

Ombudsman Program Outcome Measures

**A Project of the National Association of State Units on Aging
Conducted Under the National Long Term Care
Ombudsman Resource Center**

Final Report

Prepared by The National Association of State Units on Aging

National Long-Term Care Ombudsman Resource Center

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The National Association of State Units on Aging (NASUA) is a private, nonprofit organization whose membership is comprised of the 57 state and territorial offices on aging.

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Foreword

The Ombudsman Outcomes Project was designed to identify additional outcome measures that could be used to describe the impact of the ombudsman program's work on the lives of long-term care residents and the long-term care system as a whole. This report describes the results of that effort.

The data and other state information on which this report is based was collected over three years, ending with a final conference call with ombudsman staff from the four grantee states, held in January 2004. The final report incorporates feedback subsequently provided by the ombudsmen who participated in the project.

The primary goal of the long-term care ombudsman program is to serve as an advocate on behalf of the residents of long term care facilities. Created as a demonstration program in 1972, as part of the federal government's effort to correct widely reported problems in the nation's nursing homes, the program was established nationwide by the 1978 amendments to the Older Americans Act. The ombudsman program's major responsibilities as mandated by the Older Americans Act include:

- **Individual advocacy:** resolving complaints made by or on behalf of older individuals who reside in nursing homes and other types of long term care facilities (including assisted living, adult foster care and board and care facilities); protecting residents' rights; and ensuring regular and timely access to the ombudsman program.
- **Systems advocacy:** representing residents' interests before government agencies; commenting on and monitoring federal, state and local laws, regulations, policies and actions that potentially impact residents.
- **Consumer education:** providing information to residents, families and the public about long term care services; facilitating public comment on laws, regulations, policies and actions; promoting the development of citizen organizations; and providing technical assistance and support to family and resident councils.¹

In Fiscal Year 2004 (October 1, 2003 - September 30, 2004), the ombudsman program handled 287,824 individual complaints, up from 286,249 in FY 2003 and representing a 38% increase in the number of complaints handled since 1996. Nationwide, the program consists of 52 state programs, including 596 local entities, 1,181 paid staff and 8,714 volunteers. Total funding for the program in FY 2004 exceeded \$72 million. While the number of licensed nursing facilities is declining nationwide, the number of licensed board and care facilities (which include assisted living facilities in most states) continues to grow.

As described above, ombudsman programs are not only responsible for complaint resolution, but also play an important role in informing and educating the public, consumers and caregivers and advocating for improvements in the long term care system.

¹ Virginia Dize, *What's It All About? Ombudsman Program Primer for State Aging Directors and Executive Staff*. National Long Term Care Ombudsman Resource Center (January 1996), p. 5.

Despite the specificity of the Older Americans Act, the ombudsman program is not a "one-size-fits-all" program. States have broad flexibility to administer the program and have chosen to create different operating structures. State legislatures and policymakers have also expanded the program's responsibilities. For instance, in eleven states (AK, ID, ME, MN, OH, PA, RI, VA, WI, WY, and VT), the ombudsman program is required to provide advocacy assistance to users of home care services. Additional responsibilities assumed by the program in some states include investigating abuse complaints in nursing facilities and serving as witnesses for advanced directives executed by long-term care residents.

Although the National Ombudsman Reporting System (NORS) collects highly detailed information on the ombudsman program's activities, providing a national picture of the program and permitting comparisons across states, only one data item - the complaint resolution rate - is considered an outcome measure by the Administration on Aging. In recent years, a number of state and local programs have been challenged by state legislatures and private funders to more specifically measure the program's impact on residents and the long-term care system. While the complaint resolution rate is acknowledged to be an important measure of the program's success, this one measure is considered inadequate and does not reflect the myriad responsibilities of this important program.

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Final Report

I. Introduction

This is the final report of a project designed to develop and test outcome measures for the long-term care ombudsman program. The ***Ombudsman Outcomes Project***, administered by National Association of State Units on Aging (NASUA) under the National Long-Term Care Ombudsman Resource Center (NORC), began in October 1999, concluding in May 2003.

For purposes of this project, program outcomes are defined as "the benefits to the program's consumers that result from their involvement with the program."² For the long term care ombudsman program, outcome measures are designed to determine the extent to which the program benefits the consumers of ombudsman services and fulfills its mission.³ That mission, as articulated by the Ombudsman Outcomes Work Group, is as follows:

*The **mission** of the long term care ombudsman program is to improve the quality of life and care of residents of long-term care facilities. The program's mission is accomplished through: consumer education activities designed to inform and empower long term care consumers; investigation and resolution of individual complaints; and system advocacy that includes legislation and public policy activities, promotion of community involvement in long term care facilities and other activities designed to improve long term care service delivery and oversight.*

Measuring the impact of the ombudsman program's advocacy efforts is challenging, due to the complexity of the long-term care system and the breadth of the ombudsman program's responsibilities. For instance, it is difficult to determine if residents are better off because of the ombudsman's intervention or some other factor since the ombudsman program is but one player in a complicated regulatory structure and one of several programs with responsibility to investigate problems and intervene on behalf of nursing home residents. Furthermore, it is difficult to measure the impact on residents of the program's systems advocacy activities designed to address broad concerns or to determine the extent to which the program's efforts to increase public awareness and educate residents, families and providers on residents' rights impact residents' quality of life and care. This project attempted to address these challenges by identifying specific, quantifiable outcomes measures that could be tracked and reported

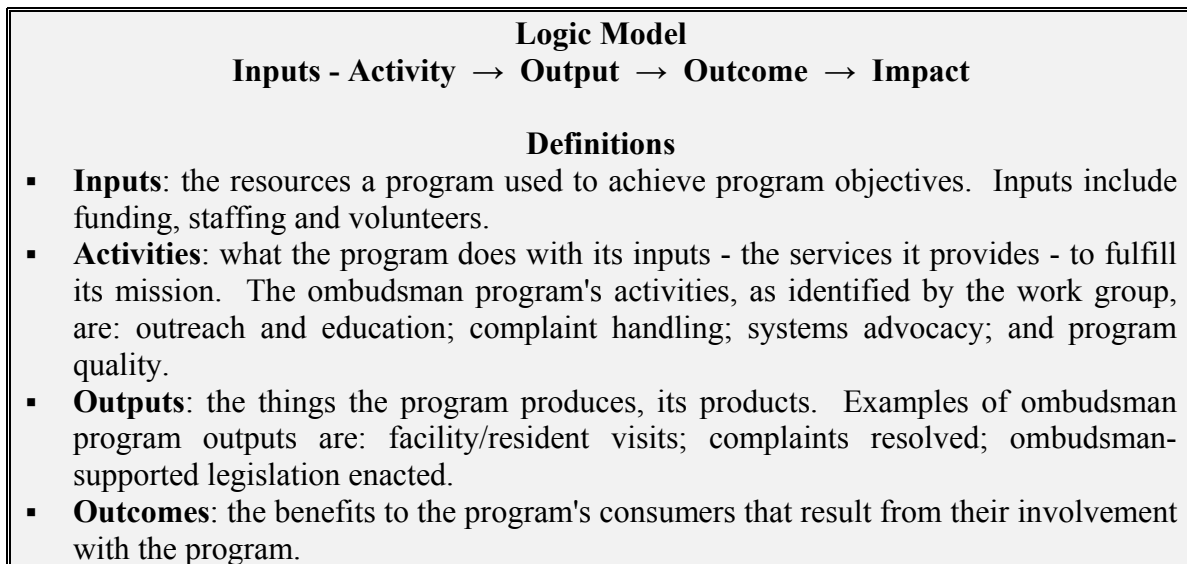
² ***Measuring Program Outcomes: A Practical Approach***. The United Way of America(1996), p.xv.

³ "Consumer" may include: the resident; the resident's representative; a family member; or a potential long term care user.

by ombudsman programs. Together, the outcome measures are meant to provide a more complete picture of the benefits of this important program to residents and other consumers of ombudsman services.

II. Methodology

At the outset of this project, staff reviewed the available literature on the quality and effectiveness of the ombudsman program, including the Institute of Medicine's evaluation of the program, *Real People, Real Problems* (1995) and the National Ombudsman Resource Center's publication, *Menu for Excellence* (1993).⁴ Experts in the field of outcome measurement for government-funded programs were consulted, including: Jack Molnar with the Office of Inspector General, HHS Region II, who helped to develop outcome measures for the State Health Insurance Programs (SHIPs); and David Bunoski, who was involved in the Administration on Aging's Performance Outcome Measures Project (POMP). Finally, *Measuring Program Outcomes: A Practical Approach* (The United Way of America, 1996) proved to be an invaluable resource as staff and the work group defined the parameters of the project and began to identify potential pitfalls. The definitions and the specific approach used to develop outcome measures for the ombudsman program are based on the United Way's "Logic Model." The components of the Logic Model and definitions of the components are provided below.



Three "levels" of outcomes are identified, defined as follows:

- **Initial outcomes**, or the first benefits or changes participants are likely to experience.
- **Intermediate outcomes**, which may serve as a link between initial and long-term outcomes.

⁴ A complete list of background materials is attached in Appendix F.

- **Long-term outcomes**, or the ultimate outcomes a program may achieve - the most far-reaching benefits the program can reasonably hope to bring about.⁵

The work conducted under this project was guided by the Ombudsman Outcomes Work Group, consisting of representatives of the ombudsman program and state units on aging (work group members are listed in Appendix B). The work group met frequently by teleconference (once every four-six weeks) beginning in October 1999 and continuing through October 2000, when the four pilot states began their work. During the first year of the project, the work group made a number of key decisions and recommendations, including the identification of guiding principles, the adoption of a mission statement for the ombudsman program (as stated on page 1) and the development of initial outcomes. The principles, which are listed below, grounded the project in reality, helping to assure that the outcome measures that were finally adopted were realistic and appropriate for the ombudsman program.

Principles Adopted by the Work Group

- Begin with the mandate for the ombudsman program specified in the Older Americans Act.
- It is not necessary to identify outcomes for each and every one of the program's "outputs."
- Less is more--that is, fewer outcomes are easier to track.
- When appropriate, initial, intermediate and long term outcomes should be identified.
- Testing the outcomes is a necessary step in the process.
- Start with the National Ombudsman Reporting System ("NORS") and consider outcomes within the framework of the data already being collected.

The principles, as well as the initial outcomes adopted by the work group during the first year of the project, are provided in the ***Consensus Document Adopted by the Ombudsman Outcomes Work Group*** (attached in Appendix C). The document was disseminated to SLTCOs and SUAs in April 2000, and was used to guide discussion with SLTCOs who attended the 2000 National Ombudsman Training Conference. The outcomes were refined as a result of the comments received. The mission statement proposed by the work group received the endorsement of the state ombudsman network, gained recognition as the ultimate goal of ombudsman program activities and was used to guide decisions about the outcomes that ultimately were adopted by the project.

A request for proposals was issued on June 14, 2000, to solicit applications from ombudsman programs to serve as pilot states to test the outcomes. Eight proposals were submitted and four states were selected to receive funding as pilot sites to test the ombudsman program outcome measures. The four pilot states were: California, New Mexico, Ohio and Washington State. These states represent many of the characteristics found in the ombudsman program throughout the country and include a range of funding levels and numbers of complaints handled by the program. It was hoped that by involving states with diverse characteristics in the project, the experience of the pilot

⁵ ***Measuring Program Outcomes: A Practical Approach***. The United Way of America (1996), p. 32.

states would be useful to the ombudsman program as a whole. Three of the pilot ombudsman programs are located within state units on aging (CA, NM and OH) while one is located in a private non-profit agency (WA); all four programs are operated through a network of local/regional ombudsman programs. Other characteristics of these programs include: OH has responsibility for handling complaints about home and community based services; CA, NM and WA have very diverse populations; the CA and NM State Ombudsmen were relatively new compared to the OH and WA State Ombudsmen, who have been in their positions for several years.

Once the pilot states came on board in October 2000, the outcome measures were further refined to ensure that each outcome was measurable and that the participating ombudsman programs had the capacity to track the necessary data and report results for each. Despite these efforts, a few of the outcome measures still could not be tracked by one or more of the pilot states (these items are specified in the State Summaries, attached in Appendix A). The final outcome measures were adopted by consensus among the pilot states and other work group members. The final outcomes adopted by the four pilot states were shared with all state ombudsman in April 2001.

The outcome measures (see ***Ombudsman Program Outcomes Adopted by Ombudsman Outcomes Work Group and the 4 Pilot States***, attached in Appendix D) are organized in four categories: outreach and education; complaint handling; systems advocacy; and program quality. Initial, intermediate and long term outcomes may be identified in each category. To facilitate tracking and reporting, indicators, data sources and data collection methods are specified for each outcome.

Summary of the Ombudsman Outcome Measures

- **Outreach and Education:** consumers, the public, advocates and agencies know the program and residents' rights and know how to report problems; consumers, etc. report complaints, consult with and make inquiries to the ombudsman program; ombudsman programs are invited to train providers; ombudsman programs initiate and support resident and family councils and citizen/advocacy groups.
- **Complaint Handling:** complaints are resolved to residents' and complainants' satisfaction; needed enforcement/corrective actions are taken.
- **Systems Advocacy:** the ombudsman program promotes systems change; specific systems changes promoted by the program are achieved.
- **Program Quality:** ombudsman services are accessible to consumers and responsive to their needs and preferences.

In April 2001, the four pilot states began to use the outcome measures. The core activities required of each state were: participate in the work group and assist with finalizing the outcome measures; develop data tracking and reporting processes; test the outcome measures; involve key stakeholders in the project, including local/regional program representatives; participate in sessions on the outcomes project presented at the annual National Ombudsman Training Conference; and submit required reports.

Each of the programs undertook additional activities designed to improve the operation of their programs and complement their efforts under the Ombudsman Outcomes Project. **California** had already launched an "Ombudsman Strategic Plan Task Force" designed to strengthen and unify the program and develop outcome measures; **New Mexico** was developing new processes to better document volunteer ombudsmen's advocacy activities and had plans for a legislative education campaign and consumer focus groups; **Ohio** had already formed a work group to evaluate the effectiveness of the ombudsman program and was in the process of developing a statewide uniform reporting system; **Washington** was in the process of improving their software system designed not only to meet NORS requirements but to manage case and volunteer activities as well. Washington also has a work group to standardize program operations and assist local/regional programs with program planning.

The original plan called for the pilot states to complete their work within one year. However, the process of refining the outcomes took longer than anticipated and other complications - including staff turnover, difficulty in getting local/regional programs on board with the project and technology limitations in some states - delayed the states in completing their work. New Mexico and Ohio completed their work in March 2002; California and Washington continued activities under the project through December 31, 2002. A final report from each of the pilot states specified their findings with regard to each of the outcome measures (the Reporting Form is attached in Appendix E).

Chronology of Project Activities

October 1999	Creation of the Outcomes Work Group
October 1999 - February 2000	Outcomes Work Group Teleconferences
April 2000	Consensus Document, incorporating the Work Groups' Recommendations, was drafted
April 10, 2000	"The Bottom Line: Outcomes and Quality in Long Term Care Ombudsman Programs" was convened at the National Ombudsman Training Conference
April 26, 2000	Request for comments on Consensus Document (mission statement and initial outcomes list) sent to SLTCOs and SUA Directors
June 14, 2000	Request for Proposals to Pilot Ombudsman Outcome Measures
July 2000	Adoption of mission statement and initial outcomes
September 7, 2000	4 Pilot States selected: California, New Mexico, Ohio, Washington
October 1, 2000	Cooperative Agreements initiated with Pilot States
October 2000 - March 2001	Ombudsman outcomes refined by Work Group (including the Pilot States)
April 2001	Final ombudsman outcomes adopted by the Ombudsman Outcomes Work Group
April 23, 2001	A session providing basic information on the Outcomes Project and "Long Term Care Ombudsman Program Outcomes: The Next Step" were presented at the National Ombudsman Training Conference
October 11, 2001	Presentation on the Ombudsman Outcomes Project at the National Law & Aging Conference
March 31, 2002	New Mexico and Ohio completed their work
December 31, 2002	California and Washington completed their work
April 2002	"Using Outcomes to Improve Quality" was presented at the National Ombudsman Training Conference
April 2002 - January 2003	Final Reports Submitted by Pilot States

III. Findings

The four pilot states encountered a variety of challenges related to tracking and reporting outcomes data. The four states did not report data for the same time period: three of the states tracked and reported data for a six-month period, while only one state (New Mexico) used a one year reporting period. Likewise, although the four states initially planned to test the outcomes in their statewide programs, only two states (New Mexico and Ohio) were able to involve their statewide programs in the project; California involved six local/regional programs (with some data reported on the statewide program,

as noted in the State Summary); and Washington reported data on two local/regional programs representing both urban and rural areas of the state. The states, especially California, also experienced problems in collecting the data identified as necessary for measuring the outcomes, primarily because of technology limitations (specific problems related to lack of data are noted in the State Summaries, attached in Appendix A).

