



LTCOP FY 20 CFR FINDINGS

ROBIN TEJADA SSPS 3, STEPHANIE SCHNEIDER SSPS 2

2/25/2020

MISSION STATEMENT

Our mission is to provide quality assurance oversight of Adult Protective Services and Long-Term Care Ombudsman Program by identifying areas of program improvement and to assist with developing solutions to ensure the highest level of services are provided to Nevadans.

FY 20 Q1 & Q2 QA ANALYSIS

QUARTERLY QUALITY ASSURANCE (QA) REVIEW MEETING PROCESS

PROCESS

- › QA will present ONE Shoutout and FOUR questions to Think About.
- › Each question on the QA Review form will have review of:
 - › Policy
 - › How to review the QA question and how the question is answered.
 - › Where the information is in Ombudsmanager.
 - › and of course.... **The data!**

POLICY REVIEW

- › Each QA question is directed towards policy and/or best practices.

HOW TO ANSWER ?

- › The Quality Assurance Team created QA Review form Instructions.
 - › The purpose of the instructions:
 - › To ensure questions are interpreted and answered consistently statewide.

2/25/2020

FY 20 Q1 & Q2 QA ANALYSIS

QUARTERLY QUALITY ASSURANCE (QA) REVIEW MEETING PROCESS

OMBUDSMANAGER LOCATION

- › Each QA Review form question reviewed will have:
- › Written instructions on where to find the answer within Ombudsmanager.
- › A screenshot of where information is available in Ombudsmanager.

DATA

- › Finding charts reflects the percentage of 'Yes' answers for ALL Applicable cases.
- › Data listed to the right of each chart contains the monthly totals of cases reviewed, applicable cases, and cases that did not apply

RECOMMENDATIONS/ NEXT STEPS

- › QA Recommendations- Review of key findings and recommended strategies.
- › QA Next Steps-
 - › Collaborate
 - › Improve
 - › Promote

FY 20 Q1 & Q2 QA REVIEW SHOUTOUT



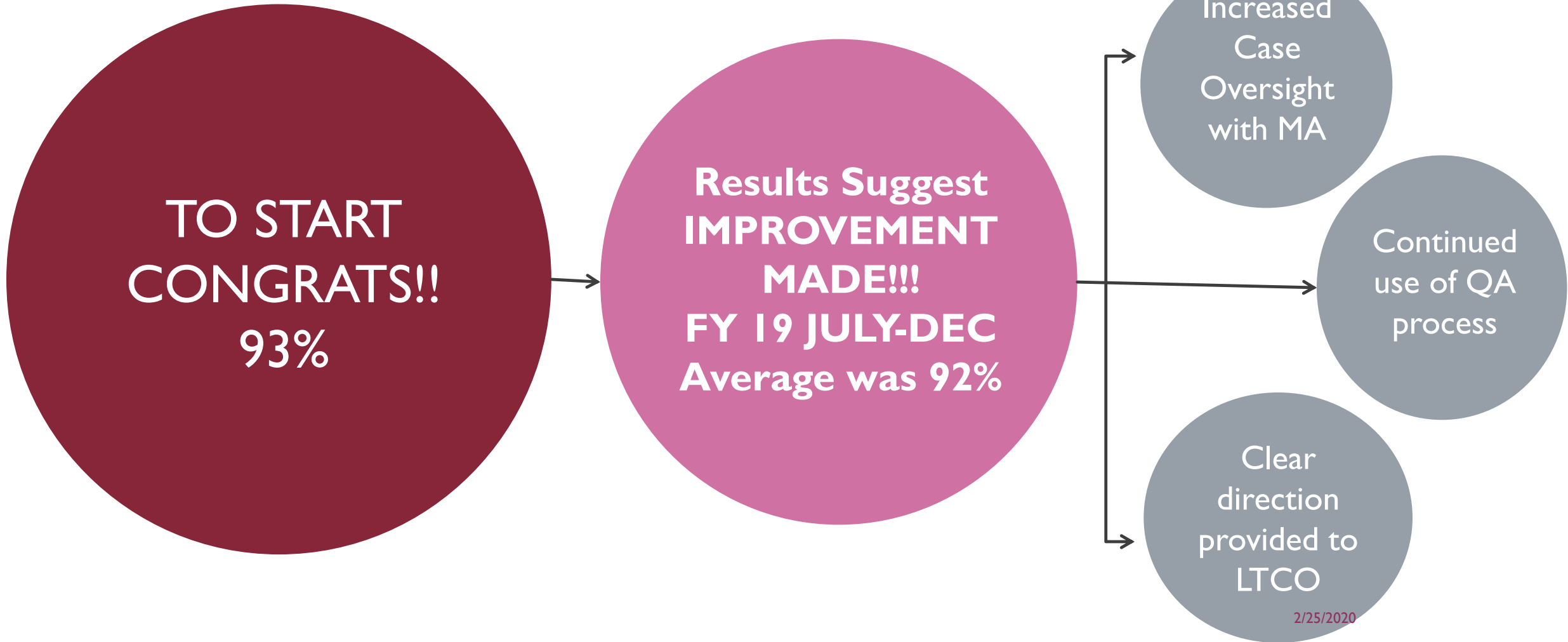
SHOUTOUT



**QUESTION #1- Response time
was appropriate to complaint(s).**

FY 20 Q1 & Q2 QA REVIEW SHOUTOUT

QUESTION # 1 - *Response time was appropriate to complaint(s).*



2/25/2020

HOW TO REVIEW

QUESTION # 1- *Response time was appropriate to complaint(s).*



POLICY REVIEW

114 Case Investigation

I. (a). Urgent Response (iv.) Ombudsman response to urgent complaints shall be made within (1) business day after receipt of complaint.

