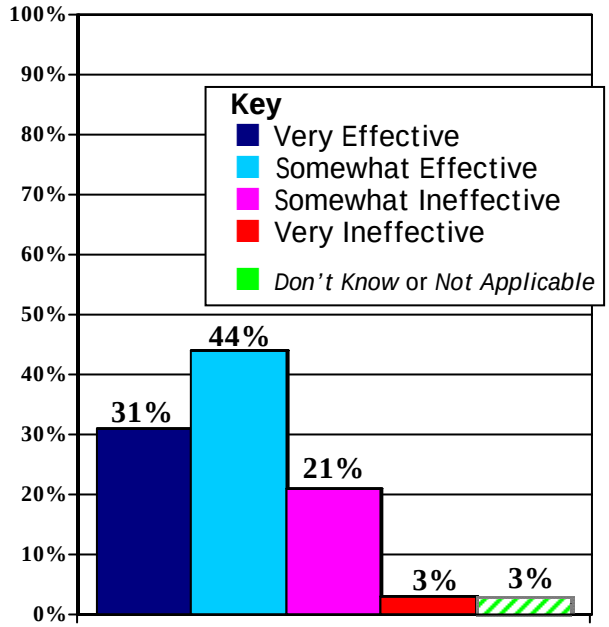

Table 4.5 [NY]: Extent to which characteristics/activities applied to LLTCOPs in areas related to Post-Acute, Convalescent, and/or Rehabilitative Services for "Short-Term" residents ? (**N=39**)

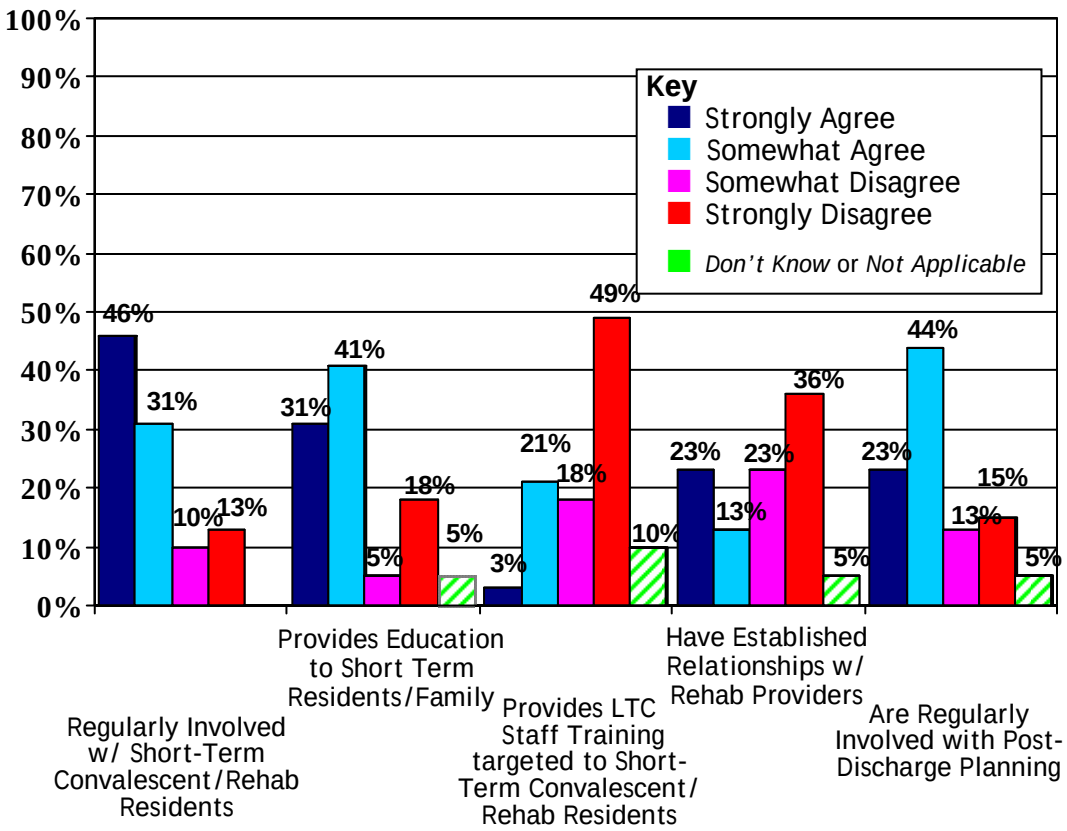

Table 4.4[NY]: In self-ratings of program effectiveness, the majority of New York LLTCOP Coordinators rated the performance of their LLTCOP in areas of Post Acute, Convalescent, and Rehabilitative Care favorably, as three-quarters rated their programs as *'somewhat effective'* or *'very effective'* in addressing any 'short-term" resident needs related to post acute, convalescent, and/or rehabilitative services.

Table 4.5[NY]: Self-ratings by New York LLTCOP Coordinators of the extent to which issues related to Post Acute, Convalescent, and/or Rehabilitative Services applied to their programs, showed variation across programs and issues. While, more than three-quarters (77%) of coordinators responded affirmatively that their program was *'Regularly Involved with "Short-Term" Residents Receiving Post Acute, Convalescent, and/or Rehabilitative Services'*, approximately two-thirds (67%) disagreed that their program *'Provides Long-Term Care Facility Staff Training Targeting Post Acute, Convalescent, and/or Rehabilitative Residents'*.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.4**: G5; **Table 4.5** G.2a - G.2.f]

Table 4.6 [NY]: LLTCOP Involvement in issues related to Post-Acute, Convalescent, Rehabilitative Care in past year. (**N=39**)