Reporting Periods Used by Pilot States	
California	Used two reporting periods: (1) 6-month period, July 1, 2001 - December 31, 2001; (2) 12-month period, January 1, 2001 - December 31, 2001.
New Mexico	All data reported for 1 year, October 1, 2000 - September 30, 2001.
Ohio	All data reported for 6 months, October 1, 2001 - March 31, 2002.
Washington	All data reported for 6 months, September 1, 2001 - February 28, 2002.
Geographic Areas Covered by Pilot States	
California	Except for the data on complaint handling, data is reported on 6 local ombudsman programs. Data on complaint handling is reported for the statewide program.
New Mexico	All data is reported on the statewide program.
Ohio	All data is reported on the statewide program.
Washington	Data is reported on 2 local ombudsman programs, in Spokane (a five-county region) and Pierce County.

Because of the differences in the time periods and geographic areas for which data are reported, it is not possible to make comparisons among the four pilot states. Discrepancies in the data are discussed under **Challenges and Problems**.

The results of using the outcome measures are summarized below under **Results of Using the Outcome Measures**. In addition, the data are reported separately on each state in the State Summaries (attached in Appendix A).

A. Results of Using the Outcome Measures

This section follows the organizational structure of the outcome measures themselves. Results are reported for each outcome under the four major activities: outreach and education; complaint handling; systems advocacy; and program quality. The indicators used to measure each outcome are described and the results are summarized. Where appropriate, the definition of terms used in the National Ombudsman Reporting System (NORS) are provided. Definitions of other terms adopted by the work group are also provided where relevant.

Outreach and Education

INITIAL OUTCOME: Consumers, the public, advocates and agencies know about the ombudsman program, are informed about residents'/consumers' rights and know where to report problems with long term care.

The number of information consultations provided by the program was used to determine whether this outcome was achieved. The National Ombudsman Reporting System (NORS) defines *information and consultation to individuals* as "the number of individuals assisted by telephone or in person on a one-to-one basis on needs ranging from alternatives to institutional care, to how to select a nursing home, to residents' rights, to understanding Medicaid."

- The number of information consultations ranged from 7,158 consultations handled statewide by Ohio during a six-month period, to 647 consultations handled by two regional programs in Washington State in six months. Six regional ombudsman programs in California handled 4,000 consultations in six months, while 2,900 consultations were handled statewide in New Mexico in twelve months.

INTERMEDIATE OUTCOME: Consumers, the public, advocates and agencies report complaints, consult with, make inquiries to the ombudsman program.

Achievement of this outcome was determined by the total number of complaints handled by the program. NORS considers a *complaint* to be an individual problem brought to, or initiated by, the ombudsman on behalf of a resident or group of residents, which requires the opening of a case file (which may consist of one or more individual complaints) and involves investigation, fact gathering, setting of objectives and/or strategy to resolve, and follow-up activities.

- New Mexico handled the largest number of complaints, with 5,486 in twelve months, followed by Ohio with 3,709 complaints in six months. California's six programs handled 2,078 complaints in a six-month period, and the two programs in Washington State handled 743 complaints in six months.

INTERMEDIATE OUTCOME: Providers invite the ombudsman program to provide staff training.

Two measures were used to determine if this outcome was met: the number of invitations the ombudsman program received from long-term care facilities to provide in-service training and the number of facility consultations actually provided.

- Invitations to provide in-service training: California 188; New Mexico 50; Ohio 205; Washington 24.
- Facility consultations: California 185; New Mexico 380; Ohio 1,320; Washington 277.

LONG TERM OUTCOME: The ombudsman program helps residents initiate and/or participates in resident councils and facility meetings.

Achieving this outcome was measured by: the number of active resident councils compared to the previous reporting period; the number of resident council presentations; and the number of technical assistance contacts the ombudsman program had with

resident councils. The work group defined *technical assistance to resident and family councils, consumer or other advocacy groups* as the provision of information and assistance/consultation. Technical assistance may be provided by telephone or in-person; information may be sent by fax, email or regular mail. When there are repeated contacts with the same entity, each contact is counted separately. Training sessions are NOT included. *Presentations to resident and family councils, consumer or other advocacy groups* are defined as training sessions provided by state or local ombudsman program staff.

- In Ohio, all facilities in the state are mandated by law to have grievance committees, and all have resident councils as a way to meet that requirement. California's six regional programs reported 100 resident councils; this data was not previously tracked. New Mexico reported 77 resident councils compared to 68 during the previous time period, while Washington's two regional programs identified 107 resident councils, compared to 108 during the previous period.⁶
- Resident council presentations: California 25 (approximate number given); New Mexico 78; Ohio 17; Washington 107.
- Technical assistance to resident councils: California 25 (approximate number given); New Mexico 232; Ohio 33; Washington 107.

LONG TERM OUTCOME: The ombudsman program helps families initiate and/or participates in family councils and facility meetings.

Achieving this outcome was measured by: the number of active family councils compared to the previous reporting period; the number of family council presentations; and the number of technical assistance contacts the ombudsman program has with family councils.

- Number of family councils: California 51 (not previously tracked); New Mexico 48 compared to 42 during the previous period; Ohio 99, up from 69 during the previous period; Washington 22, compared to 14 family councils in the previous reporting period.⁷
- Family council presentations: California 13 (approximate number given); New Mexico 34; Ohio 22; Washington 22.
- Technical assistance to family councils: California 13 (approximate number given); New Mexico 111; Ohio 15; Washington 22.

LONG TERM OUTCOME: The ombudsman program initiates and/or participates in consumer or other advocacy groups.

⁶ The "previous reporting period" used by the four pilot states is parallel to the period for which data is reported. For instance, California reported data for a 6-month period (July 1, 2001-December 31, 2001), so the previous reporting period was the 6 months immediately prior to the period that outcomes were tracked (January 1, 2001-June 30, 2001).

⁷ Ibid.

Successful achievement of this outcome was determined by the number of presentations and the number of technical assistance contacts provided to consumer/advocacy groups. *Consumer or other advocacy groups* include citizens' groups, disability, aging and other advocacy groups involved in long-term care advocacy.

- Consumer/advocacy group presentations: California did not track presentations separately from technical assistance contacts (see below); New Mexico 7; Ohio 540; Washington 16.
- Technical assistance to consumer/advocacy groups: California 400 (includes presentations); New Mexico 83; Ohio 30; Washington 23.

COMPLAINT HANDLING

INITIAL OUTCOME: Complaints are resolved/partially resolved to resident's and/or complainant's satisfaction.

This outcome was measured by the difference between the expected and the actual resolution rate of the complaints closed during the time period. NORS considers a complaint/problem to be *resolved* when it has been addressed to the resident's or complainant's satisfaction. Prior to tracking and collecting data, each of the four pilot states was asked to specify a resolution goal, based on the state's previous rate and/or the national resolution rate. The resolution goals and the achieved resolution rates are reported for the four programs below.

- California achieved a complaint resolution rate of 43.8%, compared to the expected rate of 45%; New Mexico's resolution rate of 67% was better than the expected rate of 65%; Ohio's resolution rate was 55.2%, less than the national average in 2001 of 58.05%, which the program set as its goal; Washington resolved 86% of the complaints the program handled, comparing favorably to the expected rate of 85%.

LONG TERM OUTCOME: Needed enforcement/ corrective actions are implemented by regulatory agencies, protective services and/or law enforcement.

This outcome was measured by the number of referrals the ombudsman program made to regulatory, protective services and/or law enforcement agencies.

- California's statewide ombudsman program made 400 referrals (approximately) to regulatory, protective services and law enforcement agencies during the six-month period that data were tracked; New Mexico's ombudsman program made 825 referrals in a twelve-month period; Ohio referred 159 complaints in six months to regulatory, protective services and law enforcement agencies; and Washington's two regional programs made 35 referrals in six months.

SYSTEMS ADVOCACY

INITIAL OUTCOME: The ombudsman program promotes systems change to address the quality of life and quality of care of long term care consumers.

Success in achieving this outcome was determined by the number of hours ombudsman staff and volunteers devoted to advocacy activities and the number of groups/organizations the program contacted as part of its advocacy efforts. To determine their performance on these measures, the four programs had to set up a process for tracking this data, which is not currently collected as part of the National Ombudsman Reporting System. *Advocacy hours* were defined by the project as an estimate of the number of hours or percentage of time staff spend promoting the ombudsman program's systems advocacy agenda or other resident-centered and ombudsman-supported legislation, regulations or provider practices; this includes time spent in meetings, preparing written materials, mailings, and legislative activities.

- Ohio logged 61,554.2 advocacy hours in six months, the highest number among the pilot states. California reported that six regional programs provided 23,730 advocacy hours in six months and New Mexico reported 2,808 hours for the statewide program in one year. Washington did not collect this data.
- California contacted 20 groups/organizations as part of its advocacy efforts, New Mexico 16, Ohio 17 and Washington 17.

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved.

This outcome was measured by success in three areas: the enactment of resident-centered and ombudsman-supported legislation; promulgation of resident-centered and ombudsman-supported regulations; and the initiation of provider actions that were resident-centered and ombudsman-supported. The four programs, like many of their colleagues around the country, are engaged in a variety of systems advocacy activities with the purpose of improving the lives and care of long term care residents. The State Summaries (attached in Appendix A) provide detail on specific **legislation**, **regulatory proposals** and **provider actions** in the four states. The data provided below describes the types of activities each of the four programs undertook to achieve success in promoting systems change.

- Legislative advocacy: California's ombudsman program analyzes legislative proposals identified by the Department of Aging as potentially impacting residents and develops internal recommendations. The program does not take a public position on proposed legislation. The New Mexico Ombudsman Program provides testimony, advocacy and technical assistance to sponsors of legislation favored by the program. In Ohio, the ombudsman program analyzes legislation, attends hearings on proposals, and provides technical assistance to the regional ombudsman association on proposed legislation. The Washington Ombudsman Program tracks legislation, decides whether to take a position on specific proposals, sends out legislative alerts to

regional ombudsmen and supporters, attends hearings and legislative sessions. During the period that outcomes were tracked, the Washington Ombudsman Program worked closely with Resident Councils of Washington in an effort to increase legislators' interest and responsiveness on long term care issues.

- Advocacy related to regulations: The California Ombudsman Program participates in discussions of definitions, choice of language and content of regulatory proposals. The New Mexico Ombudsman Program serves on work groups to develop regulations. In Ohio, the ombudsman program serves on work groups, provides testimony, writes letters, contacts the media and monitors proposals as needed. The Washington Ombudsman Program participates in the rule-making process through attendance at stakeholder meetings, providing verbal input and drafting written comments. The program seeks the assistance of supporters to promote resident-centered regulations.

PROGRAM QUALITY

INITIAL OUTCOME: Ombudsman services are accessible to long term care consumers.

Success in achieving this outcome was measured by: the number of long term care facilities that the ombudsman program visits regularly, compared to the expectation set by the program; the number of visits actually made to facilities that receive regular visits in comparison to the program expectation; and the identification of any problems the program encountered in accessing residents, records or facilities, as well as documentation of how the problems were addressed.⁸ Additional information is provided in the State Summaries (attached in Appendix A).

- Facilities with regular visits (program expectations are provided in parentheses): California's six regional ombudsman programs visited 130 (220) SNFs and 948 (1,767) residential care facilities on a regular basis during the six months data were tracked; New Mexico's statewide program made regular visits to 134 (150) facilities statewide in one year; the Ohio Ombudsman Program made regular visits to 1,109 (2,643) facilities in six months; and in Washington State, the ombudsman program regularly visited 209 facilities in six months (the program expectation was 81% of nursing facilities, 35% of boarding homes and 20% of adult family homes for the two counties that tracked data).
- Frequency of visits to facilities receiving "regular" visits (program expectations are provided in parentheses): the California Ombudsman Program averaged 2.5 visits to each facility per month (the program expectation was 1 visit per week to SNFs; the number of visits required to residential care facilities depended on the level of need established by the ombudsman program for each facility, ranging from more frequently than 1 visit per week to 1 visit per year); in New Mexico, the ombudsman

⁸ In all cases, the four pilot ombudsman programs set program expectations prior to collecting data.

program made an average of 2.5 (2) visits per month; Ohio's ombudsman program averaged 1.68 visits to each facility during the six months period that data were tracked (the expectation is 2 visits per year); and in Washington, the ombudsman program averaged 2.5 visits per month (the expectation is 1 visit per week).

- Access to facilities/residents/records: California reported that one of the six programs that participated in the outcomes project occasionally experienced problems with access that were typically resolved through in-service training and referrals for information; in New Mexico, the ombudsman program handled two complaints about access during the period data were tracked - both were successfully resolved; Ohio reported that access issues have not historically been a problem for the program, although one incident occurred during the reporting period - it was resolved successfully after the intervention of an Assistant Attorney General and the program is considering an amendment to the ombudsman statute; Washington reported no access problems and has strong regulations to prevent interference with the ombudsman.

LONG TERM OUTCOME: Ombudsman services are responsive to long term care consumers' needs and preferences.

Indicators that this outcome was met include the following: the average response time to complaints compared to the expectation set by the program; the average time it took to close complaints compared to the program's expectation; the actual complaint resolution rate compared to the program's expectation; awareness of the ombudsman program measured by increases in information consultations and complaint received; and consumer satisfaction rate compared to the expected satisfaction rate set by the ombudsman program.⁹

- Response time to complaints (expectations set by the programs are provided in parentheses): California and Washington were unable to collect this information (California expectation: 0-24 hours for emergencies, 24-48 hours for "minor" complaints, 48 hours-10 days for non-emergency, less serious concerns and Advanced Healthcare Directives; Washington expectation: within 3 business days); the New Mexico Ombudsman Program's average response time to complaints was 3 days (1 day for suspected abuse/neglect/exploitation, 5-7 days for all other complaints); the Ohio Ombudsman Program reported a range of response times of 0-4.7 days for the six months during which data were collected (1 business day for complaints of probable harm; expected response times set at the regional level for all other complaints).
- Average time to close complaints (expectations set by the programs are provided in parentheses): the six regional programs in California closed complaints within an average of 30 days (30 days); in New Mexico, the statewide program closed complaints within 37 days, on average (30 days); the Ohio Ombudsman Program closed complaints between 14.73 days and 68.92 days following initiation of a

⁹Ibid.

complaint investigation during the six months data were tracked (90 days); the two regional programs in Washington averaged 46 days to close complaints (the program did not set an expectation for closing complaints).

- Complaint resolution rate (expectations set by the programs are provided in parentheses): California 43.8% (45%); New Mexico 67% (65%); Ohio 55.2% (58.05% - the national average in FY 2001); Washington 86% (85%).
- Awareness of the program: California did not report this information; in New Mexico, the number of information consultations handled by the ombudsman program increased from 2,789 during the previous period to 2,900 and the number of complaints received increased from 2,816 to 5,486; Ohio's ombudsman program reported an increase in information consultations from 3,405 during the previous period to 7,158 and an increase in complaints received from 3,434 to 3,709; in Washington State, the number of information consultations increased from 562 to 647 and the number of complaints went up from 593 to 743.¹⁰
- Consumer satisfaction (expectations set by the programs are provided in parentheses): California and Washington did not report this information; the New Mexico Ombudsman Program found that 66.2% (65%) of consumer survey respondents would recommend the program to a friend; in Ohio, 91% (90%) of survey respondents would recommend the ombudsman program to others.

¹⁰ The "previous reporting period" used by the four pilot states is parallel to the period for which data is reported. For instance, California reported data for a 6-month period (July 1, 2001-December 31, 2001), so the previous reporting period was the 6 months immediately prior to the period that outcomes were tracked (January 1, 2001-June 30, 2001).

B. Additional Accomplishments

The four pilot states undertook a number of activities in tandem with tracking and reporting on the outcomes (described on page 6). The specific accomplishments of each of the pilot states are reported below.