(b). Routine Response (ii.) Ombudsman response time to routine complaints shall be made within seven (7) working days after receipt of complaint.



QUESTION INSTRUCTIONS

Response Options on QA Review Form should be answered as such:

- “Yes”, OMB met (or attempted to meet) with resident within 7 working days.
- “No”, OMB did not meet with resident within 7 working days.
- “N/A”, if resident is unavailable (i.e. at the hospital) and OMB did not make an attempt to visit the facility where resident lives.

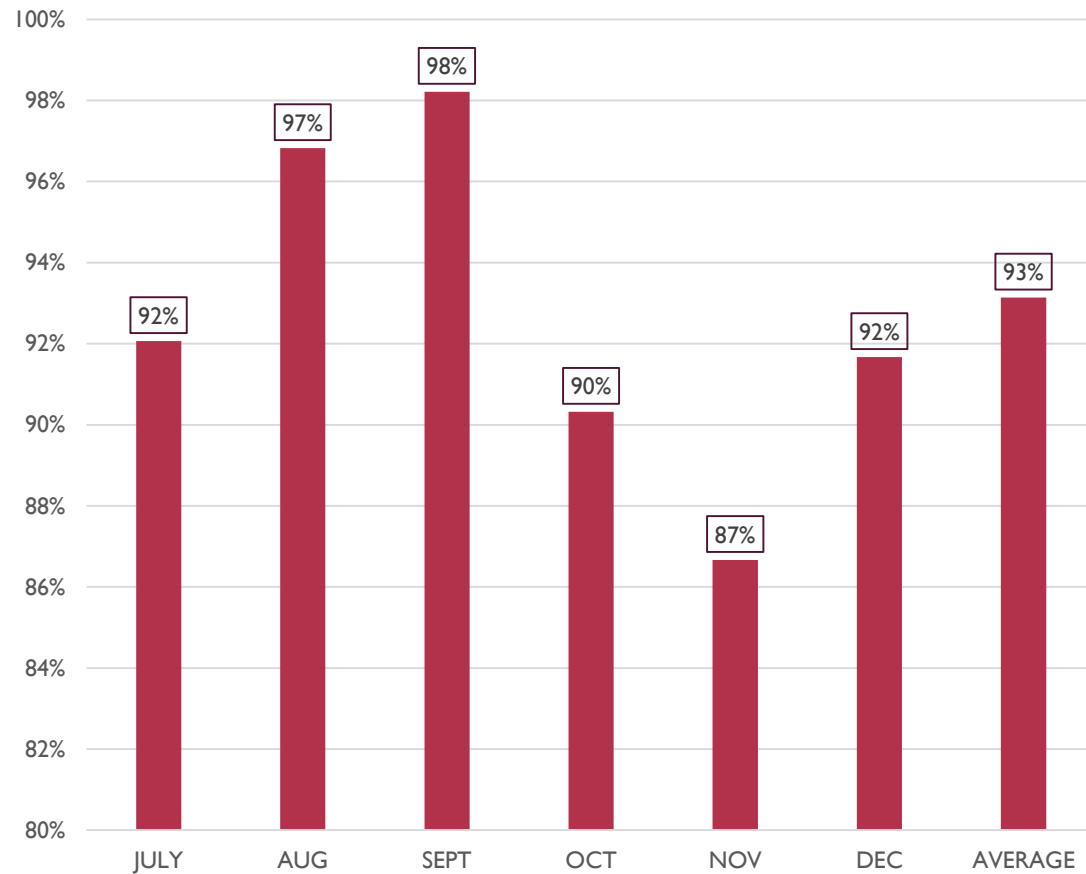


OMBUDSMANAGER LOCATION

Response time is documented within the tab listed ‘Journal’ once case is opened. Under the ‘Journal’ tab, the Ombudsman has entered an ‘Investigation Journal’, which is where the Ombudsman documents case interactions/visits; providing a date and time for each entry. Date and time should be documented when the Ombudsman has any case activity completed.

QUESTION # 1

Response time was appropriate to complaint(s).



	Total Cases Reviewed	Total Applicable Cases	Total NOT Applicable
JULY	64	63	1
AUGUST	63	63	0
SEPTEMBER	56	56	0
OCTOBER	35	31	4
NOVEMBER	45	45	0
DECEMBER	48	48	0
JANUARY	0	0	0
FEBRUARY	0	0	0
MARCH	0	0	0
APRIL	0	0	0
MAY	0	0	0
JUNE	0	0	0
TOTAL FY 20	311	306	5