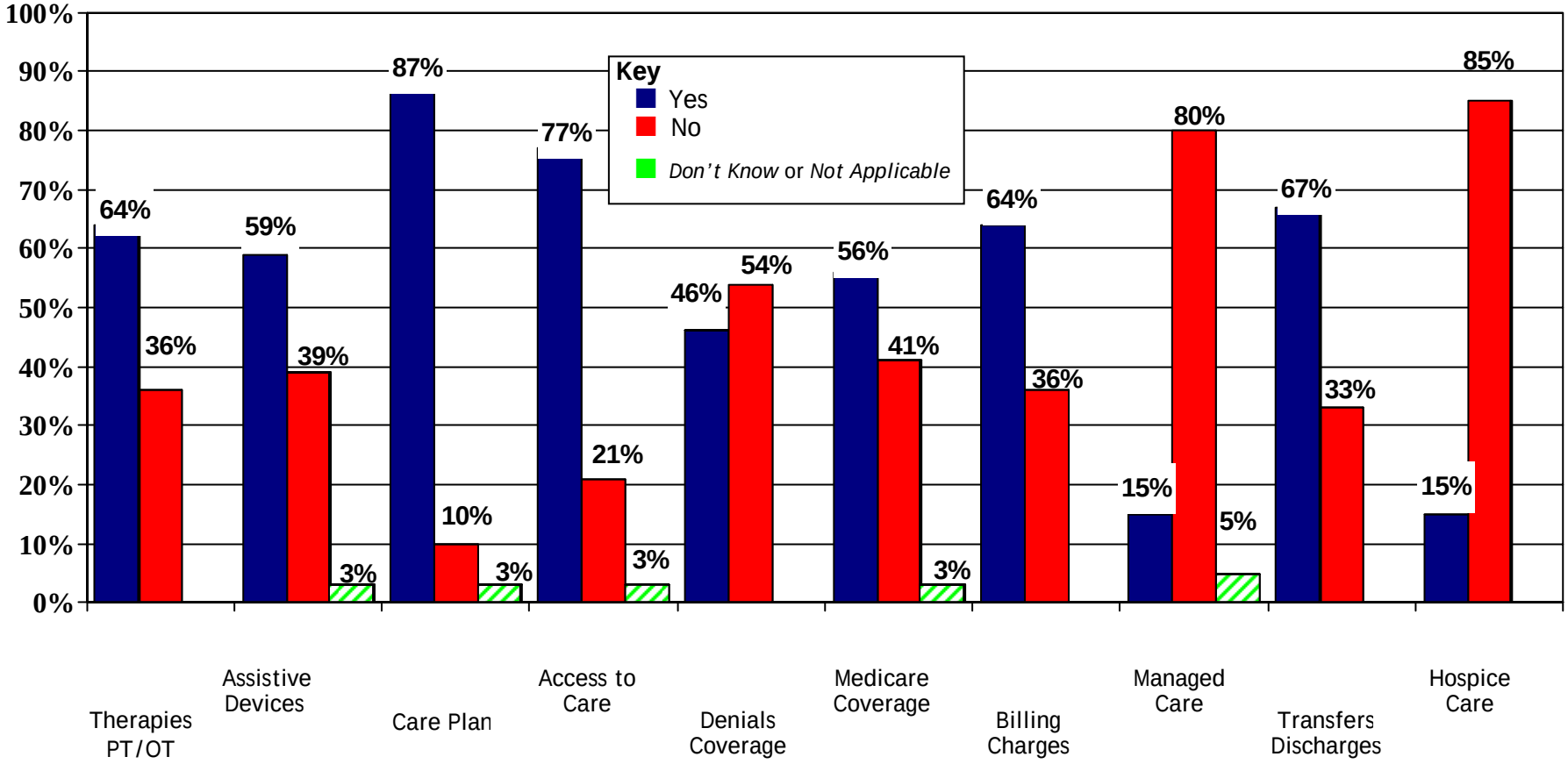

Table 4.6[NY]: New York LLTCOP Coordinators indicated that their programs engaged in a variety of specified issues related to Post Acute, Convalescent, and Rehabilitative services over the past year. No issues were reported unanimously across programs. Most, coordinators indicated their LLTCOP had been involved with *'Care Plans'*, *'Access to Care Issues'*, and *'Therapies, such as OT/PT'* for post acute, convalescent, and/or rehabilitative residents; whereas most programs reported no involvement with *'Managed Care'* or *'Hospice Services'* related to post acute, convalescent, and/or rehabilitative residents.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.6** G.1a – G.1L (selected items)]

Table 4.7 [NY]: Ratings of Training for Paid Program Staff of LLTCOPs related to Post-Acute, Convalescent, Rehabilitative Care. (**N=39**)

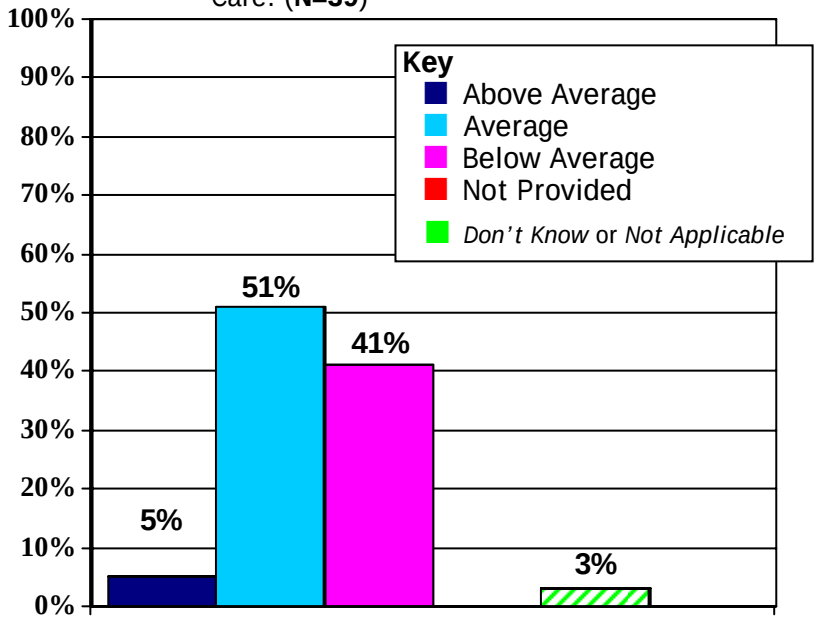

Table 4.7 [NY]: New York LLTCOP coordinators provided mixed ratings of the quality of training provided to paid LLTCOP staff on the topic of Post Acute, Convalescent, and/or Rehabilitative Services. The overall quality of training was rated as *"average"* by more than half (51%) of the coordinators, while 41% of coordinators rated the quality of training as *'below average'*.

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The facility has 21 days to come up with a care plan in a facility that can discharge them in a period shorter than that… their care plan should be developed a lot faster

Having short-term residents rooming with long term residents is actually a problem. It has a negative impact on the long term resident, seeing people moved in and out of their room all the time.