CALIFORNIA

Resident survey was developed and administered by six regional ombudsman programs, representing a mix of urban and rural settings and a balanced geographic distribution within the state. The six-page questionnaire used a variation of the Leikert scale. Each of the six regional coordinators selected six residents to complete the questionnaire in each of three skilled nursing facilities and three residential care facilities, ensuring that at least one large and one small facility were included in the mix. Revised guidelines for using the questionnaire are intended to accommodate a range of resident cognitive skill levels, in response to issues raised by ombudsman coordinators. The findings from the survey indicated that residents may be unaware of the efforts of the ombudsman in their facilities. Some concerns were raised about the length of the questionnaire and the relevance of some of the questions. This information may be used to further refine the instrument.

Increased knowledge of what it takes to implement outcome measures in the ombudsman program. Because of the experience gained in implementing this project, the ombudsman program is now better prepared to build upon the program's successes in the development of outcome measures for the state program. The ombudsman program's involvement in the project was part of a larger effort to identify outcome measures for a range of state programs. This effort is going forward.

NEW MEXICO

30 day case resolution policy. This new policy required resolution of cases within 30 days of initial complaint and documented the findings of ombudsman investigations. A distinction was made between "simple cases" and those that required joint action (e.g., with adult protective services or licensing and certification). Previously, cases referred or jointly handled with these agencies remained open until the referral agency reported its findings; this is no longer the standard practice although the findings of other agencies will continue to be tracked. The program also developed a joint protocol with adult protective services for handling abuse/neglect/exploitation complaints. The new policy resulted in closure of 72% of reported complaints within 30 days.

Facility visit summary sheets. A simple reporting system was developed using preprinted summary sheets to allow ombudsmen to record complaints and dispositions. The form was designed specifically for recording complaints that could be handled and resolved during facility visits; the most common types were listed on the form. The form also allowed the ombudsman to identify complaints that required regulatory or legislative change to be fully resolved and included the "not resolved" option to indicate complaints

that required further intervention. In April 2002, over 70% of field ombudsmen were consistently using the form, resulting in a 30% increase in ombudsman-reported complaints over the previous year. In addition, four (4) other state ombudsman programs have used the form.

Legislative education campaign. The program targeted specific public policy makers for education on long term care issues and the ombudsmen program. Letters were sent to state legislators whenever a nursing facility in the legislator's district received a deficiency citation at the G Level or above in scope and severity. The letter explained the survey process and the impact of the violation on residents. Ombudsman staff made in-person visits to legislative supporters and critics and accompanied legislators on visits to facilities (sometimes providing them with written survey information). The result was increased support for ombudsman-backed legislative proposals, including: a study of nursing home deaths; nursing home staffing increases; licensure of residential care operators; and a measure to strengthen residents' rights. The ombudsman program also received an increase in the number of referrals coming from legislators' constituent offices. In response, the industry hired a second lobbyist to target legislators with their message.

Consumer satisfaction focus groups. Four focus groups were held: two with families and two with residents (one of the resident focus groups also included several family members). Each was held in a nursing home for approximately two hours. The intent was to obtain qualitative input on ombudsman program effectiveness. The focus groups addressed questions regarding knowledge of the ombudsman program, including how to contact an ombudsman; residents' rights; problems in long term care facilities; satisfaction with the ombudsman program for those who had filed complaints; and knowledge of the ombudsman program's legislative agenda.

Consumer satisfaction surveys. Family members (47% of survey respondents), residents (27% of respondents), nursing home staff (18%) and other members of the public who had filed complaints with the program (8%) were surveyed. 1,139 surveys were mailed. 135 surveys were returned for a response rate of 11.9%. Each region of the state was assigned a color to permit matching survey responses to the appropriate region of the state. Facility administrators were advised by letter of the survey and asked to encourage residents to respond. The survey used the same questions as the focus groups to elicit information regarding knowledge of, and satisfaction with, the ombudsman program.

OHIO

Set goals for providing technical assistance to regional programs. One goal was to monitor regional programs using the outcome measures to the extent information was available (used in 2001). The status of each program was identified during the year in relation to the outcome measures (which were used as a benchmark to identify program improvements).

Implementation of the Ombudsman Documentation and Information System for Ohio (ODIS) and revised reporting system. The new system was able to crosswalk the outcomes with the data system to ensure easy documentation of the outcome indicators data and data analysis. ODIS also provided a flexible management/quality improvement tool for regional programs and was used to review and assess complaint data to identify reporting/verification/resolution rates and trends for systemic advocacy; for ongoing monitoring of regular presence in facilities; and to track provider requests for training. Each program was able to assess its performance in relation to the outcome measures and develop customized reports.

Ombudsman workgroup ("Building a Better Ombudsman Program"). This initiative is part of the four-year State Plan on Aging. The goal was to evaluate the effectiveness of the program and plan for the future. Regional program directors were involved in discussions of the outcomes early on, acting as an advisory group throughout the project.

Presentation to AAA directors to educate them about the ombudsman outcomes project and obtain their input and suggestions for application.

Focus groups with 19 ombudsman volunteers at the statewide ombudsman conference in September 2001. Information helped in development of the advocacy agenda. Questions also were asked about recruitment and retention of volunteers.

Focus group with Families for Improved Care (an organized advocacy group) increased advocates' understanding of the ombudsman program and the SLTCO gained understanding of the group's knowledge of long term care. The focus groups laid the groundwork for future collaboration and increased understanding of each other's roles. Participants focused much of the discussion on their own problems with nursing homes, rather than providing input on the advocacy agenda.

Client satisfaction survey used by the ombudsman program for three years was modified to include questions related to the outcomes used in the project. The ombudsman program was unable to do separate analysis of those questions to determine whether they impacted the rate of return.

WASHINGTON

Program standards for the ombudsman program were completed and distributed to all regional programs. The document was tested as a program monitoring tool and as a guide for developing annual plans. The standards tool allowed the state office to increase its technical assistance to regional programs with an emphasis on program management.

Data collection was further refined through the revision of the software program called "WOMBIS." Regional ombudsmen were re-trained on the new program, with a focus on how to use the new software system as a program management tool.

Resident focus groups were convened in seven long term care facilities (three nursing facilities and four assisted living facilities). Eighty-one residents participated. The focus groups revealed that when residents are aware of the ombudsman program, they are very pleased with the services they receive. However, the findings also indicated a need to address the limited knowledge of residents about their rights.

In response to this finding, the Spokane Region implemented several initiatives to increase visibility at the resident level. A meeting was held with the volunteers to brainstorm ideas to increase visibility, followed by initiation of some of the ideas generated through the meeting. Ideas and follow up activities implemented by the program included: asking facilities with newsletters to introduce the volunteer LTCO in the newsletter; making posters with a photograph of the LTCO to be hung in the facility; and asking facilities to mail the LTCOP brochure to all family members. The promising area where activity increased was in attendance at resident council meetings: in the Spokane Region, attendance at resident councils doubled - from 20 to 40 attendees - during the reporting period.

C. Challenges and Problems

The four ombudsman programs that participated in the project represented a cross-section of the program nationwide, including programs housed in state units on aging (CA, NM and OH), as well as a program housed at the state-level in a private not-for-profit agency. Each program's uniqueness was found to be both a strength and a weakness when looking at development of outcome measures for the overall ombudsman program. Program operations, the extent of volunteer usage and development and the program's legislative and regulatory authority contained in state law were just some of the program characteristics that made comparisons difficult. However, despite these differences, the *Outcomes group arrived at key agreements on the outcomes that are thought to define an effective program that serves residents well.* The variety of approaches used by the four states to achieve the selected outcomes should be seen as a starting place for future exploration of ombudsman outcome measures.

Problems with data collection and discrepancies in the reported data. The wide variations in the data on some of the outcome measures may, in part, be explained by the differences in reporting period and geographic area covered by the four pilot states; however, further explanation may be needed in some cases to account for such different responses. The numbers of consultations and complaints handled by these four pilot states exemplify this issue. Based on the reported results, it is reasonable to conclude that documentation of information consultations and complaints varied across these states. The variation may also reflect different interpretations of the definitions of "information consultation" and "complaint."

The four programs also reported a wide range of complaint resolution rates - with two programs exceeding the national average and two programs resolving complaints at a rate below the national average in 2001. The range of resolution rates achieved by the four programs went from 43.8% (just under the national average) in California to 85% (well

above the national average in 2001 of 58.05%) in Washington. These differences might be accounted for by differences in complaints (some may be more complex than others) as well as different interpretations by states of the standard for achieving resolution.

Some of the measures for which the programs were asked to set specific expectations (e.g., complaint resolution rate, frequency of facility visits, consumer satisfaction) also varied widely, not just in the collected data but in the program expectations as well. This was especially true for the programs' expectations for resolving complaints, where one state's (CA) expected resolution rate was below the national average. The data as presented does not shed light on the reasons for the broad range of resolution rates. Further data analysis and examination of this issue are needed to better understand why these programs' expectations and the data they reported varied to such an extent.

Differences in data may also reflect different priorities adopted by the programs. For instance, involvement in resident and family councils and consumer/advocacy groups differed from state to state. From the data, it appeared that the New Mexico and Washington State Ombudsman Programs were focusing attention and resources to supporting resident councils. Since all facilities in Ohio already had resident councils, it made sense that the ombudsman program in that state turned its attention to consumer-advocacy groups; California also made noteworthy efforts to reach out to these groups.

Consumer Satisfaction Surveys. Each program developed its own survey instrument and methodology for conducting the survey, so it was not possible to make comparisons. California found it challenging to develop a questionnaire that the local/regional ombudsman programs could agree to, and experienced delays in administering the surveys and completing data analysis. In the case of Ohio, an existing survey tool was used with questions added to meet project requirements. New Mexico found that although only past complainants were surveyed, 38% of the residents who responded did not remember that they had filed a complaint. Volunteer ombudsmen were also not always recognized by residents as representatives of the ombudsman program. These issues and others related to the fact that many residents have memory impairments must be considered in designing consumer satisfaction surveys and highlight the importance of establishing validity of the survey instrument.

Focus groups were found to be useful for identifying program strengths and weaknesses. As an outcome of the focus groups in New Mexico, the program considered initiating yearly meetings with resident and family councils across the state to evaluate how well the program performed in its training and outreach efforts, to identify potential areas of concern and get consumer and family input on future program planning and systemic advocacy priorities. Washington found focus groups to be a good way to gauge the effectiveness of ombudsmen assigned to visit facilities. The state mandated a weekly visit with the assumption that residents would then have access to the ombudsman and know who their ombudsman was; however, the focus groups revealed that even where ombudsmen visited regularly, residents still did not necessarily know who the ombudsman was and what the program did. As a result of this finding, the program

began implementing changes in the training for volunteers designed to increase the ombudsman's visibility and residents' recognition.

Time. The project took much longer than anticipated. Once the pilot states came on board in October 2000, it was expected that they would begin tracking data on outcomes almost immediately. However, it took another six months to finalize the outcome measures (completed in April 2001). The pilot states also struggled to get buy-in from their local/regional programs. As New Mexico's report noted, "the intended shift in thinking takes time and education."

Statewide program participation. This was an issue closely related to the amount of time available for completing project activities. While both New Mexico and Ohio involved the statewide program in the project, only six regional programs (17%) in California participated, while two regional programs participated in Washington.

Staff turnover. In California, the state ombudsman program manager retired three months into the project. In New Mexico, the state ombudsman left his position near the end of the project. These changes caused delays in the individual states and interrupted the forward movement of the overall project, since new staff had to be brought up to speed on the expectations and assisted to understand why certain decisions had been made by the work group. Staff turnover is fairly common in the ombudsman program and must be considered when any new endeavor is launched.

IV. Recommendations

The recommendations that follow were suggested by the four pilot states. Recommendations are categorized as next steps, broad recommendations and recommendations specific to any future outcomes project.

Recommended next steps:

- The final report on the project should be disseminated to all state ombudsmen.
- NASOP should work with the NORC in developing program effectiveness measures. The results of this project should be seen as one tool in that effort.
- AoA should use the findings of this project to identify additional outcome measures for the ombudsman program (currently only complaint resolution rate is used to demonstrate program effectiveness).
- NASOP's program effectiveness committee should review the report and make a recommendation to NASOP regarding adoption of outcome measures for the national program.

- Based on what we learned from the four pilot states' experiences, a national media campaign is needed to address the "basics" of advocacy, residents' rights, and long term care issues, and should include a call for volunteers.

Broad recommendations about ombudsman program outcomes:

- Ombudsman program outcomes should be based on program values, goals, objectives and plans.
- Both system level and resident outcomes are needed.
- Ombudsmen at all levels need a reporting system that can provide rapid feedback.
- States and the Federal government could use outcome data to justify increases in ombudsman funding and the program's use of Medicaid funding.

Based on the experience of the four pilot states, the following recommendations are proposed to guide the development of a future outcomes project:

- The outcomes measures developed under this project should be further refined and tested, with support from the U.S. Administration on Aging.
- A successful outcomes project requires a state "infrastructure" that includes:
 - ✓ buy-in from a comprehensive team of stakeholders, including local ombudsmen
 - ✓ dedicated resources and staff
 - ✓ access to experts in the field of outcome measurement
- Data collection tools (e.g., consumer satisfaction surveys) should be validated using psychometric methods and pilot tested.
- Data analysis is needed to determine the statistical significance of outcome data.
- Rural and urban differences should be explored and evaluated in a future outcomes project.
- The outreach and education outcomes should not be focused solely on past users of the program (as in the current project) but should include a focus on members of the general public and potential users of the ombudsman program.
- AAAs should be identified as a specific target for education and involvement in any future outcomes project.
- Recruitment and retention of volunteers should be added as indicators of the program quality outcome.

- New evaluation questions for community/facility presentations should be developed and tested. The questions developed under this project were found to be too difficult for participants to use.

IV. Summary and Conclusion

This final report of the Ombudsman Program Outcomes Project describes how the project was implemented and presents the experience of the four ombudsman programs that piloted the outcome measures developed under the project. The ombudsman program is motivated to more specifically measure the program's impact on residents and the long-term care system as a means of building support and increasing program resources. The accomplishments of this project, including the adoption of a mission statement by the national ombudsman program, the identification of outcome measures and testing of those measures by four state programs, provide a baseline from which appropriate outcome measures can be developed.

The following next steps are recommended: review and discussion of the promising practices of the four programs and the report's recommendations by the ombudsman program, state units on aging, the Administration on Aging and the National Ombudsman Resource Center; and the identification of financial support for the development, refinement and testing of ombudsman outcome measures.

Appendix A
State Summaries

CALIFORNIA OUTREACH AND EDUCATION

INITIAL OUTCOME: Consumers, the public, advocates and agencies know about the ombudsman program, are informed about residents'/consumers' rights and know where to report problems with long term care.

- 4,000 information consultations. Consultations not tracked during previous reporting period.

INTERMEDIATE OUTCOME: Consumers, the public, advocates and agencies report complaints, consult with, make inquiries to the ombudsman program.*

- 2,078 complaints received. 3,334 complaints received during previous reporting period.

INTERMEDIATE OUTCOME: Providers invite the ombudsman program to provide staff training.*

- 188 invitations from facilities for in-service training.
- 185 facility consultations.

LONG TERM OUTCOME: The ombudsman program helps residents initiate and/or participates in resident councils and facility meetings.**

- 100 resident councils. Not tracked during previous reporting period.
- @25 resident council presentations.
- @25 technical assistance contacts with resident councils.

LONG TERM OUTCOME: The ombudsman program helps families initiate and/or participates in family councils and facility meetings.**

- 51 family councils. Not tracked during previous reporting period.
- @13 family council presentations.
- @13 technical assistance contacts with family councils.

LONG TERM OUTCOME: The ombudsman program initiates and/or participates in consumer or other advocacy groups.**

- Consumer/advocacy group presentations not tracked separately from contacts.
- @400 technical assistance contacts with consumer/advocacy groups.

*Data reported for the **6 months** period, July 1, 2001 - December 31, 2001. Data is provided on **6 local programs**.

Data covers **1 year, January 1, 2001 - December 31, 2002. Data is reported on **6 local programs**.

**CALIFORNIA
COMPLAINT HANDLING**

INITIAL OUTCOME: Complaints are resolved/partially resolved to resident's and/or complainant's satisfaction.***

- Expected resolution rate: 45%.
- Actual resolution rate: 43.8%.