QUESTION # I

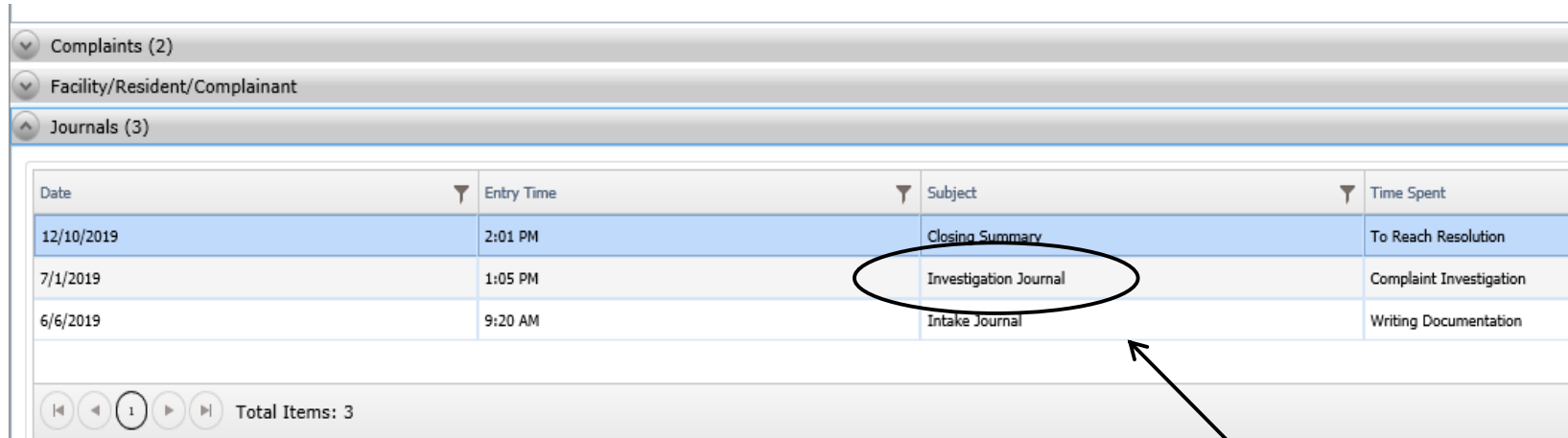
Response time was appropriate to complaint(s).



A sidebar menu with the following items:

- Complaints (1)
- Facility/Resident/Complainant
- Journals (3)** (circled)
- Activities (0)
- Attachments (1)
- User Fields (0)
- Services (0)
- Perpetrators (0)

View History Print Preview & Print New Case



Date	Entry Time	Subject	Time Spent
12/10/2019	2:01 PM	Closing Summary	To Reach Resolution
7/1/2019	1:05 PM	Investigation Journal (circled)	Complaint Investigation
6/6/2019	9:20 AM	Intake Journal	Writing Documentation

Total Items: 3

FY 20 QI & Q2 IMPROVEMENTS

QUESTION # 7- Consent was obtained from resident.

QUESTION # 17- Case is free of grammar and spelling errors.

**TOP 4
Questions
to THINK
about**

QUESTION # 18- Documentation includes a description of whether resident appeared alert and oriented.

QUESTION #22- OMB contacted complainant to inform them case was opened.

HOW TO REVIEW

QUESTION # 7 – *Consent was obtained from resident.*



POLICY REVIEW

103 Disclosure and Confidentiality

3.The Ombudsman adheres to consent requirements in the Older Americans Act.The resident or the resident’s representative communicates informed consent to the disclosure and the consent is given in writing or with auxiliary aids and services.The resident or resident representative communicates informed consent orally, visually, or with auxiliary aids and services and such consent is documented in case notes (see NRS427A.145).



QUESTION INSTRUCTIONS

Response Options on QA Review Form should be answered as such:

- “Yes”, OMB obtained consent from resident to advocate.
- “No”, OMB advocated without obtaining consent from resident (i.e. talking to staff without meeting with resident to obtain consent to discuss further).
- “N/A”, if OMB advocating on behalf of resident or unable to meet with resident.



OMBUDSMANAGER LOCATION

Consent is documented within the tab listed ‘Journal’ once case is opened. Under the ‘Journal’ tab, the Ombudsman has entered an ‘Investigation Journal’, which is where the Ombudsman documents case interactions/visits. Consent should be documented during the Ombudsman’s initial visit with the resident; if applicable.

QUESTION # 7

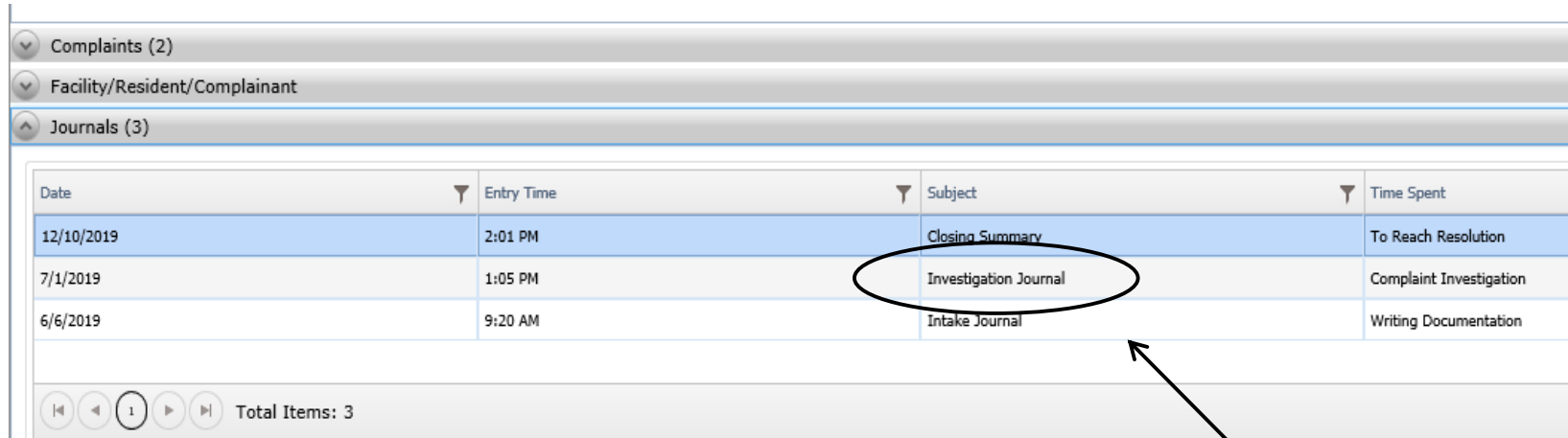
Consent was obtained from resident.



