National Ombudsman Reporting System (NORS) Data Management Guide

The National Long-Term Care Ombudsman Resource Center

This Data Management Guide describes the tasks, resource materials, examples and tips, and responsibilities of the State Long-Term Care Ombudsman (Ombudsman) and representatives of the Office of the State Long-Term Care Ombudsman (representatives). The Ombudsman is responsible for overseeing the program's policies and procedures, management of data, budgeting and contracting, training, and designation of representatives (paid and volunteer). Ombudsmen are also responsible for independently developing and providing final approval of an annual report through the annual submission of National Ombudsman Reporting System (NORS) data into the Administration for Community Living's (ACL) approved software, the Older Americans Act Program Performance System (OAAPS.) This Guide outlines a few OAAPS related tasks. More detailed information about OAAPS reporting will be provided in the forthcoming Title VII Table 3 User Guide and training. Some of the responsibilities for representatives identified below may only apply to those that manage a local Ombudsman entity (LOE), some may apply to all paid representatives. Data management includes collection and documentation of all the cases, complaints, and activities of all representatives, including volunteers.

This Guide provides examples of types of data reports for each aspect of a data management plan in order to support your Office's ability to collect, analyze, and report on your program's data. It is not intended to be exhaustive for every NORS data element. The "examples and tips" below are not requirements as state policies and procedures may vary; however, they are intended to be considerations to assist states in ensuring data timeliness, completeness, consistency, and accuracy. As you develop a data management plan be sure to allow for time and resources to ensure that your data collection software can accommodate the following:

- All facilities (nursing facilities and residential care communities) are in the system by type and facility name.
- Volunteer representatives' cases, complaints, activities, and hours donated are routinely entered into the system.

Task	Resource Materials	Examples and Tips	State Ombudsman Responsibilities	Representative Responsibilities
Create or review the Office's Data Management Plan. Ensure data timeliness, completeness, consistency, and accuracy.	LTCOP Code of Federal Regulations Book The Data Management Association Functional Framework Blog Your Guide to Data Quality Management Visit the NORS/OAAPS page on the State Ombudsman website for	At a minimum, the plan should include: 1) data timeliness, 2) data completeness, 3) data consistency, and 4) data accuracy. The Office's policies and procedures complies with the Ombudsman program's code of federal regulations (45 CFR 1324). The Data Management Plan aligns with the Office's policies and procedures.	• Review Office policies that correlate with data timeliness, completeness, consistency, and accuracy. • Learn and use your program's data collection software and reporting capacity. • Ensure that state Office staff, including the state Ombudsman has a process for entering their data (cases, complaints, activities, etc.)	• Participate in creating, reviewing, or updating Office's data management plan. • Data entry in accordance with NORS Tables 1-3.

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	state examples of data management plans and case review templates. Additional templates form NORC will be available in the future. NORS Frequently Asked Questions		• Review this plan (annually) or create a Data Management Plan if none exists. • Meet with IT staff, or vendors, as applicable to create or review data reports, if these reports do not exist. • Specify responsibilities of the Office and representatives for regularly scheduled data quality reviews. For example, have requirements in the grant or contract with local Ombudsman entities, as part of a staff work plan. • Create a Case Review template to use when reviewing cases. • Establish minimum baseline goals for specific outcomes, such as timelines for data entry, goals for routine visits, etc.	
The Plan should address <u>timeliness of data</u>.	NORS Table 1 CA - 02 – Date case opened CA - 03 – Date case closed Part I Basic Principles Part 1 Quiz	**Example 1:** **Policy** – Cases open longer than 30 days must be reviewed by supervisor. **Data** – Encourage representatives to enter complaint data and other activities daily. Establish a monthly deadline for representatives to enter data and any volunteer representative data in the software system (e.g., the 10th of each month). Create a data report that will provide monthly data on cases that have been open 30 or more days.	• Determine baselines for the number of cases typically open for more than 30 days and 90 days. • Review monthly and quarterly statewide reports for cases open longer than 30 or 90 days. Determine if the baselines are acceptable. • If the number of cases open more than 30 or 90 days exceeds the pre-determined baselines, review for trends and next steps.	• LOE managers review open cases monthly. Run a report if your software offers this type of report. • Review open cases and decide if closure is appropriate or if more time is needed.

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		Procedure – Supervisors and representatives review open cases report. Discuss the need for additional time or timely closure of cases. **Example 2:** **Policy** – Cases are closed before or on the 90th day of the open date unless given supervisor approval to remain open. **Data** – Encourage representatives to enter complaint data and other activities daily. Establish a monthly deadline for representatives to enter data and any volunteer representative data in the software system (e.g., the 10th of each month). Create a data report that will provide quarterly data on cases that have been open 90 days or longer. **Procedure** – Supervisors and representatives review 90 days open cases report. Discuss the need for additional time or closure of cases.	• A trend may be that a certain region has a practice of keeping cases open all year. Address the concern with this region.	• Review quarterly the open cases report. • Review open cases and decide if closure is appropriate or if more time is needed. • Data entry in accordance with NORS Tables 1-3.
The Plan addresses <u>data completeness</u>.	<u>NORS Table 1</u> **CA-04 – Facility or Setting** 01 - Nursing Facility 02 – Residential Care Community 99 – Other setting	**Policy** – The Office and representatives shall maintain a state listing of all facility types. Establish a mechanism for how the facilities data will be obtained, maintained, and updated. The Office shall delineate all types of "other setting" that are applicable to the program's responsibilities.	• Review state monthly or quarterly report on the completeness of facility setting. • Provide guidance on corrective actions or provide training to managers of local Ombudsman entities (LOE) / representatives based on review of state reports.	• LOE managers review monthly or quarterly report for their region. • Review completeness of data for facility setting. Pay