LONG TERM OUTCOME: Needed enforcement/ corrective actions are implemented by regulatory agencies, protective services and/or law enforcement.***

- @400 referrals were made to regulatory, protective services and/or law enforcement agencies.

*Data reported for the **6 months** period, July 1, 2001 - December 31, 2001.

***Data provided on the **statewide** program, covering the period .

CALIFORNIA SYSTEMS ADVOCACY

INITIAL OUTCOME: The ombudsman program promotes systems change to address the quality of life and quality of care of long term care consumers..+*

- 23,730 advocacy hours.
- 20 groups/organizations contacted as part of advocacy efforts.

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved

INDICATOR 1: Resident-centered and ombudsman-supported legislation.

The Department of Aging identifies legislative proposals that may impact the ombudsman program or residents and requests an analysis of the proposal by the ombudsman program. While the program does not take a public position on legislation, it develops internal recommendations regarding legislation for the Department of Aging. Ten legislative proposals were analyzed during the period. Eight of the ten proposals passed and were signed into law, one was vetoed by the Governor and one was made inactive.

LEGISLATIVE PROPOSAL SYNOPSIS	ACTION TAKEN
Elder Abuse - Expands mandated reporters	Amended and made inactive
Establishes central response unit to provide consumer education and information on residents' rights, standards and facility compliance in the Department of Health, Licensing & Certification	Passed 10/01
Requires the Department of Human Services to develop regulations establishing staff to patient ratios in SNFs	Passed 10/01
Financial Abuse - Establishes county specialist teams to respond within 24-48 hours to reports of financial abuse or exploitation of elders or dependent adults and a program of technical and financial assistance for counties to be provided by the Office of Criminal Justice Planning	Vetoed 10/01
Requires dementia-specific training for CNAs working in SNFs and ICFs	Passed 9/01
Requires verification of experience, training, conduct, etc. and 1:1 interviews for all licensed nursing staff and CNAs who provide services to residents and work on a temporary basis in SNFs	Passed 9/01
Requires training of RCF staff on recognizing and reporting elder and dependent adult abuse. Compliance with this requirement is mandated by 7/1/02.	Passed 8/01
Interagency elder death teams established to assist local agencies in identifying and reviewing suspicious deaths. Includes procedures for information disclosure by elder death team.	Passed 8/01
Elder Abuse - Requires the Office of Criminal Justice Planning to develop medical forms, instructions and examination protocols to be followed in cases of elder or dependent adult abuse or neglect or domestic violence	Passed 10/01; Governor signed bill but did not approve request for \$100,000 in General Funds to implement the requirement
Requires hospitals to implement Discharge Planning Policy re: post-hospital care to include informing patients of continuing health requirements and transfer procedures and mandating a transfer summary for patients transferred to long term care facilities	Passed 10/01

CALIFORNIA SYSTEMS ADVOCACY

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved

(2) Resident-centered and ombudsman-supported regulations.

The LTCOP role may include participation in discussions of definitions, choice of language and content of regulatory proposals.

REGULATORY ACTIONS	OMBUDSMAN ROLE	OTHERS INVOLVED	RESULT
Establishment of a Standard SNF Admission Agreement to be used throughout the state	Serves on the workgroup established by the Department of Health to draft the document	Department of Health group includes: regulators, advocates, provider associations and legal counsel, AARP, legislative staff	Final draft developed
Requirement that long term care facilities assume responsibility for timely reporting of alleged abuse	Serves on the workgroup established by the Department of Health to review and comment of regulatory drafts	Department of Health group includes: regulators, advocates, National Senior Citizens Law Center, provider association and legal counsel, 4 nursing home administrators	Comments under review, draft regulatory guidelines pending

+*Data reported for 6 local programs.

(3) Resident-centered and ombudsman-supported provider actions

No actions to report.

CALIFORNIA PROGRAM QUALITY*

INITIAL OUTCOME: Ombudsman services are accessible to long term care consumers.

- 130 SNFs and 948 residential care facilities were visited regularly. Expectation set by the program: 220 SNFs and 1,767 residential care facilities would receive regular visits.
- On average, 2.5 visits were made to each facility per month.** Expectation set by the program: 1 visit per week to each SNF; the number of visits to each residential care facility depends on the level of need established for each facility, ranging from Level A (more than 1 visit per week) to Level E (1 visit per year).***
- Access to facilities/residents/records. Five of the six local ombudsman programs that participated in the project reported no problems, concerns or issues regarding access. One local program reported that the program has occasionally encountered caregivers and providers who were not aware of the laws governing the ombudsman program. These individual problems typically were resolved through provision of in-service training on the laws that support the ombudsman program and referrals to appropriate resources to provide additional information.

LONG TERM OUTCOME: Ombudsman services are responsive to long term care consumers' needs and preferences.

- Average response time to complaints: Information not collected due to limits of current technology. Expectation set by the program: 0-24 hours for emergencies including abuse/neglect allegations, health and safety issues and severe violations of residents' rights; 24-48 hours for minor complaints (concerning non-health or safety issue such as activities, administration); 48 hours-10 days for non-emergency, less serious concerns" and Advanced Healthcare Directives. ***
- Average time to close complaints: 30 days.^* Expectation set by the program: 30 days.+*
- Complaint resolution rate: 43.8%. Expectation set by the program: 45%.***
- Awareness of the ombudsman program: Not reported.
- Consumer satisfaction: of consumer survey respondents would recommend the program to a friend. Expectation set by the program: Not reported.

*Data reported for the **6 months** period, July 1, 2001 - December 31, 2001. Data is provided on **6 local programs**.

**During the reporting period, 220 SNFs received 3,972 visits and 1,767 residential care facilities received 958 visits.

***The policy standard applies to the statewide program.

^*Based on telephone polls of 6 programs that participated in the project.

+* The policy standard applies to the statewide program but the expectation may vary based on the complexity of the case and interagency collaboration.

NEW MEXICO OUTREACH AND EDUCATION*

INITIAL OUTCOME: Consumers, the public, advocates and agencies know about the ombudsman program, are informed about residents'/consumers' rights and know where to report problems with long term care.

- 2,900 information consultations. 2,789 consultations during previous reporting period.

INTERMEDIATE OUTCOME: Consumers, the public, advocates and agencies report complaints, consult with, make inquiries to the ombudsman program.

- 5,486 complaints received. 2,816 complaints received during previous reporting period.

INTERMEDIATE OUTCOME: Providers invite the ombudsman program to provide staff training.

- 50 invitations from facilities for in-service training.
- 380 facility consultations.

LONG TERM OUTCOME: The ombudsman program helps residents initiate and/or participate in resident councils and facility meetings.

- 77 resident councils. 68 resident councils during previous reporting period.
- 78 resident council presentations.
- 232 technical assistance contacts with resident councils.

LONG TERM OUTCOME: The ombudsman program helps families initiate and/or participate in family councils and facility meetings.

- 48 family councils. 42 family councils during previous reporting period.
- 34 family council presentations.
- 111 technical assistance contacts with family councils.

LONG TERM OUTCOME: The ombudsman program initiates and/or participates in consumer or other advocacy groups.

- 7 consumer/advocacy group presentations.
- 83 technical assistance contacts with consumer/advocacy groups.

*All data reported for **1 year**, covering the period October 1, 2000 - September 30, 2001, on the **statewide** program.

**NEW MEXICO
COMPLAINT HANDLING***

INITIAL OUTCOME: Complaints are resolved/partially resolved to resident's and/or complainant's satisfaction.

- Expected complaint resolution rate: 65%.
- Actual resolution rate: 67%.

LONG TERM OUTCOME: Needed enforcement/ corrective actions are implemented by regulatory agencies, protective services and/or law enforcement.

- 825 referrals to regulatory and/or law enforcement agencies.

*All data reported for **1 year**, covering the period October 1, 2000 - September 30, 2001, on the **statewide** program.

NEW MEXICO SYSTEMS ADVOCACY*

INITIAL OUTCOME: The ombudsman program promotes systems change to address the quality of life and quality of care of long term care consumers.

- 2,808 advocacy hours.
- 16 groups/organizations contacted as part of advocacy efforts.

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved.

INDICATOR 1: Resident-centered and ombudsman-supported legislation.

The ombudsman program provided testimony, advocacy and technical assistance to sponsors of legislation favored by the program.

PURPOSE OF LEGISLATION	OMBUDSMAN ROLE; OTHER GROUPS INVOLVED	STATUS
Staffing Bill requiring adoption by nursing facilities of optimal staffing levels specified in the 2000 HCFA Report, "Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes"	Provided testimony, advocacy and technical assistance to bill sponsors <u>Other Supporters:</u> SUA, DOH/L&C, Aging Network, Nurses Association, Protection & Advocacy, Advocates for Developmentally Disabled	Passed both Houses; Vetoed
Testing criteria and professional standards established for Residential Care Home operators	Provided testimony and technical assistance to bill sponsors Legislation resulted from a joint effort of the LTCOP, NMQLTC and nursing home and residential care providers. <u>Other Supporters:</u> SUA, DOH/L&C, Aging Network, Nurses Association, Protection & Advocacy, Advocates for Developmentally Disabled	Passed both Houses; Vetoed
Study to determine percentage of deaths in long term care facilities that involve inadequate care as a contributing cause of death, to be undertaken by DOH/L&C	Advocacy	Passed, signed and the study was undertaken
Private right of action legislation to permit nursing home residents or families to seek injunctive relief when abuse or neglect occurs in long term care facilities	Provided testimony and technical assistance	Did not pass
Long term care receivership legislation to empower DOH/L&C to place facilities in receivership when abuse or neglect occurs	Provided testimony and advocacy	Did not pass

NEW MEXICO SYSTEMS ADVOCACY*

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved.

INDICATOR 2: Resident-centered and ombudsman-supported regulations.

The ombudsman program serves on workgroups to develop regulations.

REGULATORY ACTIONS	OMBUDSMAN ROLE	OTHERS INVOLVED	RESULT
Review of state residential care regulations	Serves on committee. Ombudsman will use this opportunity to advocate requiring owners/operators to pass a standardized test and meet professional standards	Committee established by DOH/L&C, includes Adult Protective Services and Assisted Living Service Organization	In process
Determination of the best acuity-based staffing model for NM	Actively involved in the long term care quality cabinet committee, established by legislation	Committee is led by the Department of Health and includes SUA, NMQLTC, aging network, nurses association, Protection & Advocacy, advocates	In process

INDICATOR 3: Resident-centered and ombudsman-supported provider actions

- Resident Advocate position created by one nursing facility to respond to residents' complaints. The volunteer ombudsman in the facility reports that many complaints are resolved successfully by the Resident Advocate, who also works cooperatively with the ombudsman on issues he is unable to resolve.
- Creation of a Contingency Plan (for licensed nursing and residential care facilities) to respond to serious emergencies requiring resident evacuation and relocation. The plan, which resulted from a widespread, serious fire, was created jointly by the LTCOP, provider association and DOH/L&C.

*All data reported for **1 year**, covering the period October 1, 2000 - September 30, 2001, on the **statewide** program.

NEW MEXICO PROGRAM QUALITY*

INITIAL OUTCOME: Ombudsman services are accessible to long term care consumers.

- 134 facilities were visited regularly. Expectation set by the program: 150 facilities would receive regular visits.
- 2.5 visits made to each facility per month.** Expectation set by the program: 52 visits per year (2 visits per month).
- Access to facilities/residents/records. The ombudsman program handled two separate complaints regarding the presence of volunteer ombudsmen in residential care facilities: (1) In one case, the volunteer was found to perform her job appropriately and remained in the facility despite the operator's complaints to the state agency on aging (which separately investigated and reported to the governor that the volunteer was doing a good job) and the governor. (2) In the second case, the provider complained that the ombudsman was singling her out to look for licensing violations. The regional coordinator's intervention resulted in a more constructive relationship focused on problem-solving between the facility operator and the volunteer.

LONG TERM OUTCOME: Ombudsman services are responsive to long term care consumers' needs and preferences.

- Average response time to complaints: 3 days. Expectation set by the program: Suspected abuse/neglect/exploitation - 1 day; all other complaints - 5-7 days.
- Average time to close complaints: 37 days. Expectation set by the program: 30 days.
- Complaint resolution rate: 67%. Expectation set by the program: 65%
- Awareness of the ombudsman program: increase in the number of information consultations (from 2,789 to 2,900) and the number of complaints received (from 2,816 to 5,486) compared to the previous reporting period.
- Consumer satisfaction: 66.2% of consumer survey respondents would recommend the program to a friend. Expectation set by the program: 65%.

*All data reported for **1 year**, covering the period October 1, 2000 - September 30, 2001, on the **statewide** program.

**200 visits were actually made during the 4 month period visits were tracked, averaging 2.5 visits per facility per month.

OHIO OUTREACH AND EDUCATION*

INITIAL OUTCOME: Consumers, the public, advocates and agencies know about the ombudsman program, are informed about residents'/consumers' rights and know where to report problems with long term care.

- 7,158 information consultations. 3,405 consultations during previous reporting period.

INTERMEDIATE OUTCOME: Consumers, the public, advocates and agencies report complaints, consult with, make inquiries to the ombudsman program.

- 3,709 complaints received. 3,434 complaints received during previous reporting period.

INTERMEDIATE OUTCOME: Providers invite the ombudsman program to provide staff training.

- 205 invitations from facilities for in-service training.
- 1,320 facility consultations.

LONG TERM OUTCOME: The ombudsman program helps residents initiate and/or participate in resident councils and facility meetings.

- All facilities in the state have resident councils.
- 17 resident council presentations.
- 33 technical assistance contacts with resident councils.

LONG TERM OUTCOME: The ombudsman program helps families initiate and/or participate in family councils and facility meetings.

- 99 family councils. 69 family councils during previous reporting period.
- 22 family council presentations.
- 15 technical assistance contacts with family councils.

LONG TERM OUTCOME: The ombudsman program initiates and/or participates in consumer or other advocacy groups.

- 540 consumer/advocacy group presentations.
- 30 technical assistance contacts with consumer/advocacy groups.

*All data reported for **6 months**, covering the period October 1, 2001 - March 31, 2002, on the **statewide** program.

OHIO COMPLAINT HANDLING*

INITIAL OUTCOME: Complaints are resolved/partially resolved to resident's and/or complainant's satisfaction.

- Expected resolution rate: At or above the national average (58.05% in FY 2001).
- Actual resolution rate: 55.2%.

LONG TERM OUTCOME: Needed enforcement/ corrective actions are implemented by regulatory agencies, protective services and/or law enforcement.

- 159 referrals were made to regulatory and/or law enforcement agencies.

*All data reported for **6 months**, covering the period October 1, 2001 - March 31, 2002. Data is provided on the **statewide** program.

OHIO SYSTEMS ADVOCACY*

INITIAL OUTCOME: The ombudsman program promotes systems change to address the quality of life and quality of care of long term care consumers.

- 61,554.2 advocacy hours.
- 17 groups/organizations contacted as part of advocacy efforts.

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved

INDICATOR 1: Resident-centered and ombudsman-supported legislation.

LTCOP actions in response to legislative proposals includes: analysis of the legislation, attendance at initial hearings, technical assistance to regional ombudsman association regarding the regulatory and legislative environment for the purpose of encouraging a specific focus. Other specific actions are noted in the chart.

PURPOSE OF LEGISLATION	OMBUDSMAN ROLE; OTHER GROUPS INVOLVED	STATUS
Increase long term care facility staffing to NCCNHR proposed standards	Legislative analysis, attended initial hearings, technical assistance to regional ombudsman association Sponsors for bills secured by SEIU, Nurses Association. Others involved: Families for Improved Care, Department of Health, SUA	Stalled
Prohibit mandatory overtime for nurses and require facility staffing plans	Legislative analysis, attended initial hearings, technical assistance to regional ombudsman association Sponsors for bills secured by SEIU, Nurses Association. Others involved: Families for Improved Care, Department of Health, SUA	Stalled
Immunize nursing homes, residential care facilities and residential facilities for persons with mental retardation - purpose: to rein in liability costs.	Ombudsman network worked aggressively to stop legislation and achieved some resident-centered amendments - to maintain current resident right to cause of action and current facility accountability for staff actions. Others involved: AARP, Advocates for persons with mental retardation, trial lawyers, nurses association, SEIU, Families for Improved Care.	Amended through ombudsman network and others' advocacy - to maintain current resident right to cause of action and current facility accountability for staff actions. Failed amendment to extend protections to residents against arbitration clauses. Passed House, amended by Senate. Efforts underway to obtain a gubernatorial veto.