A sidebar menu with the following items:

- Complaints (1)
- Facility/Resident/Complainant
- Journals (3)** (circled)
- Activities (0)
- Attachments (1)
- User Fields (0)
- Services (0)
- Perpetrators (0)

View History Print Preview & Print New Case



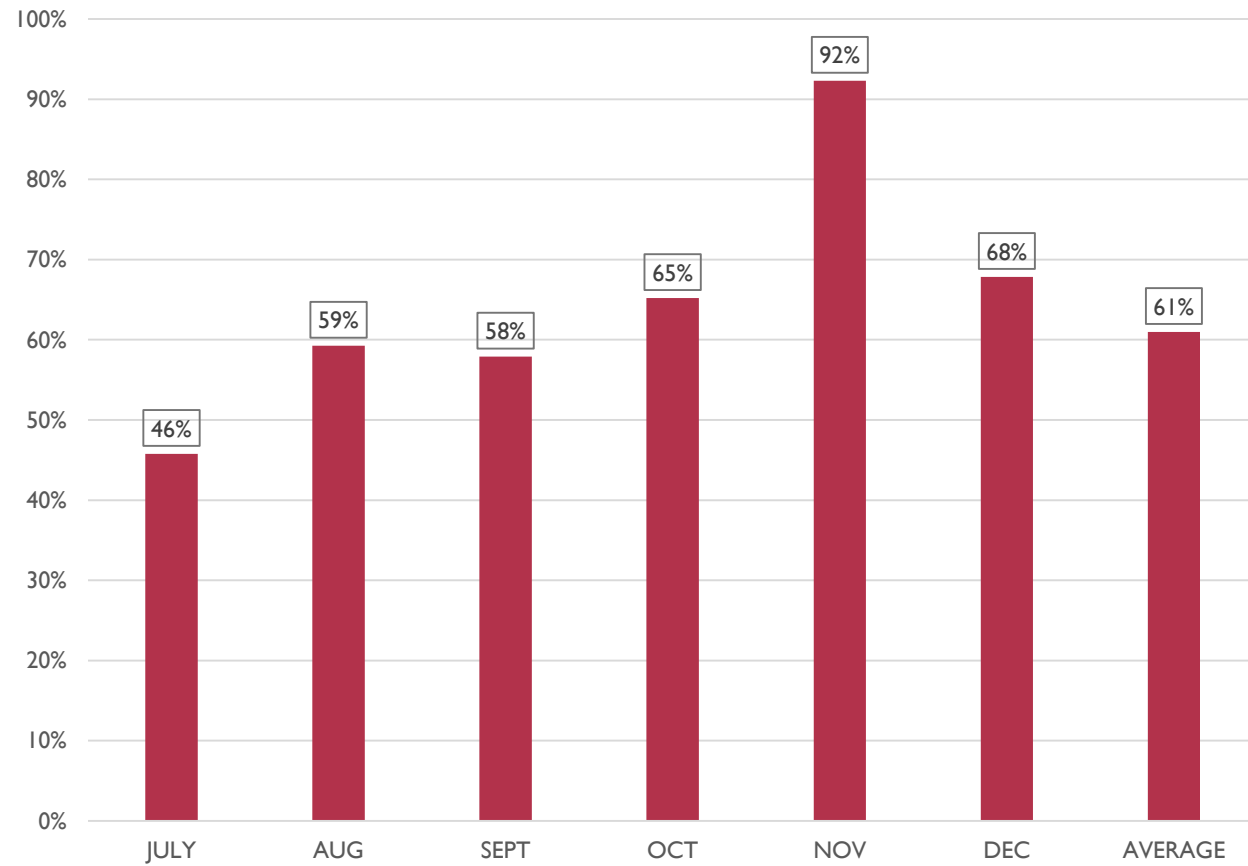
Date	Entry Time	Subject	Time Spent
12/10/2019	2:01 PM	Closing Summary	To Reach Resolution
7/1/2019	1:05 PM	Investigation Journal (circled)	Complaint Investigation
6/6/2019	9:20 AM	Intake Journal	Writing Documentation

Total Items: 3

2/25/2020

QUESTION # 7

Consent was obtained from resident.



	Total Cases Reviewed	Total Applicable Cases	Total NOT Applicable
JULY	64	59	5
AUGUST	63	54	9
SEPTEMBER	56	38	18
OCTOBER	35	23	12
NOVEMBER	45	26	19
DECEMBER	48	28	20
JANUARY	0	0	0
FEBRUARY	0	0	0
MARCH	0	0	0
APRIL	0	0	0
MAY	0	0	0
JUNE	0	0	0
TOTAL FY 20	311	228	83

HOW TO REVIEW

QUESTION # 17- *Case is free of grammar and spelling errors.*



POLICY REVIEW

115 Case Documentation

3. The LTCO is responsible for the accuracy of the entire case. The LTCO will ensure accuracy in the “Intake Journal” and will complete the “Investigation Journal” and the “Case Summary Journal” within Ombudsmanager. In the event an addendum is required, the LTCO will complete an “Addendum Journal.”



QUESTION INSTRUCTIONS

Response Options on QA Review Form should be answered as such:

- “Yes”, if case is free of grammar and spelling errors.
- “No”, if case is not free of grammar and spelling errors.