Residents have become younger, mentally ill, and homeless who go in for rehab and have no place to go. Drug abuse, alcohol abuse take up 99% of facility staff time. It is a huge problem.

The problem is that the nursing homes have too many beds available so they try and keep short term rehab residents as long term care residents… they say they can't sent them home because they will drink is alone, of that the family is abusive, things like that.

- New York Local Ombudsman Program Coordinators

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Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.7** : J.1r]

Cultural Competency

Table 4.8 [NY]: Self Rated Effectiveness of LLTCOPs in addressing complaints and concerns related to resident's ethnic, cultural, religious, socioeconomic, religious, and/or sexual orientation factors. (**N=39**)

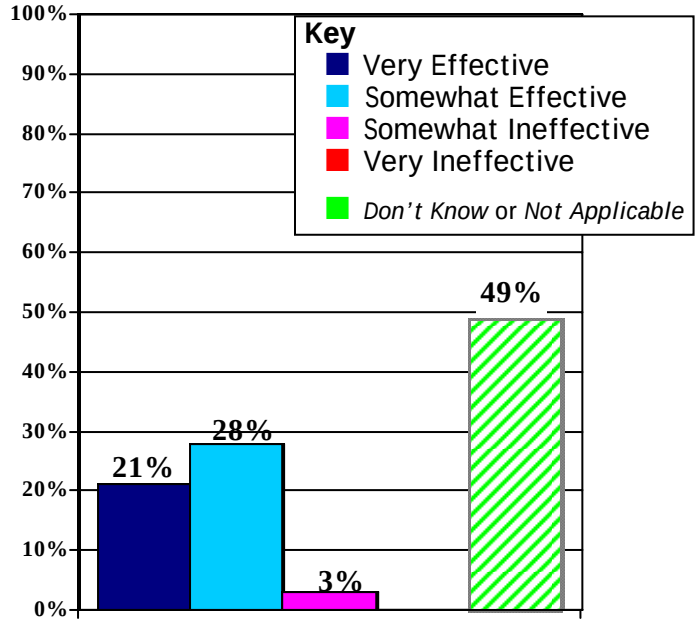

Table 4.9 [NY]: Extent to which characteristics/activities applied to LLTCOPs in addressing issues related to Cultural Competency **(N=39)**

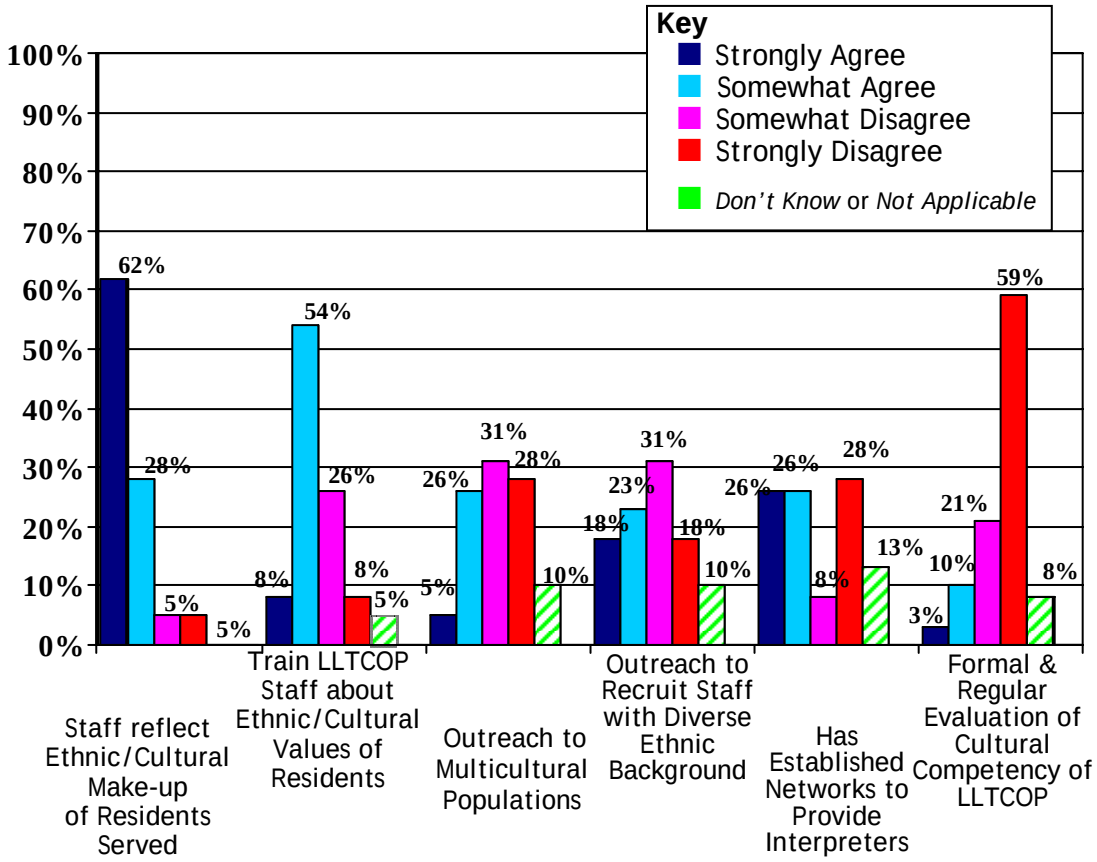

Table 4.8 [NY]: In self-ratings of program effectiveness, nearly half (49%) of New York LLTCOP Coordinators rated the performance of their LLTCOP in addressing complaints and concerns related to Resident's Ethnic, Cultural, Religious, Socioeconomic, and or Sexual Orientation Factors as effective, while an equal proportion indicated either '*Don't Know*' or '*Not Applicable*'.

Table 4.9 [NY]: Self-ratings of New York LLTCOP Coordinators of the extent to which issues related to Cultural Competence applied to their LLTCOPs, varied across program and issue. Most coordinators reported that their *'Staff reflected the Ethic and Cultural Backgrounds of the Residents Served'* and that their programs *'Train LLTCOP Staff about Ethnic/Cultural Values of Residents'*, while a majority reported not having a *'Formal and Regular Evaluation of the Cultural Competency of their LLTCOP'*.