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		Data – Ascertain and maintain listings of nursing facilities and residential care communities in the state Ombudsman software system. **Procedure** – Supervisors review state monthly or quarterly reports for completeness of reporting of element CA-04 Facility or Setting with codes 01-Nursing Facility, 02-Residential Care Community, and the appropriate use of 99-Other Setting.	Pay attention to the use of 99 - Other Setting.	attention to the use of 99 - Other Setting. Discuss with representatives any needed corrections. • Data entry in accordance with NORS Tables 1-3.
The Plan addresses <u>consistency of data</u>.	NORS Table 1 **CD-06 Referral Agency Type** 01 Licensing, regulatory, or certification agency 02 Adult protective services 03 Law enforcement or prosecutor 04 Protection and advocacy 05 Legal services 06 No referral was made 99 - Other NORS Training, Part III Basic Principles Part III Quiz	**Policy** – Representatives shall refer complaints consistent with the program's complaint handling policies and procedures. They shall document referrals in the data system in accordance with NORS codes. **Data** – Create or run monthly or quarterly reports to determine trends. Compare the number of complaints referred against the number from the previous NORS data collection – under Disposition - number of complaints referred. For example, if your program routinely referred 5% of its complaints then you should expect to see a similar number of complaints referred. If there is a large decrease, for this period, then review cases to ensure accurate documentation of referrals.	• Review statewide trend reports on the coding of Referrals. • Review a sampling of case records from different representatives and areas of the state. • If needed, provide guidance or retraining on the coding of Referrals.	• LOE managers review trend reports monthly to ascertain consistency of complaint referral coding even if the code is "no referral was made." • In addition, review a sampling of case records. The review of case records may indicate that one or more representatives need additional guidance on recording agency types.

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		Procedure – Supervisors and representatives review reports on a routine basis, monthly or quarterly, to ascertain consistency of data and to look for trends. This procedure includes a sampling of case records. The review of case records may indicate that one or more representatives need additional guidance on recording agency types. Read case notes to check for any inconsistency with referred status (e.g., the referred status is "no referral," but the notes indicate that the representative made a referral to licensing and certification).		• Data entry in accordance with NORS Tables 1-3.
The Plan addresses accuracy of data.	NORS Table 3: State Program Information S56 - Facilities visited: nursing facility S57 - Number of visits: nursing facility S58 - Routine access: nursing facility S59 - Facilities visited: residential care community S60 - Number of visits: residential care community S61 - Routine access: residential care community Part IV Basic Principles Facility visits guidance Part IV Quiz Facility visits quiz	**Policy** – Representatives visit nursing facilities and residential care communities on a regular basis to ensure resident access to the program (visit nursing facilities monthly and residential care communities quarterly). **Data** – Create, or run, a report that will provide monthly data on visits to nursing facilities. Create, or run, a report that will provide quarterly data on visits to Residential Care Communities. **Procedure** – • Discuss and plan for visits to nursing facilities monthly and residential care communities quarterly.	• Discuss and plan for representatives to provide monthly access to nursing facilities and quarterly access to residential care communities. • Review monthly and quarterly reports for data entry and accuracy. • Review accuracy of visits recorded either as a routine visit or in response to a complaint. This may require the review and comparison of a sampling of case record notes to the data report. **OAAPS submission of state program information.** • Run the Two Year Compare and Activity Analysis Report, after you have data in OAAPS. Review	• LOE managers review the monthly nursing facilities visits report and the quarterly residential care communities' visits report. • Review reports for data accuracy. • Review accuracy of visits recorded either as a routine visit or in response to a complaint.

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	[Frequently Asked Question regarding visits](#)	• Review reports and check accuracy. **Note** – (1) Once visit data is entered, the state software is typically able to calculate and sum the total number of visits and the number of facilities visited. Therefore, routine data entry is essential. Routine data entry of activities will assure accuracy of activity counts and will allow your program to upload a data file in to OAAPS, thereby minimizing the amount of time to complete the annual report. (2) NORS requires data on the number of visits, not the number of Ombudsmen who visit a facility. The State Ombudsman may develop additional guidance regarding how to report when more than one representative of the Office visits the same facility at the same time to avoid over-counting visits.	percent changes in numbers of routine visits to nursing facilities and residential care communities. Review rate of change in the Activity Analysis report. *Note:* The Activity Analysis report will have incomplete data in the first year of OAAPS. • *Variance report in OAAPS:* Generally, a 10% plus or minus difference will generate a variance explanation. Answers should explain the variances, if known. **Example:** We established a new goal of visiting residential care communities once a quarter instead of bi-annually. Prior reports indicate twice yearly visitations. While we made progress for the FFYXX report, we did not reach the goal of quarterly visits. We are in the process of Geo Mapping all residential care communities so representatives may plan visits based on geographical proximity.	• Data entry in accordance with NORS Tables 1-3.