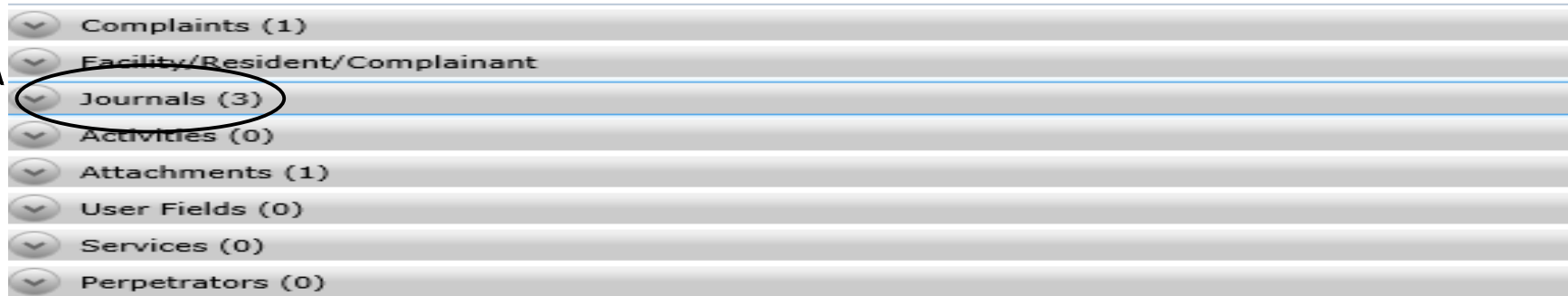


OMBUDSMANAGER LOCATION

All documentation related to the investigation shall be uploaded into Ombudsmanager. There should be a total of 3 Journal entries to each case; “Intake Journal”, “Investigation Journal”, and “Closing Summary” (if case closed at the time of the review). Journal entries are in the ‘Journal’ tab. All entries should be free of grammar and spelling errors.

QUESTION # 17

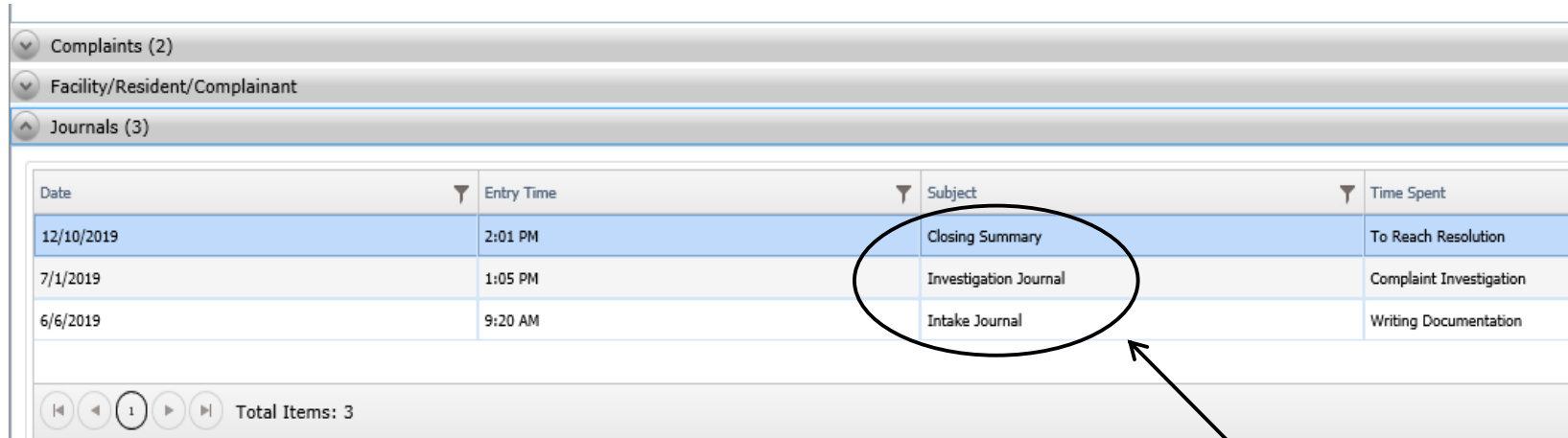
Case is free of grammar and spelling errors.



A sidebar menu with the following items:

- Complaints (1)
- Facility/Resident/Complainant
- Journals (3)** (circled with a black oval and an arrow pointing to it)
- Activities (0)
- Attachments (1)
- User Fields (0)
- Services (0)
- Perpetrators (0)

View History Print Preview & Print New Case



Complaints (2)
Facility/Resident/Complainant
Journals (3)

Date	Entry Time	Subject	Time Spent
12/10/2019	2:01 PM	Closing Summary	To Reach Resolution
7/1/2019	1:05 PM	Investigation Journal	Complaint Investigation
6/6/2019	9:20 AM	Intake Journal	Writing Documentation

Total Items: 3

2/25/2020

QUESTION # 17

Case is free of grammar and spelling errors.



	Total Cases Reviewed	Total Applicable Cases	Total NOT Applicable
JULY	64	62	2
AUGUST	63	63	0
SEPTEMBER	56	56	0
OCTOBER	35	31	4
NOVEMBER	45	45	0
DECEMBER	48	48	0
JANUARY	0	0	0
FEBRUARY	0	0	0
MARCH	0	0	0
APRIL	0	0	0
MAY	0	0	0
JUNE	0	0	0
TOTAL FY 20	311	305	6

HOW TO REVIEW

QUESTION # 18- *Documentation includes a description of whether resident appeared alert and oriented.*



BEST PRACTICE

Best practices suggest a description should be included based on documentation needing to be clear, factual, concise, and objective. LTCOP is consent driven and by providing a description of whether the resident appeared alert and oriented supports the next steps LTCO is taking in the case (i.e. acting in the best interest or obtaining consent to advocate).



