

**Office of the State Long-Term Care Ombudsman**

**Designation & Service Review Summary & Action Plan for Quality**

**Region X Long-Term Care Ombudsman Program**

Site Meeting Date:

Program Review Period:

Ombudsman Program Director:

Sponsoring Agency Representative (name, title, email):

Sponsoring Agency Board President (name, title, email):

AAA Representative (name, title, email):

DSR Lead:

DSR Support Ombudsman:

APQ distribution date:

TABLE OF CONTENTS

[TABLE OF CONTENTS 2](#_Toc456775461)

[INTRODUCTION – THE DSR PROCESS 2](#_Toc456775462)

[PRIOR DSR PERFORMANCE 3](#_Toc456775463)

[DATA 4](#_Toc456775464)

[DSR SUMMARY & ACTION PLAN FOR QUALITY 4](#_Toc456775465)

[DSR ACTION REGISTER 7](#_Toc456775466)

[ACTION PLAN FOR QUALITY UPDATE SCHEDULE 7](#_Toc456775467)

INTRODUCTION – THE DSR PROCESS

The Designation & Service Review (DSR) process is one part of the quality improvement framework for the Office of the State Long-Term Care Ombudsman. The State Long-Term Care Ombudsman (SLTCO) conducted a review to determine whether the Regional Program (RP) may continue its designation. The collaborative process provided an opportunity to assure that program standards are met and assisted the RP in attaining optimal performance.

Compliance with administrative and structural standards of the Office is included in the review. The Ohio Department of Aging fiscal monitoring team conducts monitoring of each RP. The fiscal monitoring process and communication is separate from the DSR but is considered in the overall program review.

Each RP is scheduled for an annual review but the SLTCO may extend designation a second year if the RP demonstrates sufficient progress in implementation of the Action Plan for Quality (APQ) through timely submission of updates.

PRIOR DSR PERFORMANCE

This section provides a brief summary of the regional program’s performance related to implementation of the previous DSR (APQ) and whether or not they were successful in achieving and sustaining the agreed-upon outcomes.

Date of last DSR: XXXX

APQ updates were provided in accordance with the schedule? Yes [ ]  No [ ]  Other (insert comment) [ ]

 Comment:

Designation extended as result of sufficient progress in implementation of APQ? Yes [ ]  No [ ]

 Comment:

(State Office may insert narrative here as determined necessary)

DATA SUMMARY

The DSR Data Summary is a report available in the Ombudsman Documentation & Information System (ODIS). Information from the data summary was used in development of the APQ and may be attached to this Summary & APQ as determined appropriate.

|  |
| --- |
| **DESIGNATION & SERVICE REVIEW DATA SUMMARY** |
| **REGION: X** | **DATA COMPILED: DATE** |
| **REGULAR PRESENCE** |
|  | **FFY** | **Current FFY** |  |
| **# of Facilities**  | **Results** | **# of Facilities** | **Results** | **Comments** |
| **Quarterly Visitation**  | **NH** |  | **Qtly** |  | **Qtly** |  |
| **ACF** |  | **Qtly** |  | **Qtly** |  |
| **RCF** |  | **Qtly** |  | **Qtly** |  |
| **No Case or Visit** | **NH** |  |  |  |  |  |
| **ACF** |  |  |  |  |  |
| **RCF** |  |  |  |  |  |
| **Complaints with consumer as source**  |  |  |  |
| **COMPLAINT RESOLUTION**  |
| **Resolution Rate** | **FFY** | **Current FFY** |  |
| **Statewide Target** | **RP Performance** | **Statewide Target** | **RP Performance**  | **Comments** |
| **83%** | **%** | **83%** | **%** |  |
| **VOLUNTEER ENGAGEMENT** |
| **Number of volunteers active during period** |  |  |  |  |  |
| **Number of volunteers reporting activity**  |  |  |  |
| **Hours spent by volunteers in complaint handling** | **hours** | **hours** |  |
| **Percentage of cases with intake by volunteers** | **%** | **%** |  |
| **QUALITY ASSURANCE** |
| **Count/total time** | **/** | **/** |  |
| **Data and AGI review indicates compliance with policy -field visits, quarterly review, etc.** | Yes [ ]  No [ ]   | Yes [ ]  No [ ]   |  |
|

Note: Note: Red text indicates a decrease from previous year, green indicates an increase.

DSR SUMMARY & ACTION PLAN FOR QUALITY

| **REVIEW AREA** | **STATUS/COMMENTS** | **RP ACTIONS** | **RP UPDATE(S) & SO FEEDBACK (MOST RECENT FIRST)** |
| --- | --- | --- | --- |
|  | *Insert brief statements or bullets describing what is going well & what needs improvement in each area. Establish goals for actions steps.* | *Insert specific actions RP will take to improve or correct any non-compliance or quality issues identified in review* | *RP to provide updates in accordance with schedule. Updates should include supporting information and data.* |
| **Complaint handling including quality measure for resolution** | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |
|  |  |  |
|  |  |  |
| **Providing AGI services, public/community education, monitoring implementation of laws, providing training for representatives, & quality measure for regular presence with LTC providers & consumers** | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Volunteer Management including quality measures for engagement** | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |
|  |  |  |
| **Ombudsman Plan** | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |
| **Program supervision**  | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |
|  |  |  |
| **Quality Assurance** | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |
|  |  |  |
| **Program Administration (budget, hiring, QA, ombudsman plan, identifying & raising funds to meet program needs)** | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |
|  |  |  |
| **Administrative Standards Review** | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |
|  |  |  |
| **MyCare Ohio Demonstration** | **Areas of solid practice** |  |  |
| **Areas in need of improvement** |  |  |

DSR ACTION REGISTER

The following action register identifies remaining action steps in the DSR process, the responsible person, and expected completion dates.

|  |  |  |
| --- | --- | --- |
| **ACTION** | **WHO** | **WHEN** |
| Submit comments on draft Summary & APQ | Regional Program, sponsoring agency, AAA |  |
| Issue final Summary and APQ | State Office DSR Lead |  |
| Submit status report on APQ | Regional program, sponsoring agency  | In accordance with APQ update schedule below |
| DSR completion | State Office DSR Lead |  |

ACTION PLAN FOR QUALITY UPDATE SCHEDULE

The following schedule indicates when the RP is expected to provide updates on the agreed-upon APQ to the DSR lead. If updates are not received as scheduled, the DSR lead will contact the sponsoring agency and note it in the next DSR related to RP performance on the previous action plan for quality.

| **ACTION** | **WHEN** |
| --- | --- |
| Regional program, sponsoring agency, AAA submit comments on draft Summary & APQ |  |
| State Office DSR Lead issue final Summary and APQ |  |
| RP submit APQ update #1 |  |
| RP submit APQ update #2 |  |
| If insufficient progress after 2nd update, SLTCO to make determination of need for greater involvement of sponsoring agency |  |
| RP submit APQ update #3 |  |
| If quality problems persist after 3 updates, DSR lead to discuss with SLTCO and QI Coordinator to determine next steps including, but not limited to, meeting with regional program and sponsoring agency or conducting another DSR.  |  |
| If sufficient progress implementing APQ, SLTCO may continue designation for a second year. |  |
| Completion of DSR |  |