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004).
[**Table 4.8**: K.6; **Table 4.9** K4.a – K4.h – selected items]

Table 4.10 [NY]: Ratings of Training for Paid Program Staff of LLTCOPs in areas related to Cultural Competency. (**N=39**)

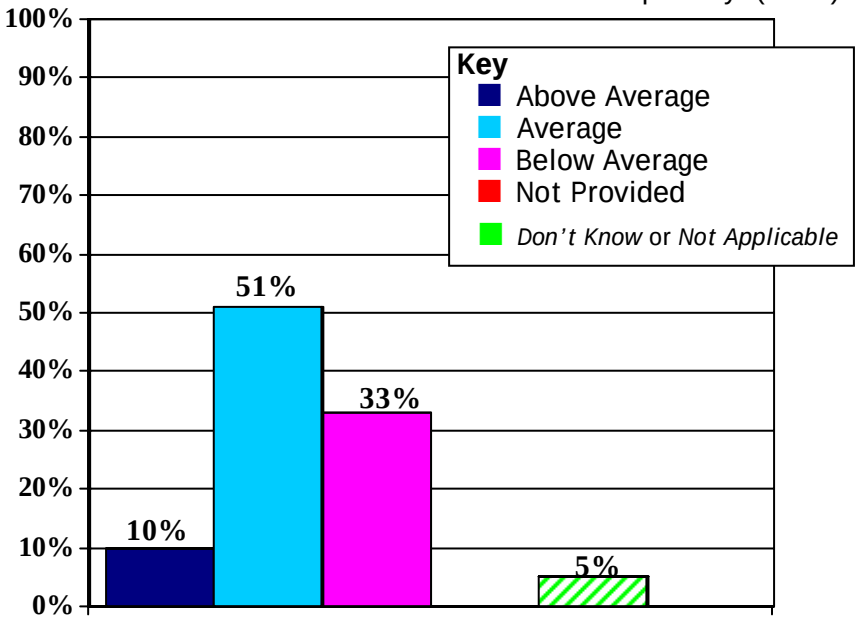

Table 4.10 [NY]: Most New York LLTCOP Coordinators rated the quality of training provided to paid LLTCOP staff addressing the topic of Cultural Competence favorably, as 61% rated this area of training as *'average'* or *'above average'*. However, a third (33%) rated this area of training as *'below average'*.

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This all sounds bad, but we are in much a rural area, the population is not very diverse. We just don't have to deal with these issues.

We don't have those issues raised often. I guess, problems around sexual orientation, that would be the biggest one here, when they do come up, we handle it on a case-by-case basis, and focus on the resident's rights.

We have done in-services on resident rights and respect privacy of sexuality. We have mandated cultural competency training through the agency.

[Facilities] are only required to have 1 person that speaks that language and they cannot be on duty all the time.

- New York Local Ombudsman Program Coordinators

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Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.10:** J.1p]

End-of-Life Care

Table 4.11 [NY]: Self Rated Effectiveness of LLTCOPs in addressing complaints and concerns related to End-of-Life care. (**N=39**)

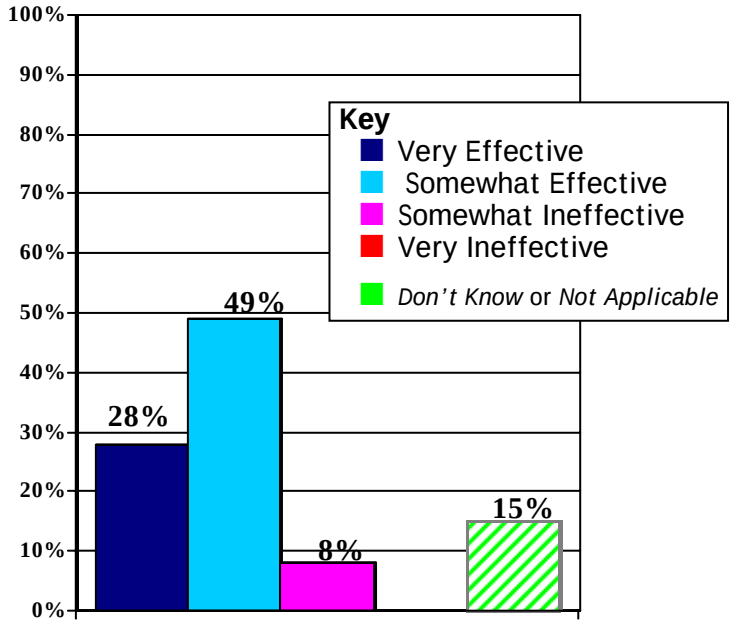

Table 4.12 [NY]: Extent to which characteristics/activities applied to LLTCOPs in addressing issues related to End-of-Life Care (**N=39**)

