OMBUDSMAN PROGRAM DATA MANAGEMENT TO ENSURE QUALITY

April 21, 2020
• Greetings from ACL
• Data Management Plan
  • Connection between Data Management and Policies & Procedures
  • Four basic components of a data management plan
  • Data Management Cycle – Plan, Do, Check, Act
• Resources for Data Review
  • State experiences
    • Jennifer Williams-Woods and Robin Tejada, NV SLTCOP
    • Cheryl Hennen and Aisha Elmquist, MN SLTCOP
• Open Dialogue
• Resources
Questions? Use the Q&A or Chat box.

**Question & Answer**

The Q&A window allows you to ask questions to the host and panelists. They can either reply back to you via text in the Q&A window or answer your question live.

1. Click Q&A to open the Q&A window.
2. Type your question into the Q&A box. Click **Send**.

**Chat**

The in-meeting chat allows you to send chat messages to and send a message to the host, panelists, and attendees (if permitted).

1. Click **Chat** to open the in-meeting chat.
2. The chat will appear on the right side of your Zoom window if you are not in full screen. If you are in full screen, it will appear in a window that you can move around your screen as needed.
3. To change who you are chatting with, click the drop down beside **To**.
4. Type your message and press **Enter**.
Louise Ryan
Ombudsman Program Specialist
Administration on Aging / Administration for Community Living
DATA MANAGEMENT

Plan your work and work your plan.
Data Management

✓ Program policies and procedures should comply with the Ombudsman program’s code of federal regulations.

✓ Ensure your data management plan aligns with your program’s policies and procedures.

✓ Review plans at least annually:
  • Include stakeholders in the review of the plans
  • Stakeholders should include representatives, state Office, and IT support
Data Management Plan Components

Completeness

Accuracy

Consistency

Timeliness
### Resources – State Reports and OAAPS Reports

#### Analysis Reports Detailed Descriptions: Title VII

OAAPS includes seven predefined Analysis Reports that enable users to review and compare data at the state, regional and national level. The data are aggregated for regional and national level reports and for reports that include more than one state. Although Ombudsman program users and ACL users can access each of the seven Analysis Reports, the scope of the report each user type can create differs with each report. This table describes:

- The level of the report (state, regional, national) that Ombudsman Program and the ACL users can create for each Analysis Report.
- The status of the states included in each Analysis Report; and
- The FFY (Federal Fiscal Year/s) that can be included in the report.

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Description</th>
<th>States</th>
<th>FFYs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Analysis</td>
<td>Includes activity data for a range of two to five years.</td>
<td>Their state, one state at a time, regional, national.</td>
<td>FFY; Any two to five FFYs, including the current reporting year.</td>
</tr>
<tr>
<td>Annual Roll-Up</td>
<td>An aggregated summary of numeric data at a national or regional level for a given fiscal year.</td>
<td>Regional, national.</td>
<td>FFY; Any FFY when all states are locked, including the current reporting year.</td>
</tr>
<tr>
<td>Complaint Analysis by Complainant Type</td>
<td>Includes complaint code data by complaint type for any given fiscal year.</td>
<td>Their state, one state at a time, regional, national.</td>
<td>FFY; Any FFY, including the current reporting year.</td>
</tr>
<tr>
<td>Complaint Analysis by Complainant Code</td>
<td>Includes verification, resolution, and referral data for all complaint codes by facility setting for any given fiscal year.</td>
<td>Their state, one state at a time, regional, national.</td>
<td>FFY; Any FFY, including the current reporting year.</td>
</tr>
</tbody>
</table>
Data Management Plan

*Timeliness example*

NORS Table 1

**Data elements**

- CA-02 – Date case opened
- CA-03 – Date case closed

Month, day, and year that the case was opened and closed.
Data Management Plan

Timeliness 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.
Data Management Plan

Timeliness 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 their 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 or more days.
**State Ombudsman Responsibilities**

- 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.

- A trend may be that a certain region has a practice of keeping cases open all year. Address the concern with this region.
Data Management Plan

Timeliness example

Representative Responsibilities

• Local Ombudsman entity (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.

• 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.
Data Management Plan

Completeness example

NORS Table 1 – CA-04

Data element – Facility or setting

01 - Nursing Facility
02 - Residential Care Community
99 - Other Setting
Data Management Plan

Completeness example

- **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.

- **Data** – Ascertain and maintain listings of nursing facilities and residential care communities in the state Ombudsman software system.
Data Management Plan

Completeness example

State Ombudsman 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. Pay attention to the use of 99 - Other Setting.

Representative Responsibilities

• LOE managers review monthly or quarterly report for their region.

• Review completeness of data for facility setting. Pay attention to the use of 99 - Other Setting. Discuss with representatives any needed corrections.

• Data entry in accordance with NORS Tables 1-3.
Data Management Plan

Consistency example

NORS Table 1 – CD-06

Data element – Referral Agency

Code Values

- 01 Licensing/regulatory/certification
- 02 Adult protective services
- 03 Law enforcement/prosecutor
- 04 Protection and advocacy
- 05 Legal services
- 06 No referral was made
- 99 Other
Data Management Plan

*Consistency example*

**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.
Data Management Plan

Consistency example

State Ombudsman Responsibilities

• 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.

