NATIONAL OMBUDSMAN REPORTING SYSTEM (NORS) TRAINING PART IV

Ombudsman Program Activities\(^1\) Basic Principles

**REMINDER:** Throughout these training materials “Ombudsman” is used as a generic term that may mean the state Ombudsman, a representative of the Office, or the Ombudsman program. Use the NORS tables developed by the Administration for Community Living/Administration on Aging (ACL/AoA) with these training materials when indicated (Table 1: NORS Case and complaint codes, values and definitions; Table 2: NORS Complaint codes and definitions; and Table 3 State Program Information, OMB Control Number 0985-0005). The NORS codes and definitions used in these materials are taken from the ACL tables 1-3 and are not to be modified.

**NOTE:** Most of the data elements for the State Program Information in the ACL Table 3: State Program Information is compiled and written by the Office of the State Ombudsman. The Part IV Basic Principles, Quiz, and Quiz Answers are focused on Part H of the Table 3 as those Ombudsman Program Activities are the most application to representatives of the Office (i.e., local/regional ombudsmen).

NORS does not capture all program activities and states may choose to collect additional data on training, facility visits, survey participation, participation in resident and family councils, and community education. However, states will need to determine how to document all activities to ensure there isn’t duplication and overcounting.

Ombudsman programs conduct a range of important activities and report these activities in NORS. ACL/AoA uses this data to describe and promote the work of the Ombudsman program. It is important that Ombudsman programs are accurate in their activity reporting (e.g., not over counting activities when two representatives participate in the same activity).

**Training**

**Training for Representatives of the Office**

The Office of State Long-Term Care Ombudsman will report the following data elements for training provided to representatives of the Office annually in the Older American’s Act Performance System (OAAPS).

- **Certification Training Hours:** States are required to report the total hours of training required for an individual (paid or volunteer) to achieve certification which allows an individual to be eligible for designation as a representative of the Office of State LTC Ombudsman.

- **Continuing Education:** States must report the annual number of hours of in-service hours required for all representatives of the Office to maintain designation.

\(^1\) ACL Table 3: State Program Information Part H
• **Individuals Completing Certification Training:** States must also report the total number of individuals (paid or volunteer) completing certification training within the federal fiscal year.

State Ombudsmen may choose to collect detailed training information that is not required to be reported in NORS, such as attendance, types of training, and the training topics for program management purposes.

**Training for Facility Staff**

For training sessions provided by Ombudsmen to facility staff report:

- the number of sessions conducted, and

- the type of facility (nursing facility or residential care community) based on the facility affiliation of most of the participants for each session.

NORS does not collect the number of participants.

**In-Person Training**

Report each training instance as a separate session even if repeated at the same facility, such as at different shifts, or when repeated at a conference.

**Examples:**

- The program provided an abuse prevention training to the morning and evening shift at a nursing home this equals two sessions.

- The program provided morning and afternoon residents’ rights training at an assisted living provider conference over two days. This equals four sessions.

**Distance Learning (Webinar, Online Courses, Conference Calls)**

- To report distance learning, such as webinars, conference calls, or an on-demand course, as a session in NORS, there must be a way to track that participants completed the training and their facility affiliation. In other words, a state needs to be able to verify that at least one person attended and completed the distance learning in order to report the training session.

- Regardless of the number of attendees, a distance learning training program that tracks completion numbers and facility affiliation counts as one session. If an Ombudsman program offers distance learning on a variety of topics, each training topic at least one person completes counts as one session.

**Example:** There are two online training programs on residents’ rights, one is for nursing facilities and the other is for residential care communities. The content of each is specific to the facility type. Therefore, the state will report two sessions in NORS, one under each facility type, provided at least one person completed each online training program.
Facility Visits

States are required to report the following three types of data elements related to facility visits for each facility type.

1. Number of **facilities visited** regardless of the purpose (complaint or non-complaint).

   **Definition:** Total number of nursing facilities or residential care community facilities that received at least one visit by a representative of the Office during the reporting year, regardless of the purpose of the visit.

   **Example:** 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.

2. The total number of **all visits**.

   **Definition:** Total number of nursing facility and residential care community facility visits no matter the purpose of visit (complaint or non-complaint related) by representatives of the Office.

   **Example:** This is a count of the total number of visits. For example, there were 1400 visits made to the 700 residential care communities in State B (both complaint and non-complaint).

3. Number of **facilities that had routine access**.

   **Definition:** Total number of nursing facilities and residential care community facilities visited, not in response to a complaint, in all four quarters by representatives of the Office.

   **Example:** 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.

Tips

- It is critical that Ombudsman programs routinely enter their visit data and indicate whether the visit was a routine visit or in response to a complaint. 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. It is recommended that staff routinely run reports to ensure that data is entered correctly.

  **Example:** If a complaint arises during a regular/routine visit in a facility, it is considered a routine visit because the purpose of the visit was to provide residents with access to ombudsman services. The visit was not initiated in response to a complaint, to provide further investigation on an existing complaint, or to provide follow-up.

- NORS requires data on the number of visits, not the number of Ombudsmen who visit a facility.

  **Example:** If two Ombudsmen visit a facility together, this counts as one visit. 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.
Survey Participation

Report each distinct type of survey activity as one instance by facility type.

**Definition:** Report the total number of instances of survey activity by representatives of the Office.

**Example:** Include participation in both standard surveys and complaint surveys. Survey participation includes but is not limited to pre-survey information to surveyors, sharing complaint summary reports, participation in exit conferences and informal dispute resolution. It must be a whole number.

You may have more than one survey participation activity associated with one survey in one facility.

**Example:** A surveyor calls you prior to entering the building, and you provide information about your observations during your visits and the type of complaints you’ve handled. You also attend the exit survey. This would count as two instances of survey participation.

Resident Council and Family Council Participation

Report each distinct type of resident or family council participation as one instance by facility type. Participation includes meeting with council leadership, training the council, and/or attending a council meeting.

**Tips**

- If technical support, consultation, or resource information is provided to a resident council or family council outside of a council meeting, report that activity as an information and assistance activity (S-55).

- If two Ombudsmen attend the same resident or family council meeting that participation should be reported as one instance. States will need to determine how to document this in their system to avoid over counting. For example, one Ombudsman could count it as attendance at resident council and the other Ombudsman counts it as a facility visit.

Community Education

Report each instance of community education outreach sessions by Ombudsmen.

**Tips**

- The number of individuals attending the community education event is not collected in NORS.

- Use for attendance at health fairs, community events, general presentations, etc.

- If a community education session is provided by distance learning (such as a webinar, on-demand course, or conference call) there must be a way to track that participants completed the session in order to report it as a session in NORS. In other words, a state needs to be able to
verify that at least one person attended and completed the distance learning in order to report the community education session.

- Newsletters, blogs, and other forms of media do not count as community education.

- If two Ombudsmen participate in the same community education event, it counts as one instance.

This project was supported, in part, by grant number 90OMRC0001-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.