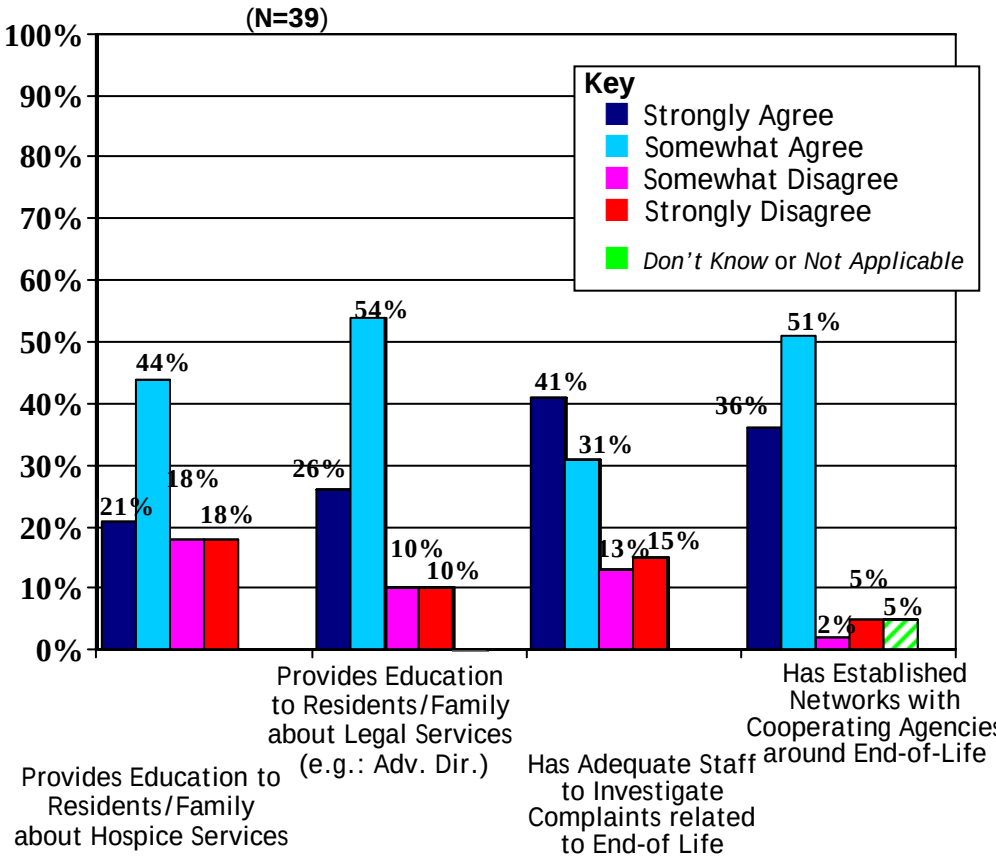

Table 4.11 [NY]: In self-ratings of program effectiveness, the majority of New York LLTCOP Coordinators rated the performance of their LLTCOP in addressing complaints and concerns related to End-of-Life Care favorably, as more than three quarters (77%) reported their program was effective.

Table 4.12 [NY]: Self-ratings by New York LLTCOP Coordinators of the extent to which issues related to End-of-Life Care applied to their LLTCOPs, indicated most programs engaged in a variety of activities. A majority of coordinators responded that their program *'Established Networks with Cooperating Agencies around End-of-Life'(87%),* **'***Provides Specific Education to Residents & Families about Legal Services (such as Advance Directives)***' (80%) or '***Provides Specific Education to Residents & Families about Hospice Services'* **(65%).**

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004).
[**Table 4.11**: L4; **Table 4.12** :L.2a - L.2e – selected items]

Table 4.13 [NY]: LLTCOPs Involvement in issues related to End-of-Life Care over past year. (**N=39**)

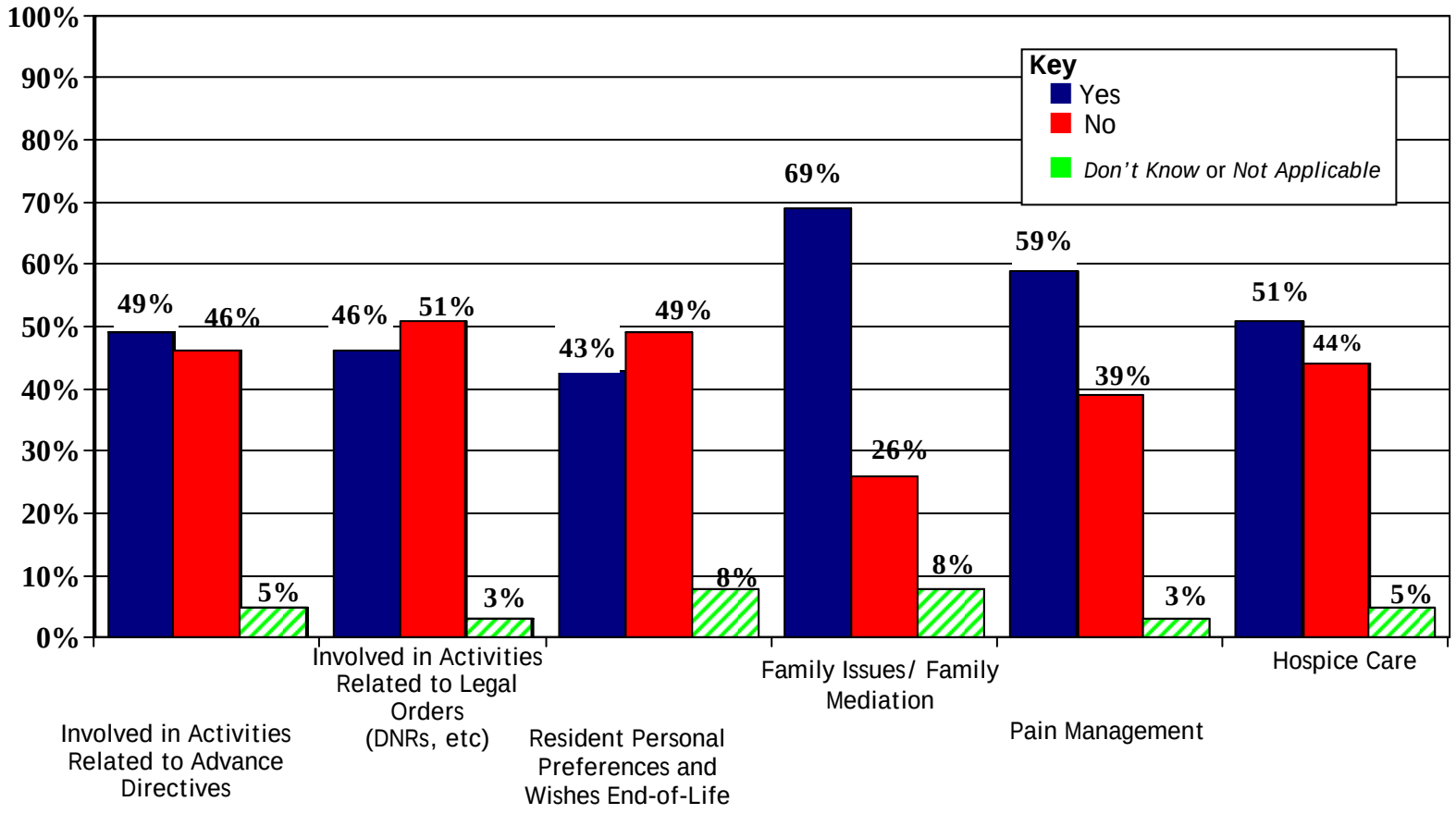

Table 4.13 [NY]: New York LLTCOP Coordinators indicated that their programs engaged in a variety of specified issues related to End-of-Life Care over the past year. Mixed responses were recorded across programs and no areas were universally reported. Most programs reported involvement in '*Family Issues and/or Family Mediation*' (69%) and '*Pain Management*' (59%).