QUESTION INSTRUCTIONS

Response Options on QA Form should be answered as such:

- “Yes”, if the documentation includes description of resident appearing alert and oriented.
- “No”, if there is not documentation that describes whether resident appears alert and oriented.
- “N/A”, if OMB was unable to meet with the resident.




OMBUDSMANAGER LOCATION

Description of whether resident appeared alert and oriented is documented within the tab listed ‘Journal’ once case is opened. Under the ‘Journal’ tab, the Ombudsman has entered an ‘Investigation Journal’, which is where the Ombudsman documents investigation activity. Description of whether resident appeared alert and oriented should be documented during the Ombudsman’s initial visit with the resident; if applicable.

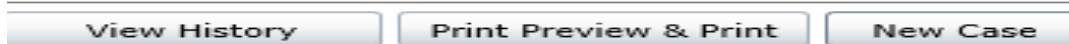
2/25/2020

QUESTION # 18

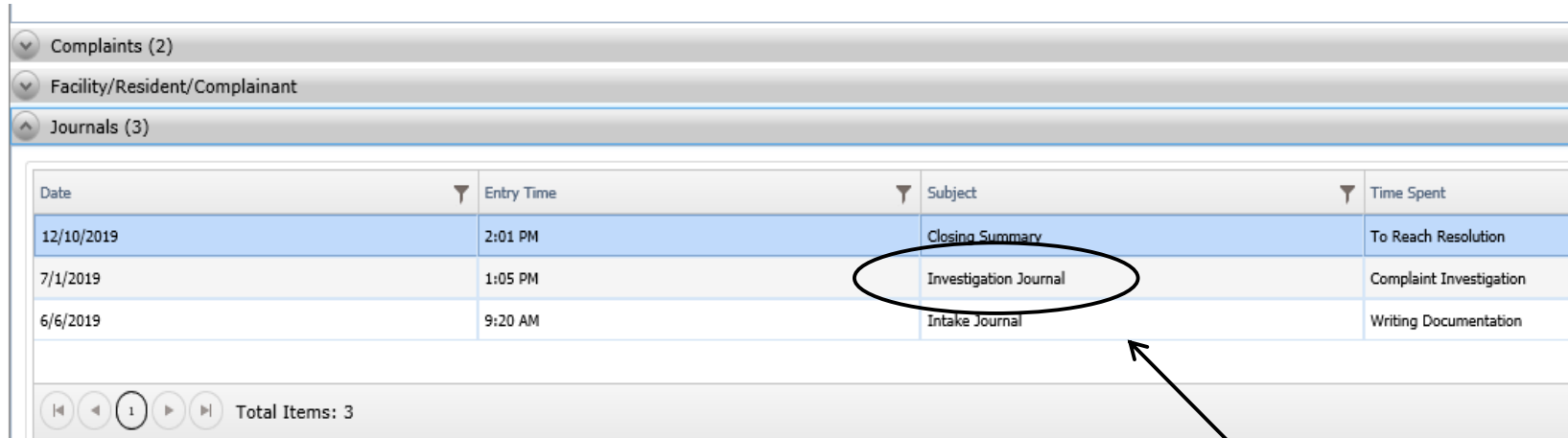
Documentation includes a description of whether resident appeared alert and oriented.



A sidebar menu with several items, each with a dropdown arrow on the left. The items are: Complaints (1), Facility/Resident/Complainant, Journals (3), Activities (0), Attachments (1), User Fields (0), Services (0), and Perpetrators (0). The 'Journals (3)' item is circled in black, and a black arrow points from the text above to it.



Three buttons are displayed horizontally: 'View History', 'Print Preview & Print', and 'New Case'.