Representative Responsibilities

• LOE managers review trend reports monthly to ascertain consistency of complaint referral coding even if the code is “no referral was made.”
• 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.
• Data entry in accordance with NORS Tables 1-3.
Data Management Plan

Accuracy example

NORS Table 3 – S56 - S61
(partial display of table and elements list)

Data Elements –
Facilities visited: residential care community
Number of visits: residential care community

<table>
<thead>
<tr>
<th>Element Number</th>
<th>Data Element</th>
<th>Element Description</th>
<th>Quantifier</th>
<th>Type</th>
<th>Codes and Values</th>
<th>Examples and Reporting Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-56</td>
<td>Facilities visited: nursing facility</td>
<td>Total number of nursing facilities that received at least one visit by a representative of the Office during the reporting year, regardless of the purpose of the visit.</td>
<td>Single</td>
<td>Numeric</td>
<td>NA (not a coded element)</td>
<td>This is a count of the number of facilities that received a visit. For example, 350 of the 350 nursing facilities in State A had at least one visit, regardless of purpose. It must be a whole number.</td>
</tr>
<tr>
<td>S-57</td>
<td>Number of visits: nursing facility</td>
<td>Total number of nursing facility visits no matter the purpose of visit (complaint or non-complaint related) by representatives of the Office.</td>
<td>Single</td>
<td>Numeric</td>
<td>NA (not a coded element)</td>
<td>This is a count of the total number of visits; for example, there were 1500 visits made to the 350 nursing facilities in State A (both complaint and non-complaint.) It must be a whole number.</td>
</tr>
<tr>
<td>S-58</td>
<td>Routine access: nursing facility</td>
<td>Total number of nursing facilities visited, not in response to a complaint, in all four quarters by representatives of the Office.</td>
<td>Single</td>
<td>Numeric</td>
<td>NA (not a coded element)</td>
<td>This count demonstrates routine access. For example, of the 350 nursing facilities in State A, 150 had a visit each quarter, not in response to a complaint. It must be a whole number.</td>
</tr>
</tbody>
</table>
Data Management Plan

*Accuracy example*

**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.
Data Management Plan

Accuracy example

State Ombudsman Responsibilities

- 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.
  - Variance report in OAAPS: Generally, a 10% plus or minus difference will generate a variance explanation. Answers should explain the variances, if known.
Data Management Plan

Accuracy example

Representative Responsibilities

• 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.
• Data entry in accordance with NORS Tables 1-3.
QUESTIONS
Please type your questions into the Question and Answer box by clicking on the Q&A icon at the bottom of your screen.
Data Management – Plan

- Alignment of plans

- Once created both plans are reviewed at least yearly

- Representatives participate in the planning and are trained on the plans

https://asq.org/quality-resources/pdca-cycle
(Baldridge Criteria)
Data Management – Do

• Everyone is aware of the procedures and individual responsibilities

• Take action – Do the work

https://asq.org/quality-resources/pdca-cycle
(Baldridge Criteria)
Data Management – Check

• Review the work
• Analyze the work
• Identify what you have learned

https://asq.org/quality-resources/pdca-cycle
(Baldridge Criteria)
Data Management – Act

• Take action based on what you learned from the “check” process

• Action may include individual or group training, plans of correction with certain representatives, etc.

https://asq.org/quality-resources/pdca-cycle
(Baldridge Criteria)
STATE EXAMPLES

Nevada and Minnesota
Nevada

CASELOAD SUMMARY REPORT

• Implementation of the LTCOP Caseload Summary Report compares SFY data between years.

• Identified a drop in cases open between SFY18 and SFY19 (report not shown)
  ➢ Identification lead to- increase training for OMB to open cases that are identified by the OMB at the facilities.

• Identifies significant drops or increases in cases month to month.

• Use the data to project staffing needs.
Nevada

90-Day Report

• This report is run through Ombudsmanager by management analyst to determine what cases have been open for longer than 90-days.

• Supervisors review these cases to determine if staff have them open appropriately for over 90-days.

• Staff are required to state in their cases that they have supervisor permission to have a case opened longer than 90-days.

• Use this information for training purposes.
Nevada

Review of Disposition Codes

• A report is run by management analyst to review whether the dispositions codes are used correctly.

• In one instance, we noticed the code “No Action Needed or Appropriate” was used incorrectly and we used this as a training opportunity with staff. It turns out a few staff members misunderstood the use of this disposition code.

• Great opportunity to have conversation with staff for a teachable moment.
Minnesota - Methods of Education

• OOLTC created a quiz for staff

• Quiz used as a tool that produced more consistent understanding and clearer expectations for data entry
Minnesota - Methods of Education

• OOLTC’s data entry guides are used by staff as references to ensure proper data entry

• Specific data entries are reviewed and follow up feedback provided, if needed
Minnesota – Data Entry Reviews

• During COVID-19, we are pulling daily and weekly data summaries of COVID-19 casework and other data.
  • Used for policy work

• As part of these summaries, we provide feedback and data review.

• We regularly review our database for needed improvements to increase efficiency and usefulness.
Please type your questions into the Question and Answer box by clicking on the Q&A icon at the bottom of your screen.
RESOURCES
NORS/OAAPS Resources

• NORS Instructions, Training, and Materials
  https://ltcombudsman.org/omb_support/nors

• NORS Frequently Asked Questions
  https://ltcombudsman.org/omb_support/nors/nors-faqs

• NORS/OAAPS (SLTCO webpage)
  https://ltcombudsman.org/state_home/state_support/NORS
Summary Review

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  • Connection between Data Management and Policies & Procedures
  • Four basic components of a data management plan
  • Data Management Cycle – Plan, Do, Check, Act
• Resources for data review
  • Two states’ experiences
• Open Dialogue
• Resources
Additional Questions? Comments?

CONTACT US
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