OHIO SYSTEMS ADVOCACY*

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved

INDICATOR 2: Resident-centered and ombudsman-supported regulations.

Ombudsman program serves on work groups, provides testimony before the legislature and bodies charged with developing regulations, writes letters, contacts the media and monitors proposals as needed.

REGULATORY PROPOSAL	OMBUDSMAN ROLE	OTHERS INVOLVED	RESULT
Update nursing home licensing rules, including staffing requirements	Serves on the work group, provides testimony, writes letters, contacts the media, and monitors proposals	Department of Health, advocates, SUA Providers were also involved though they had different goals	Regulations developed and passed - will increase staffing in some nursing homes and increase citations for inadequate staffing

INDICATOR 3: Resident-centered and ombudsman-supported provider actions

- Development of pioneer network principles to create a more resident-centered and staff-empowered environment by 2 nursing facilities.
- Revision of infection control policy in one nursing facility in response to the ombudsman program's concerns. The policy required isolation of residents with any form of MRSA, including wound bound MRSA. The ombudsman polled four other facilities and an area hospital, none of which employed such strict practices and provided the information to the facility. The Director of Nursing then provided the information to the corporation, resulting in a change of policy by the corporation to eliminate isolation of residents with wound bound infection.

*All data reported for **6 months**, covering the period October 1, 2001 - March 31, 2002. Data is provided on the **statewide** program.

OHIO PROGRAM QUALITY*

INITIAL OUTCOME: Ombudsman services are accessible to long term care consumers.

- 1,109 facilities were visited regularly. Expectation set by the program: 2,643 facilities would receive regular visits.**
- 1.68 visits were made to each facility that was visited regularly.*** Expectation set by the program: 2 visits per year to each facility.+*
- Access to facilities/residents/records. Not a problem for the program historically. However, one incident occurred during the reporting period in which a regional ombudsman was turned away from an adult group home and assaulted by the operator. The SLTCO reported the problem to legal counsel (an Assistant Attorney General) and the licensing agency. A civil money penalty was proposed, affording the provider ten days to comply; the provider responded that the ombudsman will be given access for future visits. The Assistant Attorney General is reviewing documentation and the licensing agency's action, and is considering sending a letter to the provider on behalf of the ombudsman program. A report was also filed with the sheriff's office regarding the assault. The SLTCO is considering an amendment to the ombudsman statute to impose a penalty for interference with ombudsman duties.

LONG TERM OUTCOME: Ombudsman services are responsive to long term care consumers' needs and preferences.

- Range of response times to complaints: 0-4.7 days. +** Expectation set by the program: Complaints of probable harm - 1 business day; all other complaints - response times set at the regional level.
- Range of times to close complaints: 14.73-68.72 days. +** Expectation set by the program: 90 days.
- Complaint resolution rate: 49.59%. Expectation set by the program: 58.16% (FY 2001 National Average)
- Awareness of the ombudsman program: increase in the number of information consultations (from 3,405 to 7,158) and the number of complaints received (from 3,434 to 3,709) compared to the previous reporting period.
- Consumer satisfaction rate: 91%. Expectation set by the program: 90% of consumer survey respondents would recommend the program to others.

*All data reported for **6 months**, covering the period October 1, 2001 - March 31, 2002. Data is provided on the **statewide** program.

**The number reported is the actual number of visits made during the 6 month period that data was tracked. It is anticipated that the expectation of 2,643 visits would be completed during the 12 months.

***Data was tracked for six months. Meeting the expectation of 2 visits per year does not necessarily mean that each facility will be receive 1 visit per 6 months.

+*The expectation was changed during the year after discussion with regional ombudsman programs. The revised policy requires 1 visit per year to adult care facilities.

+**Data reported on 12 regional programs.

WASHINGTON OUTREACH AND EDUCATION*

INITIAL OUTCOME: Consumers, the public, advocates and agencies know about the ombudsman program, are informed about residents'/consumers' rights and know where to report problems with long term care.

- 647 information consultations. 562 consultations during previous reporting period.

INTERMEDIATE OUTCOME: Consumers, the public, advocates and agencies report complaints, consult with, make inquiries to the ombudsman program.

- 743 complaints received. 593 complaints received during previous reporting period.

INTERMEDIATE OUTCOME: Providers invite the ombudsman program to provide staff training.

- 24 invitations from facilities for in-service training.
- 277 facility consultations.

LONG TERM OUTCOME: The ombudsman program helps residents initiate and/or participates in resident councils and facility meetings.

- 107 resident councils. 108 resident councils during previous reporting period.
- 107 resident council presentations.
- 107 technical assistance contacts with resident councils.

LONG TERM OUTCOME: The ombudsman program helps families initiate and/or participates in family councils and facility meetings.

- 22 family councils. 14 family councils during previous reporting period.
- 22 family council presentations.
- 22 technical assistance contacts with family councils.

LONG TERM OUTCOME: The ombudsman program initiates and/or participates in consumer or other advocacy groups.

- 16 consumer/advocacy group presentations.
- 23 technical assistance contacts with consumer/advocacy groups.

*All data reported for **6 months**, covering the period September 1, 2001 - February 28, 2002. Data is provided on **Spokane Region and Pierce County**.

**WASHINGTON
COMPLAINT HANDLING***

INITIAL OUTCOME: Complaints are resolved/partially resolved to resident's and/or complainant's satisfaction.

- Expected resolution rate: 85%.
- Actual resolution rate: 86%.

LONG TERM OUTCOME: Needed enforcement/ corrective actions are implemented by regulatory agencies, protective services and/or law enforcement.

- 35 referrals were made to regulatory and/or law enforcement agencies.

*All data reported for **6 months**, covering the period September 1, 2001 - February 28, 2002. Data is provided on **Spokane Region and Pierce County**.

WASHINGTON SYSTEMS ADVOCACY*

INITIAL OUTCOME: The ombudsman program promotes systems change to address the quality of life and quality of care of long term care consumers.

- Advocacy hours: Not tracked.
- @17 groups/organizations contacted as part of advocacy efforts.

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved

(1) Resident-centered and ombudsman-supported legislation.

The LTCOP tracks legislation, makes a decision regarding whether to take a position on a piece of legislation, sends out legislative alerts via fax or email to the 14 regional ombudsman programs and a list of 20 supporters and attends hearings and legislative sessions for the purpose of monitoring. Other specific actions are specified in the chart. The legislative session during the period of the outcomes project was noted as being more reactive than proactive than is typical. Resident Councils of Washington created a Legislative Committee, developed a position paper and began to engage legislators in question and answer sessions and discussions of their concerns in the long term care facilities where they live. The LTCOP supports these efforts and provides technical assistance. Plans call for strengthening this relationship and identifying ways to mobilize volunteers around legislative advocacy.

PURPOSE OF LEGISLATION/ PROPOSAL	OMBUDSMAN ROLE; OTHER GROUPS INVOLVED	STATUS
Effort by the three provider associations to reverse previous legislation that established caregiver training requirements.	Legislative tracking, took position in opposition, legislative alerts, attended hearings. Considerable effort was made by the state and regional ombudsman program, legal counsel, other supporters	Succeeded in removing most of the damaging provisions
Proposal to weaken boarding home enforcement system	Legislative tracking, took position in opposition, legislative alerts, attended hearings. LTCOP withdrew from the Long Term Care Alliance in response to this industry-driven legislation.	No action taken
Ombudsman conflict of interest provision regarding prior association with the long term care industry to change from 3 years to 1 year; conflict of interest requirement is extended to DSHS staff	LTCOP drafted legislation	Passed
\$70 million cut in nursing home payments	LTCOP provided testimony in opposition	Cut did not occur
Increased funding for the ombudsman program	LTCOP met with representatives	Increased funding not received; no cuts in program funding
Creation of an independent Mental Health Ombudsman Program	Legislative tracking, took position in support, legislative alerts, attended hearings.	Bill passed; vetoed

*All data reported for **6 months**, covering the period September 1, 2001 - February 28, 2002. Data is provided on **Spokane Region and Pierce County**.

WASHINGTON SYSTEMS ADVOCACY*

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved

PURPOSE OF LEGISLATION/ PROPOSAL	OMBUDSMAN ROLE; OTHER GROUPS INVOLVED	STATUS
Requirement that long term care facilities offer influenza and other immunizations to residents	Legislative tracking, took position in support, legislative alerts, attended hearings.	Passed for nursing homes only

(2) Resident-centered and ombudsman-supported regulations.

Active in commenting and making suggestions regarding regulatory proposals, attends stakeholder meetings, analyzes proposals (via legal counsel), drafts written comments.

REGULATORY PROPOSAL	OMBUDSMAN ROLE	OTHERS INVOLVED	RESULT
Revision of nursing home regulations	Attended stakeholder meetings, submitted written comments.	Ombudsman legal counsel, other stakeholders.	Ongoing issue.
Transfer of oversight of of boarding homes to the agency responsible for licensing/certification of nursing homes; review of regulations	Involved in 7 stakeholder workgroups to develop specific recommendations; advocated with state agency to initiate focus groups; assisted with planning/conducting resident focus groups	Resident Council of Washington-received funding from the state to conduct the focus groups	Resident input that was ignored in stakeholder groups was obtained - meetings with residents will continue
Long term care caregiver training	Serves on the committee to recommend training content, instructor qualifications and other aspects of caregiver training; will submit written comments on draft rules	Advocates, the industry, state agency responsible for oversight of training	Recent legislation will weaken recommendation agreed to by the committee
Medicaid reimbursement for nursing home residents to live in community settings	Submitted written and verbal comments during the rule-making process; sent letters to the Secretary of the Department of Social & Health Services. Tracks complaints and consultations on this issue, trains providers on how to get legal assistance for residents, assists residents in the fair hearing process.	Ombudsman partnered with the industry to voice concerns to legislators, the press and others. Agreed to track complaints on this issue as a group.	Ongoing issue.

**WASHINGTON
SYSTEMS ADVOCACY***

LONG TERM OUTCOME: Specific system changes promoted by the ombudsman program are achieved
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(3) Resident-centered and ombudsman-supported provider actions

- Development of a coalition of providers and advocates - the Long Term Care Alliance - to advocate fully funding long term care, including a living wage for caregivers and adequate funding for services. More than 40,000 signatures were collected and delivered to the Governor. The goal was an additional \$1 per hour for caregivers; the result was an increase of \$0.50. Not all providers have taken advantage of the wage pass through.

*All data reported for **6 months**, covering the period September 1, 2001 - February 28, 2002. Data is provided on **Spokane Region and Pierce County**.

WASHINGTON PROGRAM QUALITY*

INITIAL OUTCOME: Ombudsman services are accessible to long term care consumers.

- 209 facilities were visited regularly. Expectation set by the program: 81% of nursing facilities (compared to 73% statewide), 35% of boarding homes (51% statewide) and 20% adult family homes (26% statewide) have an assigned volunteer.
- 2.5 visits per month were made to each facility that was visited regularly.** Expectation set by the program: 1 visit per week (total of 4 hours) to each facility.
- Access to facilities/residents/records. Washington has strong laws with respect to ombudsman access to residents. The State Administrative Code (rules) and program policies assure the program's access to residents, their representatives when necessary and resident records as appropriate. Facilities that willfully interfere with the ombudsman program's performance of official duties can be fined up to \$1,500 per incident. On two past occasions, referrals of access complaints to the state licensing agency have resulted in substantiation of the allegation and fining the facility.

LONG TERM OUTCOME: Ombudsman services are responsive to long term care consumers' needs and preferences.

- Average response time to complaints: Not able to track. Practice is to make telephone contact with complainant within 2 working days. Expectation set by the program: Within 3 business days.
- Average time to close complaints: 46 days. Expectation set by the program: Criteria has not been set.
- Complaint resolution rate: 86%. Expectation set by the program: 85%
- Awareness of the ombudsman program: increase in the number of information consultations (from 562 to 647) and the number of complaints received (from 593 to 743) compared to the previous reporting period.
- Consumer satisfaction rate: Not available. Expectation set by the program: 85% of verified complaints will be resolved.

*All data reported for **6 months**, covering the period September 1, 2001 - February 28, 2002. Data is provided on **Spokane Region and Pierce County**.

**The average of 2.5 visits is based on a total of 200 visits made to 20 facilities in Spokane Region and Pierce County over a 4 month period, during which data was tracked.

Appendix B
Ombudsman Outcomes Work Group

Ombudsman Outcomes Project

Work Group

The original work group members included:

- Alice Ahart, Arkansas State LTCO
- Judith Griffin, New Hampshire State LTCO
- Becky Kurtz, Georgia State LTCO
- Beverley Laubert, Ohio State LTCO
- Michelle Lujan-Grisham, New Mexico State Aging Director
- Wendi Middleton, Michigan Office of Services to the Aging
- Maria Greene, Georgia State Aging Director
- Jim Varpness, Minnesota State Aging Director
- John Willis, Texas State LTCO

Following selection of the four pilot states, representatives from those ombudsman programs became members of the work group, as follows:

- **California Office of the State Long-term Care Ombudsman:** Beth Mann, SLTCO, Linda Lang, Gordon Migliore and Linda Scott
- **New Mexico Office of the State Long-term Care Ombudsman:** Agapito Silva, SLTCO, Doug Calderwood and Katrina Hotrum (currently SLTCO)
- **Ohio Office of the State Long-term Care Ombudsman:** Beverley Laubert, SLTCO
- **Washington State Office of the State Long-term Care Ombudsman:** Louise Ryan, Assistant State Ombudsman.

The following individuals provided expertise and guidance to the work group:

- Sara Aravanis, Associate Director for Elder Rights, NASUA
- David Bunoski, Administration on Aging
- Mark Miller, Elder Rights Associate, NASUA
- Jack Molnar, Office of the Inspector General, DHHS, Region II

Appendix C
Consensus Document Adopted by the
Ombudsman Outcomes Work Group

Ombudsman Program Outcomes

Consensus Document Adopted by Ombudsman Outcomes Work Group

Prepared by National Association of State Units on Aging

National Long Term Care Ombudsman Resource Center

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Washington, DC 20036
(202)332-2275 ombudcenter@nccnhr.org

April 2000

Supported by the U.S. Administration on Aging

Acknowledgements

The Ombudsman Outcomes Work Group developed the outcomes contained in this paper. Work Group members include: Alice Ahart, Arkansas SLTCO; Judith Griffin, New Hampshire SLTCO; Becky Kurtz, Georgia SLTCO; Beverley Laubert, Ohio SLTCO; Michelle Lujan-Grisham, New Mexico State Aging Director; Wendi Middleton, Michigan Office of Services to the Aging; Jeffrey Minor, Georgia State Aging Director; Jim Varpness, Minnesota State Aging Director; and John Willis, Texas SLTCO.

About the Author

Virginia Dize, MS, Gerontology, Ombudsman Center staff at the National Association of State Units on Aging (NASUA), has more than eighteen years of experience in the aging field, including seven and one-half years as a State Long Term Care Ombudsman. NASUA is a private, nonprofit organization whose membership is comprised of the 57 state and territorial offices on aging.

To obtain additional copies:

To obtain additional copies of this publication, contact NASUA at 1225 I Street, NW, Suite 725, Washington, DC 20005, (202) 898-2578; FAX (202) 898-2583; email: cwellons@nasua.org

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Foreword

Programs may develop outcome measures for a variety of reasons. The effort to develop outcomes for the Long Term Care Ombudsman Program is driven by the longstanding commitment of State Aging Directors and Ombudsmen to ensure that the advocacy services provided to vulnerable elders who live in long term care facilities are of the highest quality.

The **Ombudsman Program Outcomes** were developed by an Outcomes Work Group of State Ombudsmen and State Aging staff. Staff support was provided by the National Association of State Units on Aging as part of its work plan for the National Long Term Care Ombudsman Resource Center. The Work Group met by teleconference (on October 14, 1999, December 15, 1999 and February 16, 2000) and reviewed and critiqued several drafts of the outcomes prepared by staff. Work Group members include:

- Alice Ahart, State Ombudsman, Arkansas
- Judith Griffin, State Ombudsman, New Hampshire; Chair, NASOP Outcomes Committee
- Becky Kurtz, State Ombudsman, Georgia
- Beverley Laubert, State Ombudsman, Ohio
- Michelle Lujan-Grisham, State Aging Director, New Mexico
- Wendi Middleton, Office of Services to the Aging, Michigan
- Jeffrey Minor, State Aging Director, Georgia
- Jim Varpness, State Aging Director, Minnesota
- John Willis, State Ombudsman, Texas

Two experts in outcome measurement, Jack Molnar with the Office of Inspector General/Department of Health and Human Services in New York, and David Bunoski, with the Administration on Aging, contributed their expertise to the project. Their knowledge and guidance enabled us to avoid pitfalls, minimize detours and focus our energies on the task at hand.