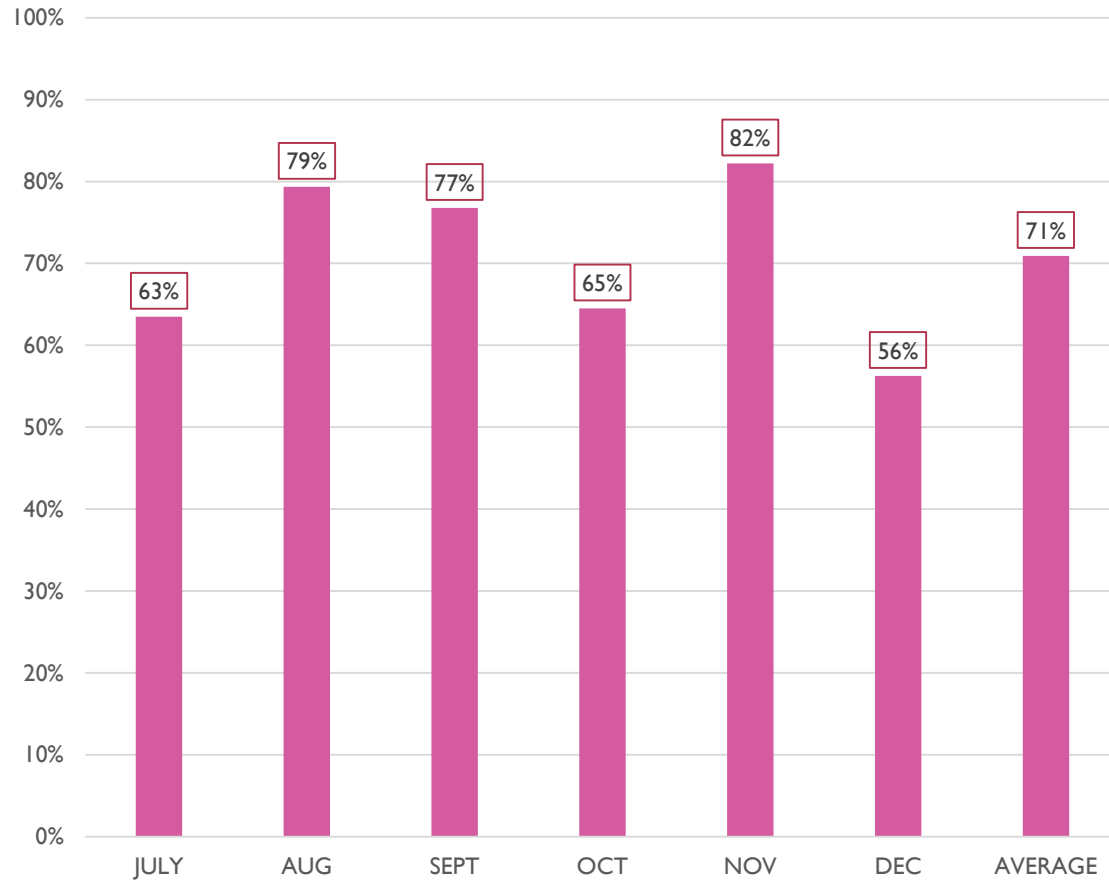


A table with 4 columns: Date, Entry Time, Subject, and Time Spent. The table has 3 rows of data. The 'Investigation Journal' row is circled in black, and a black arrow points from the text above to it.

Date	Entry Time	Subject	Time Spent
12/10/2019	2:01 PM	Closing Summary	To Reach Resolution
7/1/2019	1:05 PM	Investigation Journal	Complaint Investigation
6/6/2019	9:20 AM	Intake Journal	Writing Documentation

QUESTION # 18

Documentation includes a description of whether resident appeared alert and oriented.



	Total Cases Reviewed	Total Applicable Cases	Total NOT Applicable
JULY	64	63	1
AUGUST	63	63	0
SEPTEMBER	56	56	0
OCTOBER	35	31	4
NOVEMBER	45	45	0
DECEMBER	48	48	0
JANUARY	0	0	0
FEBRUARY	0	0	0
MARCH	0	0	0
APRIL	0	0	0
MAY	0	0	0
JUNE	0	0	0
TOTAL FY 20	311	306	5

HOW TO REVIEW

QUESTION # 22- OMB contacted complainant to inform them case was opened.



POLICY REVIEW

114 Case Investigation

4. (l) Contact the complainant, as appropriate, prior to case closure. Policy does not appear to state “inform them case was opened” however best practices suggest to inform the complainant a case was opened so the complainant is notified that the concerns are being addressed. LTCO would not provide any information to the complainant at this time and would require consent from the resident to provide any case details.



QUESTION INSTRUCTIONS

Response Options on QA Review Form should be answered as such:

- “Yes”, if OMB contacted complainant to inform them a case was opened.
- “No”, if OMB did not contact the complainant to inform them a case was opened.
- “N/A”, if complainant was anonymous and unable to contact.



OMBUDSMANAGER LOCATION


Under the ‘Journal’ tab within a case is the ‘Investigation Journal.’ The Investigation Journal consist of all investigation activity that has occurred within the case. The Ombudsman should have documented in the beginning of the case that the complainant was informed a case was opened.

QUESTION # 22

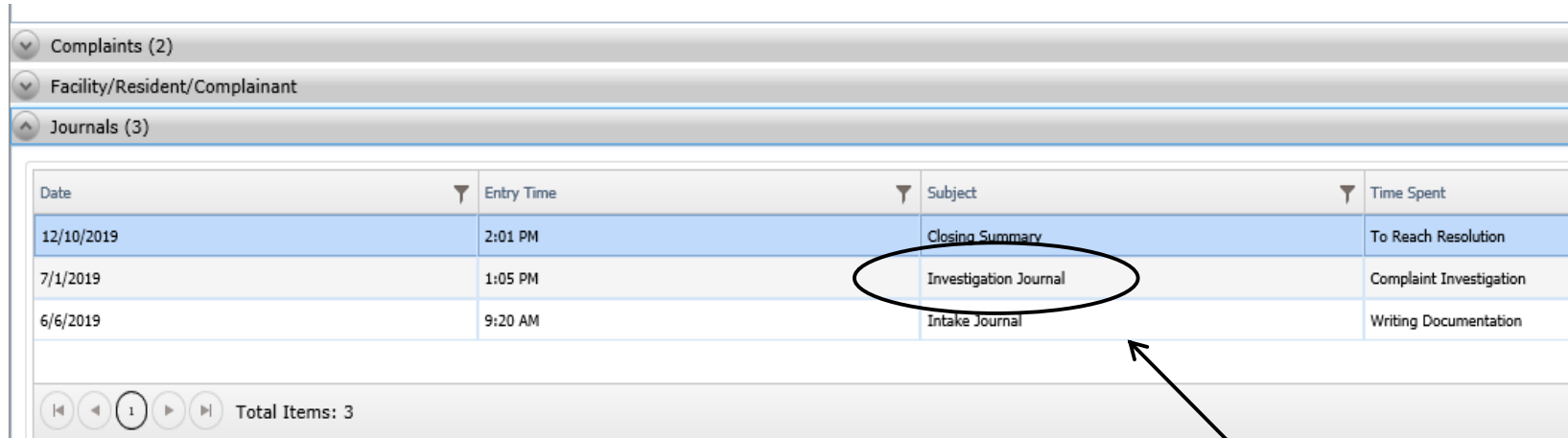
OMB contacted complainant to inform them a case was opened.