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.13**: L1a-L1h – selected items]

Table 4.14 [NY]: Ratings of Training for Paid Program Staff of LLTCOPs in areas related to End-of-Life Care. (**N=39**)

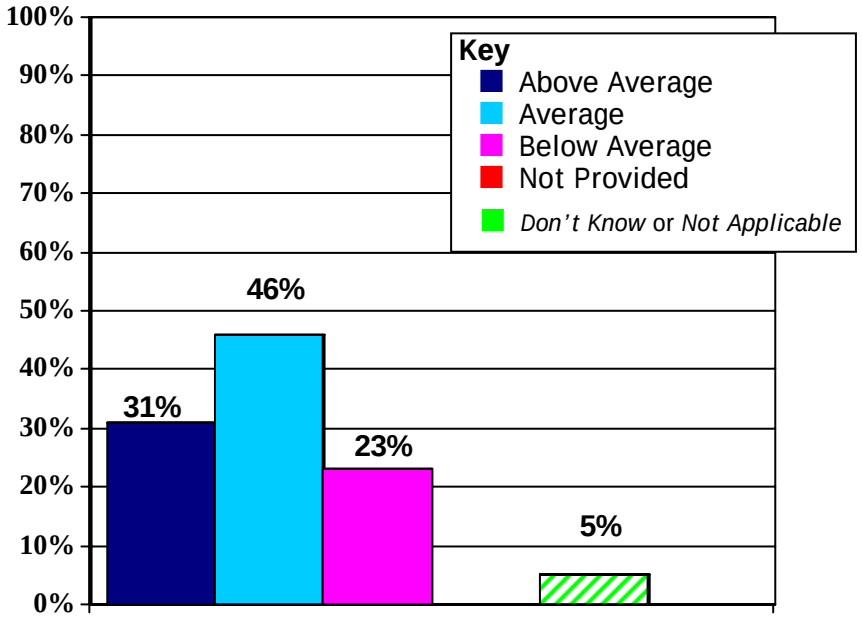

Table 4.14 [NY]: Most New York LLTCOP Coordinators rated the quality of training provided to paid LLTCOP staff addressing the topic of End-of-Life Care as average or above (77%), while almost one quarter (23%) of coordinators rated the quality of training as *'below average'*.

The biggest challenge is to increase awareness of residents and families of their options in regards to end of life care.

Only [some of the] skilled nursing facilities that we have in our area have contracted with hospice. Others have refused because of Medicare payment issues, the turn around time [Medicare payment] is slow and nursing homes can't afford it.

[One of the biggest challenges is] communication with Hospice and LTC facilities and advocating for a resident who is incompetent to make decisions for end of life care.

Greatest obstacle is education of the residents on the need for advance directives. Because of the 'ruralness' of our area it is a 'hand-shake society'. We need to explain that what is verbally said or mutually understood is no longer good – it needs to be in writing.

- New York Local Ombudsman Program Coordinators

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.14**: J1q]

Systemic Advocacy

Table 4.15 [NY]: LLTCOPs Involvement in issues related to Systemic Advocacy over past year. (**N=39**)