This initiative - to develop **Ombudsman Program Outcomes** - builds on the work that already has been done to set program standards and identify quality measures for the program. The Work Group consulted a number of documents, including the *Menu for Excellence*, developed by Jim Kautz in 1992-93; the Institute of Medicine's 1995 evaluation of the Ombudsman Program; and documents developed by the Administration on Aging and the National Long Term Care Ombudsman Resource Center.¹

The requirements of the Government Performance and Results Act (GPRA), that outcome measures be developed for programs supported by federal funds, provides added incentive for the effort to develop Ombudsman Program outcomes. The Administration

¹ A complete listing of the documents consulted by the Ombudsman Outcomes Work Group is provided in Appendix A.

on Aging (AoA) is working with states to develop and test a core set of outcome measures for Title III programs under the Older Americans Act, and has expressed interest and support for this initiative. AoA has identified one outcome for the Ombudsman Program - the per cent of resolved and partially resolved complaints - and reports the complaint resolution rate to Congress in its annual report on the program.²

The approach outlined in the United Way publication, *Measuring Program Outcomes: A Practical Approach* guided the Work Group's efforts. We began by educating ourselves about outcomes and moved quickly to developing a Mission Statement and making decisions regarding the role of NORS. The **Outcomes** went through four previous iterations before being adopted by the Work Group.

Next Steps

This document represents a first step in the process of developing and testing outcomes for the Ombudsman Program. State Units on Aging and State Ombudsmen are invited to provide comments. Two focus groups will be convened with consumers who have used the Ombudsman Program's advocacy assistance. The Work Group will review and consider all comments and suggestions before finalizing the **Outcomes**.

Additional tasks for the coming year (April 1, 2000 - March 31, 2001) include:

- Identification of indicators and data sources for measuring progress in achieving the **Outcomes**. Ombudsmen and State Aging Directors will be given the opportunity to review and provide input regarding the Work Group's recommendations.
- Development of a model instrument for states to use to collect data and measure outcomes in their individual Ombudsman Programs.
- Pilot-testing of the **Outcomes** by 4-5 states.

Request for Comments

The **Ombudsman Program Outcomes** are presented for review and comment to State Ombudsmen and Ombudsman staff, State Aging Directors and consumers. The deadline for submitting comments is June 1, 2000. Please send your comments by mail, fax or email to:

National Association of State Units on Aging
1225 I Street, N.W., Suite 725
Washington, D.C. 20005
ATTENTION: Virginia Dize
Phone: (202) 898-2578
Fax: (202) 898-2583
Email: vdize@nasua.org

² David Bunoski, Administration on Aging, speaking to the Ombudsman Outcomes Work Group on October 14, 1999.

How the Outcomes Were Developed: An Overview of the Process

What are Outcomes?

Outcomes are "the benefits to the program's consumers that result from their involvement with the program."³ Thus, an outcome for the Ombudsman Program should measure the impact the program has on residents' lives.

The purposes for which outcomes measures are created may include:

- To estimate the value of the services people receive.
- To compare results to a benchmark.
- To examine changes over time.
- To compare results across different agencies.

For example, the Administration on Aging has established 70% complaints resolved as a benchmark for the Ombudsman Program, which allows comparison of individual programs' performance to this standard and permits comparison of the overall program's performance over time.⁴

"Beginning Principles" To Guide the Development of Outcomes

The Work Group identified some "beginning principles" to guide the development of outcomes. These include:

- Begin with the mandate for the Ombudsman Program.
- It is not necessary to identify outcomes for each and every one of the program's outputs.
- Less is more - that is, fewer outcomes are easier to track.
- When appropriate, *initial*, *intermediate* and *long term* outcomes should be specifically identified.
- Testing the outcomes is a necessary step in the process.

Ombudsman Program Mission Statement

The Mission Statement adopted by the Work Group provided the framework for identifying program outcomes. The Mission Statement answers the question: what is the Ombudsman Program supposed to do? The Ombudsman Program's activities, outputs and outcomes are an outgrowth of the Mission Statement and are meant to be consistent with it.

³ *Measuring Program Outcomes: A Practical Approach*. United Way of America (1996), p. xv.

⁴ David Bunoski, Op.Cit.

The mission of the Long Term Care Ombudsman Program is to improve the quality of life and care of residents of long term care facilities. The Program's mission is accomplished through: consumer⁵ education activities designed to inform and empower long term care consumers; investigation and resolution of individual complaints; and system advocacy that includes legislation and public policy activities, promotion of community involvement in long term care facilities and other activities designed to improve long term care service delivery and oversight.

A Word About the National Ombudsman Reporting System (NORS)

The Work Group spent time discussing the role of NORS in measuring Ombudsman Program outcomes. Two options were considered:

- Option 1: Starting "de novo." In this scenario, outcomes would be identified without considering whether the data collected in NORS would be useful to programs in determining whether or not they are achieving or making progress toward the outcomes.
- Option 2: Starting with NORS. Using this approach, potential outcomes would be considered within the framework of NORS. The question which needs to be asked as outcomes are developed is: does NORS collect data that can be used to measure success in achieving outcomes?

The Work Group decided that it was essential to begin with NORS. However, NORS has limitations. In order to measure some outcomes identified by the Work Group, it may be necessary to use NORS and/or additional data sources (e.g., OSCAR data, which reports nursing home inspection results) or to recommend changes in NORS.

Two additional issues will continue to be considered by the Work Group as indicators and data sources are identified:

- Measuring outcomes probably will require additional funding and staff time.
- It may not be feasible to ask Ombudsmen to collect additional data.

The "Logic Model" Approach for Developing Outcomes⁶

Inputs - Activity → Output → Outcome → Impact

⁵ "Consumer" may include: the resident; the resident's representative; a family member; or a potential long term care user.

⁶ Adapted from: Measuring Program Outcomes: A Practical Approach. United Way of America (1996) p. 44.

The logic model describes how the program works to achieve benefits for participants, and asks some basic questions:

- Who are the outcome measures for? Potential state-level target audiences include: the legislature, state policy making boards, the State Aging Director and the Ombudsman network.
- What are the measures supposed to tell you? Outcome measures tell program administrators how the program is doing, as well as how the program compares to other programs.⁷

The Work Group used the Logic Model recommended by the United Way to map out the key activities the program is expected to accomplish and to identify realistic and reasonable outcomes that might be expected to result from the Ombudsman Program's efforts.

Glossary of Terms⁸

Inputs are resources a program uses to achieve program objectives. Programs use **inputs** to support **activities**. Examples of Ombudsman Program inputs are:

- funding
- staffing
- volunteers

Activities are what a program does with its inputs - the services it provides - to fulfill its mission. Examples of Ombudsman Program activities are:

- education/training
- complaint handling
- systemic advocacy activities
- quality assurance

Outputs are the things the program produces, its products. Examples of Ombudsman Program outputs are:

- facility/resident visits
- complaints investigated
- complaints resolved
- annual report published and disseminated.

⁷ Measuring Program Outcomes: A Practical Approach. United Way of America (1996), p 38; and Jack Molnar, Office of the Inspector General/Department of Health and Human Services, speaking to the Ombudsman Outcomes Work Group, October 14, 1999.

⁸ Ibid. pp. xv; 32.

Outcomes are the benefits to the program's consumers that result from their involvement with the program. Outcomes may relate to the consumer's knowledge, skills, attitudes, values, behavior, condition, or status.

Various "levels" of outcomes may be identified for a particular program, including: initial outcomes, intermediate outcomes and longer-term outcomes.

Initial outcomes are the first benefits or changes participants are likely to experience. Initial outcomes represent necessary steps toward intermediate or long term outcomes. Often, initial outcomes are changes in participants' knowledge, attitudes or skills. An example of an Ombudsman Program initial outcome is:

- Verified complaints are resolved to resident's and complainant's satisfaction.

Intermediate outcomes serve as a link between initial outcomes and long term outcomes. Often, intermediate outcomes indicate changes in behavior that are the result of participants' new knowledge, attitude or skills. An example of an Ombudsman Program intermediate outcome is:

- Complaints are analyzed to identify major issues impacting residents.

Long term outcomes are the ultimate outcomes a program may achieve. Long term outcomes represent meaningful changes. Even though the program may hope participants experience even more far-reaching changes, the program's long term outcomes are the most far removed benefits that it can reasonably hope to bring about. An example of an Ombudsman Program intermediate outcome is:

- Needed regulatory and law enforcement actions are initiated.

Outcomes Charts

The following charts reflect the Logic Model applied to the Ombudsman Program. Key activities are noted, with outputs and outcomes (initial, intermediate and long range) suggested for each. This framework was discussed and approved by the Work Group and will serve as the foundation for the next steps in developing outcome *measures* for the Ombudsman Program.

Appendix D
Ombudsman Program Outcomes
Adopted by the Outcomes Work Group

Ombudsman Program Outcomes

**Adopted by:
Ombudsman Outcomes Work Group
& the 4 Pilot States**

Prepared by the National Association of State Units on Aging

Draft Shared with Participants at the National Ombudsman Training Conference
April 21 - 24, 2001

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OMBUDSMAN PROGRAM OUTCOMES

Glossary of Terms

****Activities** are what a program does with its inputs - the services it provides - to fulfill its mission. Examples of Ombudsman Program activities are:

- outreach and education
- complaint handling
- systems advocacy
- program quality

Advocacy hours: An estimate of the number of hours or percentage of time staff spend promoting the Ombudsman Program's systems advocacy agenda and other resident-centered and Ombudsman-supported legislation, regulations or provider practices. Includes time spent in meetings, preparing written materials, mailings, legislative activities, etc.

Consumers: May include residents, family members and consumers who contact the program for information about long term care options.

Consumer or other advocacy groups: May include citizens' groups, disability, aging and other advocacy groups involved in long term care advocacy.

****Data collection methods** may include:

- review of records
- self-administered questionnaires
- interviews
- rating by a trained observer

****Data sources** may include:

- records
- specific individuals, e.g., program participants, family members, persons who interact with program participants, staff and volunteers in the program, staff of other programs/agencies/organizations
- general public
- trained observers
- tests and measurements
- records of other programs/agencies

***Individual information/consultations:** Assistance to individuals by telephone or in-person on a one-to-one basis on needs ranging from how to select a nursing home to residents' rights to understanding Medicaid. Each separate request for information or assistance is counted (but not each call related to the same request), whether made by someone who requested assistance earlier in the reporting period or by a new caller. Participants in community education events are not included.

Inputs are resources a program uses to achieve program objectives. Programs use **inputs** to support **activities**. Examples of Ombudsman Program inputs are:

- funding
- staffing
- volunteers

Major issues are problems/concerns that appear to impact a significant number or specific segment (e.g., Medicaid residents, residents of facilities in bankruptcy) of long term care residents. Typically, major issues are the patterns or trends which emerge from an analysis of complaints/concerns reported to the Ombudsman Program, but may also include trends/issues that potentially could have a significant impact on long term care residents (e.g., the Olmstead Decision).

Media stories include written articles in the print media (e.g., newspapers, magazines), stories on the Web and features on the radio and TV.

Outcomes are the benefits to the program's consumers that result from their involvement with the program. Outcomes may relate to the consumer's knowledge, skills, attitudes, values, behavior, condition, or status. Various "levels" of outcomes may be identified for a particular program, including: initial outcomes, intermediate outcomes and longer-term outcomes. **Initial outcomes** are the first benefits or changes participants are likely to experience. Initial outcomes represent necessary steps toward intermediate or long term outcomes. Often, initial outcomes are changes in participants' knowledge, attitudes or skills. **Intermediate outcomes** serve as a link between initial outcomes and long term outcomes. Often, intermediate outcomes indicate changes in behavior that are the result of participants' new knowledge, attitude or skills. **Long term outcomes** are the ultimate outcomes a program may achieve. Long term outcomes represent meaningful changes. Even though the program may hope participants experience even more far-reaching changes, the program's long term outcomes are the most far removed benefits that it can reasonably hope to bring about.

Outputs are the things the program produces, its products.

- facility/resident visits
- complaints investigated
- complaints resolved
- annual report published and disseminated.

***Presentations to resident or family councils, consumer or other advocacy groups:** Training sessions provided to resident councils, family councils and consumer or other advocacy groups by state or local Ombudsman Program staff.

Providers include nursing facilities, assisted living, board and care and other residential facilities that come under the SLTCOP's purview. In states where the Ombudsman Program has responsibility to handle complaints re: home and community based services, agencies/organizations that provide such services are included in the term "providers."

***Technical assistance to resident or family councils, consumer or other advocacy groups:** The provision of information and assistance/consultation to resident councils, family councils and consumer or other advocacy groups. Technical assistance may be provided by telephone or in-person; information may be sent by fax, email or regular mail. If there are repeated technical assistance contacts with the same entity, count each technical assistance contact. Training sessions are not included.

OUTREACH & EDUCATION OUTCOMES - 1

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
<p>SLTCOP educates <u>target audiences</u>: residents, families, the public, aging/long term care agencies, legal services, consumer or other advocacy groups re: residents'/consumers' rights & the OMB Program</p>	<p>INITIAL: Consumers, the public, advocates and agencies know about the Ombudsman Program, are informed about residents'/consumers' rights and know where to report problems with long term care</p>	<p>Positive responses to questions about knowledge of the Ombudsman Program and residents'/consumers' rights</p>	<p>Participants</p>	<p><u>Evaluations and/or pre- and post-tests*</u></p> <ul style="list-style-type: none"> Training evaluations (and pre- and post-tests, if used) include questions about the program and residents'/consumers' rights Disseminate and collect completed evaluation forms (and/or pre-and post-tests) at all training events for target audiences Analyze responses re: knowledge <p><u>Consumer satisfaction survey or focus group*</u></p> <ul style="list-style-type: none"> Survey or focus group includes questions about the program and residents'/consumers' rights Administer consumer satisfaction survey/convene focus group of a sample of consumers Analyze knowledge data from the survey/focus group

OUTREACH & EDUCATION OUTCOMES - 2

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
SLTCOP educates <u>target audiences</u> : residents, families, the public, aging/long term care agencies, legal services, consumer or other advocacy groups re: residents'/consumers' rights & the OMB Program	INTERMEDIATE 1: Consumers, the public, advocates and agencies report complaints, consult with, make inquiries to the Ombudsman Program	Change in # complaints received	Program records	<ul style="list-style-type: none"> Track complaints received* Compare # of complaints received to previous reporting period*
		Increase in # individual information/consultations	Program records (NORS)	<ul style="list-style-type: none"> Track individual information/consultations Compare # information/consultations with previous reporting period*
	INTERMEDIATE 2: Providers invite the Ombudsman Program to provide staff training	# invitations from facilities to provide in-service training	Program records	<ul style="list-style-type: none"> Track invitations from facilities re: training* Calculate total invitations for the period
		# facility consultations provided	Program records (NORS)	<ul style="list-style-type: none"> Track facility consultations Calculate total consultations during the period
	LONG TERM 1: The Ombudsman Program helps residents initiate and/or participates in resident councils and facility meetings	# new resident councils formed	Program records	<ul style="list-style-type: none"> Track new resident councils* Calculate total for the period
		# resident council presentations	Program records (NORS)	<ul style="list-style-type: none"> Track resident council presentations Calculate total for the period
		# Technical assistance contacts to resident councils	Program records	<ul style="list-style-type: none"> Track technical assistance contacts with resident councils* Calculate total for the period

OUTREACH & EDUCATION OUTCOMES -3

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
SLTCOP educates <u>target audiences</u> : residents, families, the public, aging/long term care agencies, legal services re: residents' rights & the OMB Program	LONG TERM 2: The Ombudsman Program helps families initiate and/or participates in family councils and facility meetings	# new family councils formed	Program records	<ul style="list-style-type: none"> Track new family councils* Calculate total for the period
		# family council presentations	Program records (NORS)	<ul style="list-style-type: none"> Track family council presentations Calculate total for the period
		# technical assistance contacts to family councils	Program records	<ul style="list-style-type: none"> Track technical assistance contacts with family councils* Calculate total for the period
SLTCOP educates <u>target audiences</u> : residents, families, the public, aging/long term care agencies, legal services re: residents' rights & the OMB Program	LONG TERM 3: The Ombudsman Program initiates and/or participates in consumer or other advocacy groups	# consumer or other advocacy group presentations	Program records	<ul style="list-style-type: none"> Track consumer or other advocacy group presentations* Calculate total for the period
		# technical assistance contacts to consumer and other advocacy groups	Program records	<ul style="list-style-type: none"> Track technical assistance contacts with consumer or other advocacy groups* Calculate total for the period

COMPLAINT HANDLING OUTCOMES - 1

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
SLTCOP investigates and resolves individual complaints	INITIAL: Complaints are resolved/partially resolved to resident's and/or complainant's satisfaction	#/% complaints that are resolved/partially resolved	<ul style="list-style-type: none"> Program records (NORS) Participants 	<ul style="list-style-type: none"> Track complaint closings and resolutions Calculate resolution rate (% of total complaints that are resolved or partially resolved) Consumer satisfaction survey or focus group includes questions re: consumer satisfaction with the program's complaint handling
		Resolution rate meets or exceeds national average	<ul style="list-style-type: none"> Program records National Ombudsman Report 	<ul style="list-style-type: none"> Compare resolution rate to the average national resolution rate reported in most recent Ombudsman Report
	LONG TERM: Needed enforcement/ corrective actions are implemented by regulatory agencies, protective services and/or law enforcement	#/types of regulatory, protective services and law enforcement actions implemented in response to specific complaints	<ul style="list-style-type: none"> Program records (NORS) Records/reports of regulatory, protective services and law enforcement agencies 	<ul style="list-style-type: none"> Track referrals made to regulatory, protective services and law enforcement agencies* Track actions by regulatory, protective services and law enforcement agencies in response to Ombudsman referrals Analyze types of actions taken by agencies in response to Ombudsman referrals*

SYSTEMS ADVOCACY OUTCOMES - 1

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
The Ombudsman Program implements its systems advocacy agenda	INITIAL: The Ombudsman Program promotes systems change to address the quality of life and quality of care of long term care consumers	Trends re: areas of concern are identified through analysis of complaints and issues/concerns that have come to the Ombudsman Program's attention	<ul style="list-style-type: none"> Program records (NORS) Participants 	<ul style="list-style-type: none"> Develop potential categories for tracking areas of concern* Include questions on training evaluations and consumer surveys/focus groups to solicit information re: areas of concern* Track areas of concern identified in: complaints; individual consultations; evaluations; and surveys/focus groups Identify trends through an analysis of areas of concern identified during the period*
		A systems advocacy agenda, specifying needed changes in laws, regulations, policies and practices, is developed and implemented	<ul style="list-style-type: none"> Program records Participants 	<ul style="list-style-type: none"> Develop a systems advocacy agenda, identifying goals, objectives, strategies*

SYSTEMS ADVOCACY OUTCOMES - 2

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
The Ombudsman Program implements its systems advocacy agenda	INITIAL: The Ombudsman Program promotes systems change to address the quality of life and quality of care of long term care consumers	The program coordinates with advocacy groups, other programs/agencies on systems issues	Program records	<ul style="list-style-type: none"> Track "advocacy hours" spent in meetings, putting together mailings, legislative advocacy with other groups/organizations* Calculate total advocacy hours for the period* Track #/types of groups/organizations with which the program coordinates re: systems issues Calculate total # groups/organizations working with the program during the period
		Target audiences are made aware of the program's systems advocacy agenda	<ul style="list-style-type: none"> Participants Newspapers/newsletters 	<ul style="list-style-type: none"> Consumer survey/focus groups and training evaluations include questions re: knowledge of advocacy agenda* Administer survey and evaluations; convene focus groups* Analyze data re: knowledge of the advocacy agenda* Analyze newspapers, newsletters to identify articles on systems issues advocated by the program

SYSTEMS ADVOCACY OUTCOMES - 3

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
The Ombudsman Program implements its systems advocacy agenda	LONG TERM: Specific system changes promoted by the Ombudsman Program are achieved	Resident-centered and Ombudsman-supported legislation is enacted	<ul style="list-style-type: none"> Legislative proposals initiated by the program and/or sponsoring agency Other agencies and organization's legislative proposals that impact long term care residents/consumers Legislative records 	<ul style="list-style-type: none"> Analyze legislative proposals/actions to identify those that are resident-centered and/or that the program supports* Track identified legislative proposals* Identify enacted legislation that meet the established criteria*
		Resident-centered and Ombudsman-supported regulations are implemented	<ul style="list-style-type: none"> Regulatory proposals initiated by the program and/or sponsoring agency Other agencies and organization's regulatory proposals that impact long term care residents/consumers The state's register of regulations 	<ul style="list-style-type: none"> Analyze regulatory proposals to identify those that are resident-centered and/or that the program supports* Track identified regulatory proposals* Identify final regulations that meet the established criteria*
		Providers implement resident-centered and Ombudsman-supported changes in practice	<ul style="list-style-type: none"> Program records Provider information Regulatory records 	<ul style="list-style-type: none"> Track resident-centered and/or Ombudsman-supported provider practices (through analysis of closed complaints, regulatory actions, facility consultations, provider publicity or any other source)

PROGRAM QUALITY - 1

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
The SUA and the Ombudsman Program ensure quality Ombudsman services.	INITIAL: Ombudsman services are accessible to long term care consumers	The program sets and meets* expectations for Ombudsman presence in facilities: <i>#/% of facilities with regular visits; frequency of Ombudsman staff and/or volunteer visits</i>	<ul style="list-style-type: none"> Program policies and procedures, regulations, legislation Program records 	<ul style="list-style-type: none"> Develop program expectations for Ombudsman presence* Track visits to facilities* Compare visit frequency to the program standard Identify facilities with regular visits Compare # facilities with regular visits to the program expectation Compare # facilities with regular visits to previous reporting period
		The program sets and meets* expectations for ensuring access to residents, records and facilities: <i>the program is able to access facilities, residents and records; problems with access are resolved</i>	<ul style="list-style-type: none"> Program policies and procedures, regulations, legislation Program records 	<ul style="list-style-type: none"> Develop program expectations for access* Identify problems with access to residents, records, facilities encountered during Ombudsman visits, complaint investigations or other activity* Resolve individual problems that are identified Analyze problems to identify long-range solution

* If expectations are exceeded, the program should measure and provide evidence that it, in fact, went beyond the standard that has been set.

PROGRAM QUALITY - 2

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
The SUA and the Ombudsman Program ensure quality Ombudsman services.	LONG TERM: Ombudsman services are responsive to long term care consumers' needs and preferences	The program sets and meets* expectations for responding timely to complaints: <i># days to initiate complaint after it is reported; # days for closing complaint; criteria for prioritizing complaints</i>	<ul style="list-style-type: none"> Program policies and procedures, regulations, legislation Program records 	<ul style="list-style-type: none"> Identify program expectations for timely response to complaints * Track response times for initiating complaint investigations* Track time frames for closing complaints* Compare actual times for initiating and closing complaints to the program expectations*
		The program sets and meets* expectations for complaint resolution by staff/volunteers: <i>resolution rate = x% of the total number of closed complaints are resolved or partially resolved</i>	<ul style="list-style-type: none"> Program policies and procedures, regulations, legislation Program records (NORS) 	<ul style="list-style-type: none"> Identify program expectations for complaint resolution* Track resolution of complaints Calculate resolution rate achieved Compare actual resolution rate to the expectation*

PROGRAM QUALITY - 3

ACTIVITIES	OUTCOMES	INDICATORS	DATA SOURCES	DATA COLLECTION
The SUA and the Ombudsman Program ensure quality Ombudsman services.	LONG TERM: Ombudsman services are responsive to long term care consumers' needs and preferences	The structured training program ensures that staff and volunteers are trained in complaint handling and are knowledgeable about complaint handling strategies, advocacy techniques and the program's standards of practice.	<ul style="list-style-type: none"> Training curricula Program records 	<ul style="list-style-type: none"> Analyze content of training curricula and training agendas for staff and volunteers to identify training on: (1) complaint handling, (2) advocacy techniques and (3) program standards* Identify needed changes*
		<p>The program sets and meets* expectations re: consumer awareness and satisfaction as reflected in the results of consumer satisfaction surveys/focus groups:</p> <p><i>Awareness = x% who know about the Ombudsman Program; x% who have knowledge of residents'/consumers' rights; x% who have knowledge of the program's advocacy agenda.</i></p> <p><i>Satisfaction rate of persons who report complaints = x% of survey respondents who report that they are satisfied or very satisfied with the Ombudsman Program's handling of complaints</i></p>	<ul style="list-style-type: none"> Program policies and procedures, regulations, legislation Participants 	<ul style="list-style-type: none"> Identify program expectations for consumer awareness of the Ombudsman Program, residents'/consumers' rights and the program's advocacy agenda; and satisfaction with the program's complaint handling* Administer consumer satisfaction survey/convene focus group* Analyze responses re: awareness and satisfaction with Ombudsman complaint handling and compare actual results to expected results*

Appendix E

Reporting Form

Final Report

In addition to completing the Reporting Form, the following issues need to be addressed.

1. Describe your MAJOR accomplishments under this project. I'd prefer you to do this in chronological order. For each accomplishment, describe **what** was done, **who** did it (the entire program or which specific local/regional programs participated), the **end result** and **whether you met your initial expectations**.
2. Describe problems/barriers that impacted your project and your ability to complete expected tasks within the time frame. This can be done as part of your description of accomplishments if problems/barriers related to specific tasks. If, in addition, there were problems/barriers that affected the entire project (e.g., staff changes), those issues need to be identified and the impact on the project described separately rather repeating the same information under each accomplishment.
3. Describe how this project has impacted your program and your plans (if any) to continue measuring outcomes (some or all of those identified in this project) in the Ombudsman Program.
4. Did you get the support and technical assistance you needed? What could we (NASUA) have done to ensure a more successful project?
5. **Recommendations** for the future - what **next steps** should AoA, NASUA and the Ombudsman Center take to further the development and application of outcome measures to the Ombudsman Program. What role would you like to play if/when we take these next steps?

NOTE: I don't expect exhaustive detail but rather a succinct description of what you have done and the results of those efforts. The narrative should be no longer than 5- 8 pages, and could be shorter. If you've previously sent me reports on specific activities (for instance, reports on your surveys or focus groups), please reference the report, describe the activity identify major outcomes/findings, and discuss how this activity was a benefit (or NOT) to the outcomes project - you may also want to discuss what you would do differently.

Attach documents you have not previously forwarded to the final report.

OMBUDSMAN PROGRAM OUTCOMES

Reporting Form

STATE: _____

REPORTING PERIOD (Month/Year - Month/Year): _____

STATE OMBUDSMAN: _____

PERSON COMPLETING REPORT: _____

CONTACT INFORMATION: _____

Signature of State Ombudsman

Date

Reporting Form - Page 1

Reporting Elements	Results (#s)
# complaints received / # complaints received during previous reporting period (Ratio - e.g., 12 : 18)	
# information consultations / # information consultations during previous reporting period (Ratio)	
Total # invitations from facilities for in-service training	
Total # facility consultations	
# resident councils / # resident councils during previous reporting period (Ratio)	
Total # resident council presentations	
Total # technical assistance contacts with resident councils	
# family councils / # family councils during previous reporting period (Ratio)	
Total # family council presentations	
Total # technical assistance contacts with family councils	
Total # consumer/advocacy group presentations	
Total # technical assistance contacts with consumer/advocacy groups	
Expected Complaint Resolution Rate set by the program	
Complaint Resolution Rate (# complaints resolved / # complaints closed = % complaints resolved)	
Complaint Resolution Rate for the reporting period / National Resolution Rate published in most recent annual report (Ratio)	
Total # referrals to regulatory and law enforcement agencies	
Total # advocacy hours	
Total # groups/organizations contacted re: systems advocacy (Note: # of groups, NOT # of contacts)	
Expected # of facilities with "regular visits" (that meet the visit frequency standard) set by the program	
Total # of facilities with regular visits	
Expectation re: frequency of facility visits (expected number of visits to each facility during the period - e.g., 1 visit per week) set by the program	
Average frequency of facility visits during the period - Total # visits to all facilities / total number of facilities / # weeks/months [use the time period established by the program] = average visit frequency (e.g., 200 visits/20 facilities/4 months = 2.5 visits per month. (If the expectation was 2 visits to each facility per month, the expectation was exceeded.)	
Expectation re: response time to initiate complaint investigations (i.e., # days)	
Average time to initiate complaints during the period (Add together the number of days it took to begin each complaint investigation / total number of complaints received during the period = average time)	
Expectation re: time to close complaints (i. e., # days)	
Average time to close complaints (Add together the number of days it took to close each complaint / total number of complaints closed during the period = average time)	

Reporting Form - Page 2

Actions by regulatory and law enforcement agencies in response to Ombudsman Program referrals. (a) List the types of actions taken and the total number of actions for each type, that occurred during the reporting period (e.g., nurse aide prosecuted for abuse, criminal investigation initiated). It is recognized that the ultimate result of the referral will not be known in cases that are open investigations at the time of the report. (b) Provide a description of one successful referral (if possible).

Reporting Form - Page 3

Areas of concern identified by the Ombudsman Program during the reporting period. For each area of concern listed, indicate by letter whether the concern was identified through: (a) analysis of complaints; (b) individual consultations; (c) training/education evaluations; (d) surveys; (e) all of the above.

Reporting Form - Page 4

Resident-centered/Ombudsman supported legislative proposals. For each legislative proposal listed, please provide the following information: a brief description of the proposal; who initiated the legislation; role of the Ombudsman Program and others (e.g., State Unit on Aging, other state or local agency, advocacy groups, residents/consumers) in advocating for the legislation; outcome (whether passed, defeated, still under consideration, etc.); anticipated impact of the proposed legislation on residents.

Reporting Form - Page 5

Resident-centered/Ombudsman supported regulatory proposals. For each regulatory proposal listed, please provide the following information: a brief description of the proposal; who initiated the regulation; role of the Ombudsman Program and others (e.g., State Unit on Aging, other state or local agency, advocacy groups, residents/consumers) in advocating for the regulation; outcome (whether drafted, out for comment, finalized/adopted, etc.); anticipated impact of the regulatory proposal on residents.

Reporting Form - Page 6

Resident-centered/Ombudsman supported provider actions. For each provider action listed, please provide the following information: a brief description of the action; the reason(s) the action was taken; which provider(s) initiated the action; and the impact of the action to date.

Reporting Form - Page 7

Problems with Ombudsman Program access to facilities, residents or records. For each problem identified, please provide the following information: a brief description of the problem; impact/anticipated impact on residents; action(s) taken by the Ombudsman Program to address the problem; action(s) taken by others (e.g., Ombudsman Program attorney, State Unit on Aging) to address the problem; results to date of actions taken (if appropriate, how the problem has been resolved).

Reporting Form - Page 8

Documentation (Please attach if not previously forwarded.)

- **Training evaluation form**
- **Consumer satisfaction survey and/or focus group questions/discussion guide**

Program expectations:

- **Resolution rate**
- **Consumer satisfaction**
- **Ombudsman Presence: Regular visits and Visit frequency**
- **Access to residents, records, facilities**
- **Timely response to complaints (May be defined as the time it takes to respond when complaint is reported and/or time to close complaint)**
- **Systems advocacy agenda: goals, objectives, strategies**

Appendix F

Background Materials

California: Long Term Care Ombudsman Consumer Questionnaire

New Mexico: Ombudsman Facility Visit Summary Sheet

Sample Letter to Legislator

Ohio: Long-Term Care Ombudsman Customer Satisfaction Survey

Washington: Questions for Consumer Surveys & Focus Groups

LONG -TERM CARE OMBUDSMAN CONSUMER QUESTIONNAIRE

Instructions: Please mark your answers by checking the appropriate box or boxes. Your answers will be kept confidential. Thank you for participating in this survey.