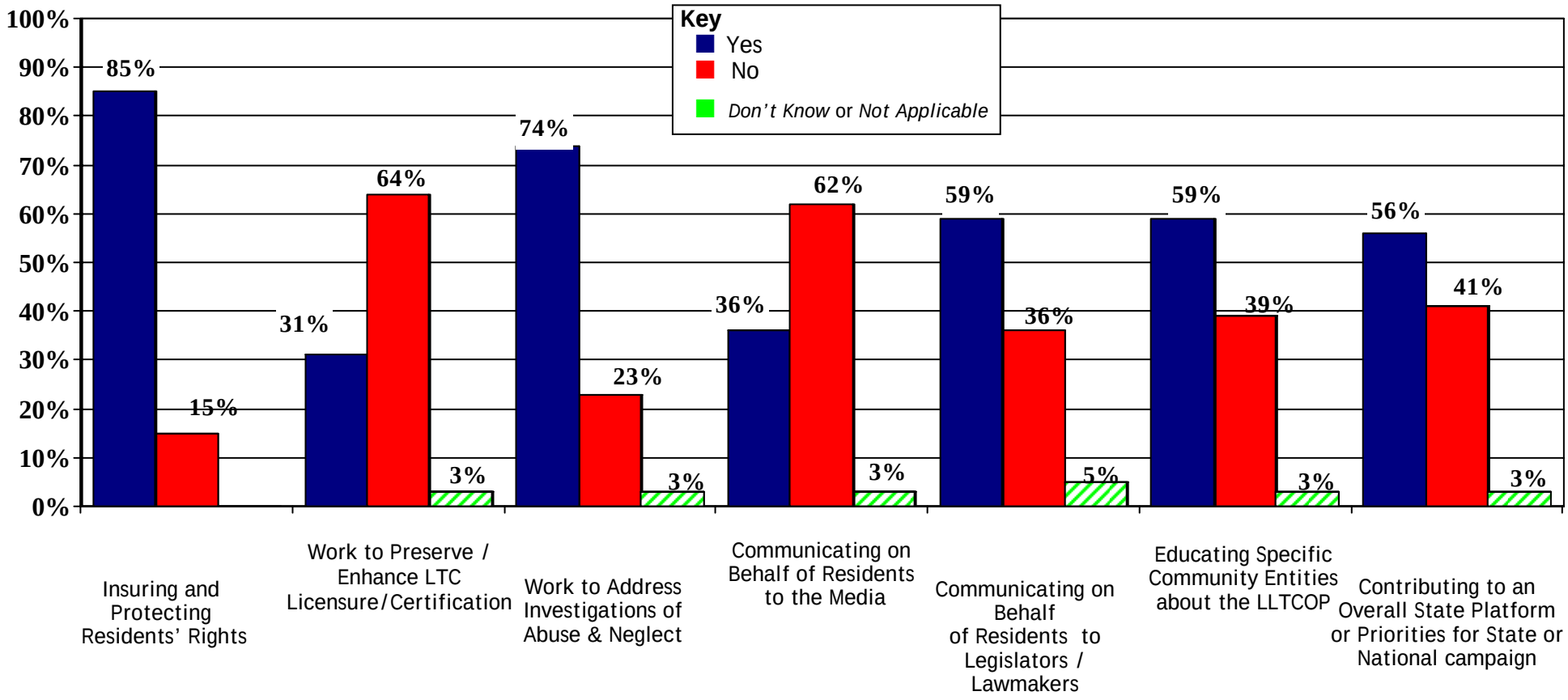

Table 4.15[NY]: New York LLTCOP Coordinators indicated that their programs engaged in a variety of specified issues related to Systemic Advocacy over the past year. Mixed responses were recorded across programs and no areas were universally reported. Most programs reported involvement in *'Insuring and Protecting Residents' Rights'* (85%) and *'Work to Address Investigations of Abuse & Neglect'* (74%), while fewer than half of programs reported *'Communicating on Behalf of Residents to the Media'* (36%) or *'Work to Preserve/Enhance LTC Licensure or Certification'* (31%).

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004).
[**Table 4.15**: M.1a – M.1i – selected items]

Table 4.16 [NY]: Ratings of Training for Paid Program Staff of LLTCOPs in areas related to Systemic Advocacy (**N=39**)

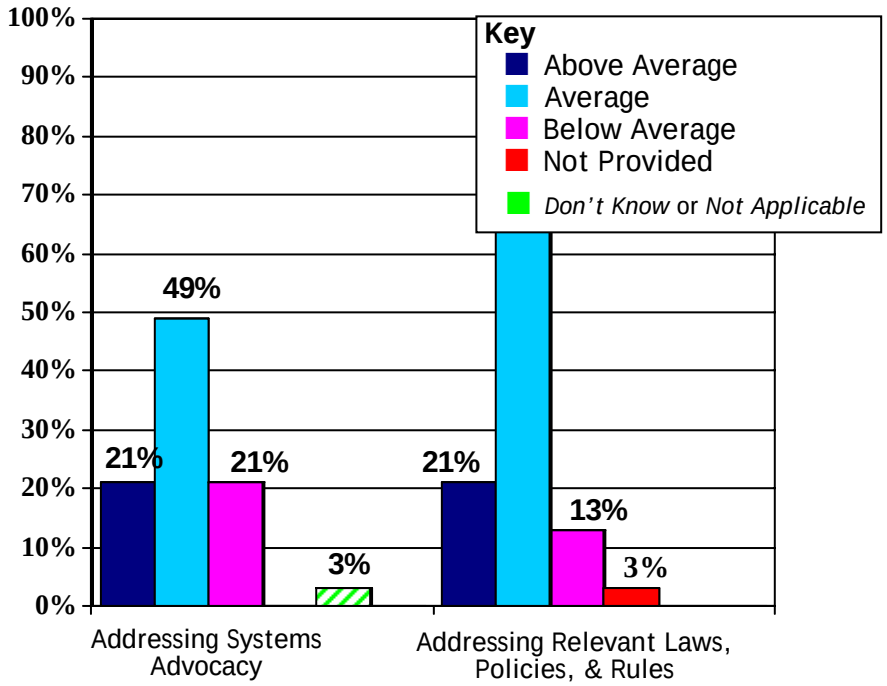

Table 4.16 [NY]: **In general, New York LLTCOP coordinators rated the quality of training provided to paid staff addressing topics related to Systemic Advocacy favorably. The overall quality of training focusing on Addressing Systems Advocacy was rated as *"average"* or *"above average"* by a majority (70%) of the coordinators. Similarly, 85% of coordinators rated training on Addressing Relevant Law, Policies, & Rules as *"average"* or *"above average"*.**

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There is a conflict of interest when the ombudsman program is under the direct supervision of the county area agency on aging. It impedes my function and my ability to do things, including systems advocacy, public education, building relationships with other agencies and coordinating with other ombudsman programs.

- New York Local Ombudsman Program Coordinator

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Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.16**: J.1g/J.1l]

Legal Support & Services

Table 4.17 [NY]: LLTCOPs Access and utilization of Legal Services and Support over past year. (**N=39**)

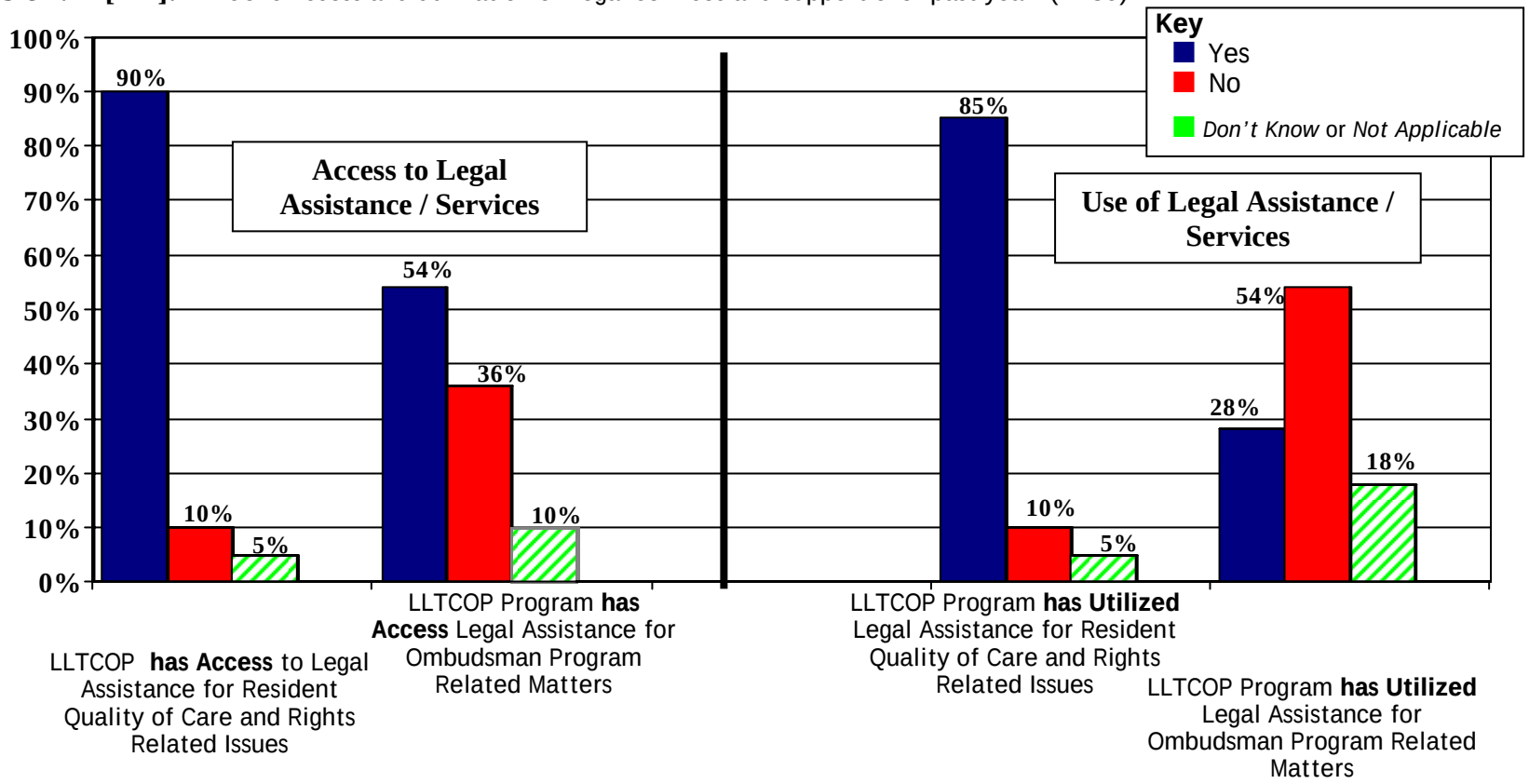

Table 4.17 [NY]: **An overwhelming majority (90%) of New York LLTCOP coordinators reported '***Access to Legal Assistance for Resident Quality of Care and Rights Related Issues'***, a majority (54%) also reported that their program** *'Has Access to Legal Assistance for Ombudsman Program Related Matters (including access to records or facilities, review of program contracts, documents and agreements)'***. Most programs (85%) reported having utilized some type of legal service or assistance related to '***Resident Quality of Care and Rights Related Issues'* **in the past year, while about one-quarter (28%), reported having utilized legal services for '***Ombudsman Program Related Matters'***.**

Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.17**: E.3a/E.3b/E.4a/E.4b]

Table 4.18 [NY]: Ratings of Training for Paid Program Staff of LLTCOPs areas related to Identification of Potential Legal Issues. (**N=39**)

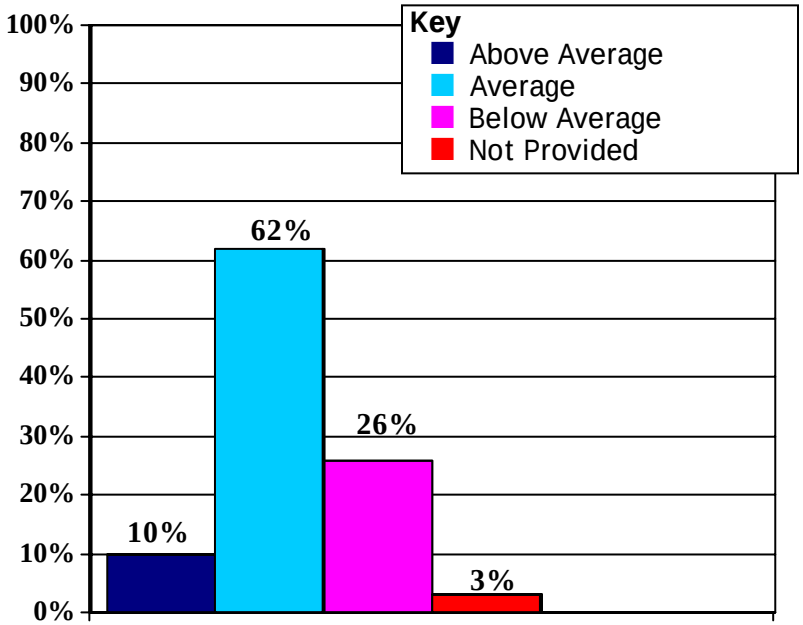

Table 4.18 [NY]: Most LLTCOP coordinators rated the quality of training provided to paid LLTCOP staff relating to the topic of Legal Services, specifically '*Identification of Potential Legal Issues*" as *"average"* or *'above average'*, while more than one quarter (29%) of coordinators rated the quality of training as *'below average'* or *'not provided'*.

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[Legal Services] resources available are limited.

I have used Legal Services a few times but it is so limited. In our area they [Legal Services} do not have enough services available

- ***New York Local Ombudsman Program Coordinators***

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Notes: Complete Data Tables Available upon Request (UCSF /IHA)
Data Source: LTCOP Survey (2004). [**Table 4.18**: J.1m]

Planned Next Steps

Through the identification of factors that affect program performance in the LLTCOPs, project staff seek to produce informed recommendations for practitioners, providers, and legislators. The broad goal of the project is to enhance the effectiveness of LLTCOPs in improving the health, well-being, and quality of life for LTC residents.

There are numerous planned next steps for the project. First, project staff will incorporate the comments of local ombudsman, Project Advisory Committee members, and other LTC experts into the final version of the *Chart Book*. Additionally, research staff will conduct additional analyses of LLTCOP Survey and NORS data to examine relationships to distinguish factors that contribute to program effectiveness and conduct comparative analyses with New York and California LLTCOP and NORS data. Staff will also conduct an analysis of key informant interview data from state and national policy makers, advocates, and experts in an effort to identify key program and policy issues.

Key project findings combined with feedback from local LTC ombudsmen and other experts will be reported in a series of *Briefing Papers*. Communication and dissemination of project findings will continue through an *Ombudsman Summit* and *Policy Event* in each of the project states. The central focus of these Summits is to build on project findings by creating a set of actionable recommendations specifically for the New York and California LLTCOPs (*Blueprint for Action*). Summit meetings and discussions will comprise an essential source of information toward the development of a *Tool Kit* for local LTC ombudsmen. State level legislative briefings will be held to draw further attention to the project findings and implications for policy change. The communication of project findings and best practices will also include postings on appropriate websites, and presentations at state and national organizations and meetings.