1. When I have a problem with my care in the facility I contact the:
(check all that apply)

- ☐ administrator
- ☐ social worker
- ☐ nurse/CNA
- ☐ ombudsman
- ☐ a family member
- ☐ other (please describe) _____

2. I heard about the Ombudsman Program from:
(check all that apply)

- ☐ ombudsman
- ☐ another resident
- ☐ staff person
- ☐ poster
- ☐ agency or hospital
- ☐ California Department of Aging
- ☐ radio, television or newspaper
- ☐ I don't know or I don't remember
- ☐ other, please describe _____

3. Do you understand what the Ombudsman Program does?

- ☐ Yes
- ☐ No

4. Do you want to know more about the Ombudsman Program?

- ☐ Yes
☐ No

5. Do you know how to contact the ombudsman?

- ☐ Yes
☐ No

6. Do you understand your resident rights?

- ☐ Yes
☐ No

7. If asked, could you state two resident's rights?

- ☐ Yes
☐ No

8. I learned about resident's rights from:
(check all that apply)

- ☐ the ombudsman
☐ another resident
☐ a staff person
☐ the poster
☐ an agency or hospital
☐ California Department of Aging
☐ radio, television or newspaper
☐ I don't know or I don't remember
☐ other (please describe) _____

9. Have you ever asked the ombudsman for help?

- ☐ Yes
☐ No

If yes, please describe: _____

Instructions: Below are a number of statements that describe how a resident may feel about his or her situation. For each statement, please check the box of the response that best describes how the statement applies to you.

	Strongly Disagree	Disagree	Agree	Strongly Agree
10. I am satisfied with the way the ombudsman handled my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My problem was resolved to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am satisfied with the time it took to handle my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am satisfied with the amount of contact I had with the ombudsman concerning my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am satisfied with the amount of contact I had with the ombudsman after my problem was solved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My problem has not reoccurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I would recommend the Ombudsman Program to other residents who need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would recommend the Ombudsman Program to other residents who need help, please explain why: _____

If you would not recommend the Ombudsman Program to other residents who need help, please explain why: _____

Instructions: The following questions ask for your experiences and opinions regarding long-term care. Your answers will assist us in improving long-term care and our program. Please answer each question from your own perspective.

17. What do you think are the three biggest problems in nursing homes today?

- (1) _____
- (2) _____
- (3) _____

18. List three (or more) changes you would like to see in nursing homes?

- (1) _____
- (2) _____
- (3) _____

19. Are you aware of the kinds of changes the Ombudsman Program is advocating?

- ☐ Yes
- ☐ No

20. Did you receive a copy of the Ombudsman Program's annual report this year?

- ☐ Yes
- ☐ No

21. Are you now or have you ever been involved in working for better long-term care?

- ☐ Yes
- ☐ No

If yes, please describe your involvement: _____

22. How can we improve the services of the Ombudsman Program?
(Check all that apply.)

- ☐ No changes are needed, the service was good
- ☐ Ombudsman need to be more available in the facility
- ☐ Ombudsman services need to be advertised better
- ☐ Ombudsman should focus more on improving the quality of care in my facility
- ☐ Other, please describe: _____



This is the first time the Office of the State Long-Term Care Ombudsman Program (OSLTCO) in California has worked in conjunction with national

organizations to present a questionnaire as part of a pilot project. In effort to use this type of survey to optimally meet the needs of all residents in long-term care environments, we request your opinion about the effectiveness of this questionnaire.

Strongly Disagree	Disagree	Agree	Strongly Agree
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Overall, the correct questions were asked.

☐☐☐☐

Overall, the questionnaire was easy to read and understand.

☐☐☐☐

The questionnaire was too long.

☐☐☐☐

I questionnaire was too short.

☐☐☐☐

I enjoyed filling out the questionnaire.

☐☐☐☐

Comments:

**NEW MEXICO LONG TERM CARE OMBUDSMAN
FACILITY VISIT SUMMARY SHEET**

Fill out the first page of this form each time you visit the facility.

OMBUDSMAN NAME:		
FACILITY/CITY:		
CASE # (if complaints are recorded)		<input type="checkbox"/> Nothing to report

DATE OF VISIT:	TIME	
	ARRIVED	DEPARTED

MEETINGS ATTENDED	TIME SPENT	TIME SPENT IN MINUTES ON:
RESIDENT COUNCIL		TRAVEL
FAMILY COUNCIL		
SURVEY CONFERENCE		
CARE PLAN		PAPERWORK
TRAINING		
OTHER:		

TOTAL # OF RESIDENTS VISITED	
------------------------------	--

This form is intended for routine complaints that can be completed in one visit. To use this form ALL of the following MUST be true:

- Ombudsman is the complainant;
- Complaint code is listed on this form;
- Complaint is verified by Ombudsman and is against the facility;
- Complaint does not need to be referred;
- Disposition is final and is either 1 (legislative or regulatory action), 2 (not resolved), 7 (partially resolved), or 8 (fully resolved). ***NOTE: Disposition 1 has been added to Complaints # 41, 97, and 100 because past reports have shown that these issues remain unresolved and require legislative or regulatory action.**
- **Do a Case Report when:** 1) These are not ALL true, and 2) After three occurrences of the same complaint regarding the same resident.

# of complaints	ISSUES (Complaint code & brief description)	# affected	Disposition (2, 7 or 8)
72	Snacks:		
	Snacks not offered		
	Snacks late		
	Snack order/preference not followed		
73	Food temperature		
74	Therapeutic diet: not followed		
ENVIRONMENT			
77	Air: temperature		
78	Cleanliness/general housekeeping		
	Location:		
79	Equipment/building:		
	Safety hazard		
	Access impeded/blocked		
	Disrepair		
	Poor lighting		
82	Laundry:		
	Lost		
	Stolen		
	Residents wearing other residents' clothes		
83	Odors --		
	Location:		
STAFFING			
97	Shortage		1
100	Staff unresponsive/unavailable		1

Positive Observations/Notes:

Resident names are optional and may be written in the margin by the complaint. Residents not identified will be recorded as anonymous. **Do not write in shaded areas.**

# of complaints	ISSUES (Complaint code & brief description)	# affected	Disposition (2, 7 or 8)
RESIDENT RIGHTS			
	26 Dignity, respect; staff attitudes		
	29 Language barrier in daily routine		
	31 Privacy:		
	Phone		
	Visitors		
	Mail		
	32 Privacy in treatment:		
	Door open		
	Privacy curtain open		
	Staff openly discussing resident care		
PROPERTY			
	38 Personal property:		
	Lost		
	Stolen		
	Used		
	Destroyed		
CARE			
	41 Call lights, request for assistance -- # mins. call lights unanswered: <input type="text"/>		1
	45 Personal hygiene:		
	Teeth not brushed		
	Dentures lost		
	Dentures not in place		
	Nail care		
	Dressing		
	Grooming		
	49 Toileting:		
	Resident not provided assistance		
	Resident needed changing		

# of complaints	ISSUES (Complaint code & brief description)	# affected	Disposition (2, 7 or 8)
MAINTENANCE OF FUNCTION			
	59 Vision:		
	Glasses lost		
	Glasses in need of repair		
	59 Hearing:		
	Hearing aid lost		
	Hearing aid not turned on		
	Hearing aid needs new battery		
RESTRAINTS			
	61 Physical restraints: not released/repositioned		
ACTIVITIES			
	64 Choice and appropriateness:		
	Scheduled activities not taking place		
	Activity Calendar not posted		
DIETARY			
	69 Assistance in eating		
	70 Fluid availability/hydration:		
	Water pitchers empty		
	No fresh water		
	Lack of staff assistance for hydration		
	71 Menu/food:		
	Quality		
	Quantity		
	Variation		
	Choice		
	Food preference issues		
	Condiments		
	Utensils		
	Service		

Honorable J. Andy Kissner
3245 Easet University #307
Las Cruces, NM 88011

Dear Representative Kissner,

May 9, 2000

My name is Katrina Hotrum, Associate State Long Term Care Ombudsman for the State Agency on Aging. The Long Term Care (LTC) Ombudsman Program is a volunteer based program focusing on resident rights. We advocate for minimum standards defined in federal and state regulations and enforced by the Department of Health- Licensing and Certification (DOH/L&C). Currently, we have 150 active volunteers across the state. Our volunteers visit facilities weekly and investigate and resolve complaints made by or on behalf of residents in nursing and residential care homes. I am writing to inform you of issues affecting long-term care facilities in your district.

The LTC Ombudsman Program has received and verified many complaints at **Las Cruces Nursing Center** in Las Cruces, New Mexico. Our most recent concerns stem from the regulatory survey conducted by the DOH/L&C on 4/7/00. The 72-page survey documented serious violations of long-term care minimum standards, which negatively impact the residents receiving care in Las Cruces Nursing Center. The DOH/L&C also identified **inappropriate use of restraints and the failure to identify and treat bedsores; both citations resulted in immediate jeopardy to the health and safety of the residents at Las Cruces Nursing Center.** As a policymaker, we want to alert you to the quality of care frail and vulnerable adults are receiving in your community.

Attached is the regulatory survey conducted by the DOH/L&C. **The most critical minimum standard violations cited in this survey include:**

- DOH/L&C entered Las Cruces Nursing Center on 3/27/00. At that time, the facility identified only ten residents with bedsores. **On 3/30/00, DOH/L&C identified 26 residents with pressure sores, 14 of which were undetected before the survey. "A total of 48 pressure sores were identified during the survey. Only 4 of the 48 were acquired prior to the residents' admission to the facility" (pg. 38).**
- **The facility failed** to maintain a physical restraint free environment for 3 of 28 sampled residents. The facility's failure in this case caused actual harm to a resident attempting to climb over side rails.
- **The facility failed** to monitor pressure ulcers, weight loss, falls, dehydration, blood sugars, blood pressure and vomiting for 6 of 28 sampled residents. **The facility's failure to meet this minimum standard resulted in an immediate jeopardy to the health of the residents and caused physical harm.** One example includes a resident vomiting numerous times in front of staff. Staff made no attempt to assist the resident.
- **The facility failed** to develop and implement a comprehensive treatment plan for 6 of 28 sampled residents. **This is a repeat deficiency from DOH/L&C survey dated 6/18/99.** The facility's failure to treat four residents in the area of weight loss resulted in actual harm.
- **The facility failed** to follow "Professional Standards of Care "(pg. 24), by not following doctors' orders for 15 of 28 sampled residents. **This resulted in actual harm** to residents receiving care at Las Cruces Nursing Center.

The LTC Ombudsman Program remains concerned about the residents in Las Cruces Nursing Center and our volunteer is visiting regularly and advocating for resident rights and for compliance with minimum standards. We would like your comments on long term care issues. For further dialogue on this issue or any issues regarding long term care please contact me at (505) 255-0971.

Thank you for your interest in long term care.

Sincerely,

Katrina Hotrum
Associate State LTC Ombudsman

Ohio Long-Term Care Ombudsman Customer Satisfaction Survey

Please take the time to answer a few questions about your experience with the Ohio Long-Term Care Ombudsman Program. You may write additional comments on this survey or attach another sheet of paper. You may ask someone to help you complete this survey. We will read all your comments.

1. What is today's date? _____

2. Who is answering this survey?
 - ☐ The client who received ombudsman services
 - ☐ The client with the help of another person:
Circle your relationship to client: spouse son daughter other
 - ☐ Another person:
Circle your relationship to client: spouse son daughter other

3. Where was the client living when the problem happened?
 - ☐ In a nursing facility, residential care facility, adult care facility
 - ☐ In their own home or with a friend or relative
 - ☐ Some other place

4. Where did you hear about the ombudsman program?
 - ☐ Someone told me about it
 - ☐ Previous contact with the ombudsman
 - ☐ From the radio, television or newspaper
 - ☐ From another agency or hospital
 - ☐ From the Ohio Department of Aging
 - ☐ From a poster in the nursing home or other facility
 - ☐ I don't know or don't remember
 - ☐ Other: please describe: _____

5. How soon did the ombudsman contact you about your concern?
- ☐ Within two days
 - ☐ Within a few weeks
 - ☐ Longer than a month
 - ☐ Don't know or don't remember
6. Were you satisfied with how quickly the ombudsman contacted you?
- ☐ Yes
 - ☐ No
 - ☐ Don't know or don't remember
7. In general, how satisfied were you with the ombudsman who assisted you?
This means that you felt comfortable talking with the ombudsman and that the ombudsman was courteous and treated you with dignity.
- ☐ Very satisfied
 - ☐ Satisfied
 - ☐ No opinion, neither satisfied nor dissatisfied
 - ☐ Dissatisfied
 - ☐ Very dissatisfied
8. In general, how involved did you feel working with the ombudsman? Which of the following best describes your situation?
- ☐ I felt involved and agreed with the plan to handle the problem
 - ☐ I had some involvement and a chance to offer suggestions
 - ☐ I was not given the opportunity to be involved
 - ☐ I didn't want to be involved
 - ☐ Don't remember or don't know
 - ☐ Other: please describe: _____

9. Would you recommend that other people contact the ombudsman program for help?

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ Don't know

10. How could we make the long-term care ombudsman service better? Check all that apply.

- ☐ No changes are needed; the service was good.
- ☐ Ombudsman need to be more available in the facility
- ☐ More attention to improving the quality of care in facilities
- ☐ Ombudsman services need to be advertised better
- ☐ Other: please describe: _____

11. How has your experience with the ombudsman helped you? Check all that apply:

- ☐ I know what the ombudsman can do and how to contact them.
- ☐ I know more about the rights of long-term care consumers.
- ☐ I participate in resident and/or family councils to talk about issues.
- ☐ I have talked with people in the community about these issues.
- ☐ I feel more able to solve problems **without** the ombudsman's help.
- ☐ I don't know.
- ☐ Other: please describe: _____

12. What changes have you seen in the services you receive since you contacted the ombudsman?

- ☐ The workers seem to be better trained.
- ☐ The staff seems more willing to help solve my problems.
- ☐ The services seem to be getting better.
- ☐ I haven't seen much difference.
- ☐ The service has gotten worse.
- ☐ I don't know.
- ☐ Other: please describe: _____

- 13.** Finally, you may use the space below to write any other comments you have about the long-term care ombudsman program.

If you were dissatisfied and would like to talk to us about your experience with the ombudsman program, please call the Office of the State Long-Term Care Ombudsman at 1-800-282-1206.

Thank you very much for your cooperation.

You may keep the pink sheet with the ombudsman information and telephone numbers. Please return your answers and comments to the survey to:

**Planning, Development & Evaluation Unit
Ohio Department of Aging
50 W. Broad St., 9th Floor
Columbus, OH 43215-5928**

WASHINGTON STATE LONG TERM CARE OMBUDSMAN PROGRAM

Questions for Consumer Surveys & Focus Groups

Knowledge of the ombudsman program

1. Who would you call if you experienced a problem with your care? (For family members...if you had a concern about your relative's care?)
2. Do you know how to contact the ombudsman?
3. How did you learn about the ombudsman program?
4. Do you understand what the ombudsman program does?
5. Is there anything you want to know about the ombudsman program?

Knowledge of residents' rights

1. Do you know your rights as a resident? (Or if the respondent is a relative...do you know what rights your relative has in the nursing home [or other care setting]?)
2. How did you learn about resident' rights?

Satisfaction with complaint handling

1. Have you ever asked the ombudsman for help with a problem?
2. Were you happy with what the ombudsman did to handle your problem?
3. Did the situation you had a problem with change in a way that you liked? Did the change last?
4. Did the ombudsman handle/help you handle your problem as quickly as you expected?
5. Were you satisfied with the amount of contact you had with the ombudsman when s/he was looking into your problem?
6. Did the ombudsman get back to you after s/he finished working on your problem?
7. Would you recommend the ombudsman program to a friend if they had a problem with their care? Why or why not?

WASHINGTON STATE LONG TERM CARE OMBUDSMAN PROGRAM

Areas of concern

1. Based on your experience, what do you think are the biggest problems in nursing homes today? (As appropriate, substitute board and care/assisted living/home care - depending on where the resident or the family member's relative is receiving care.)
2. What kind of changes would you like to see in nursing homes? (As appropriate, substitute board and care/assisted living/home care - depending on where the resident or the family member's relative is receiving care.)

Ombudsman program's advocacy agenda

1. Do you know what kinds of changes the ombudsman program is advocating for? **[This question is specific to each state - suggest identifying the top 2-3 priorities and asking if the respondent knows that the ombudsman program is advocating for these things AND asking if they agree with these advocacy positions.]**
2. Do you have any recommendations about how the ombudsman program could do a better job?