A sidebar menu with the following items: Complaints (1), Facility/Resident/Complainant, Journals (3) (circled), Activities (0), Attachments (1), User Fields (0), Services (0), and Perpetrators (0). An arrow points to the 'Journals (3)' item.



View History Print Preview & Print New Case



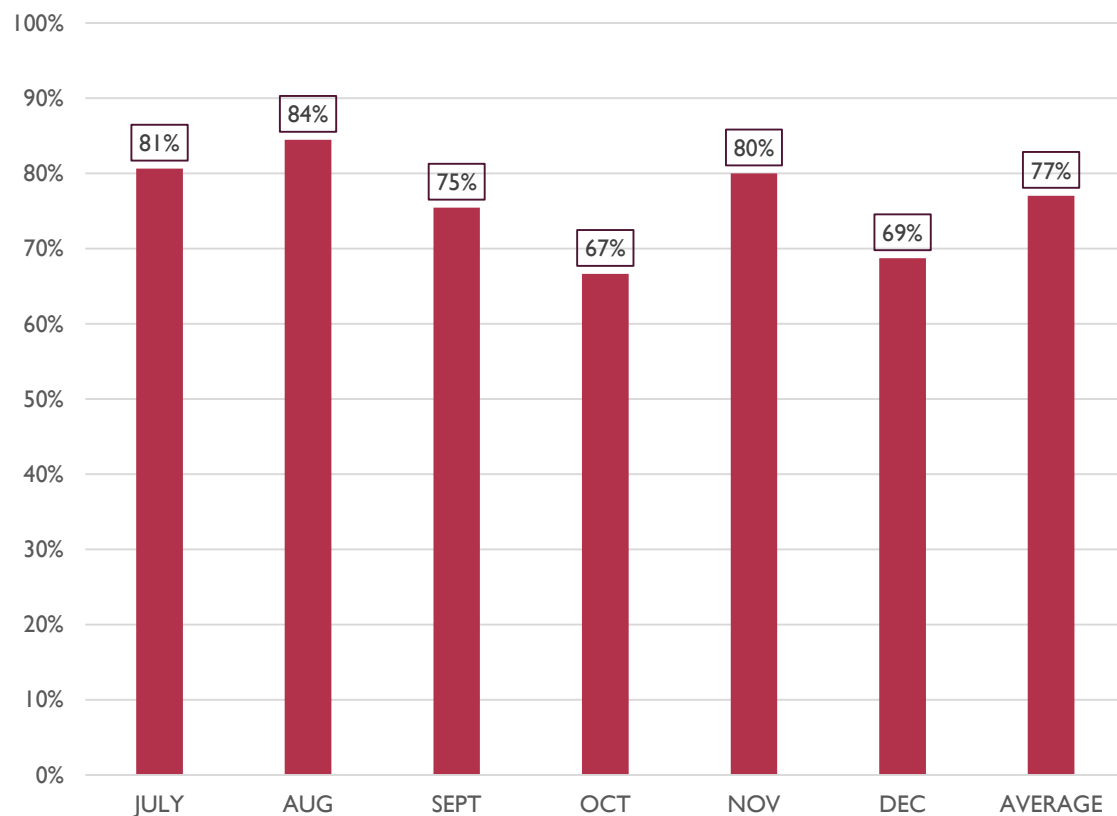
A table with columns: Date, Entry Time, Subject, and Time Spent. The 'Investigation Journal' entry is circled, and an arrow points to it.

Date	Entry Time	Subject	Time Spent
12/10/2019	2:01 PM	Closing Summary	To Reach Resolution
7/1/2019	1:05 PM	Investigation Journal	Complaint Investigation
6/6/2019	9:20 AM	Intake Journal	Writing Documentation

Total Items: 3

QUESTION # 22

OMB contacted complainant to inform them case was opened.



	Total Cases Reviewed	Total Applicable Cases	Total NOT Applicable
JULY	64	62	2
AUGUST	63	58	5
SEPTEMBER	56	53	3
OCTOBER	35	30	5
NOVEMBER	45	45	0
DECEMBER	48	48	0
JANUARY	0	0	0
FEBRUARY	0	0	0
MARCH	0	0	0
APRIL	0	0	0
MAY	0	0	0
JUNE	0	0	0
TOTAL FY 20	311	296	15

QA RECOMMENDATIONS

KEY FINDINGS

1

Policy Implementation

2

Need for increase compliance with obtaining consent and documenting A/O status

3

Grammar/Spelling Errors

4

Complainant is not being informed case opened.

STRATEGY RECOMMENDATIONS

Updates are needed to the Policy Manual to provide clear expectations and reference tool for employees to refer.

Training? 1/31- if its not documented it didn't happen- Webinar- cheat sheet for A/O options...
Provide training memo specific to documenting A/O status.

Encourage staff to utilize writing journal entries into Microsoft Word prior to entering any documentation into Ombudsmanager to complete grammar/spelling check.

During staffing- check case regarding complainant being contacted.
Strengthen policy.

QA NEXT STEPS

COLLABORATE

- Continue to collect data and review to better target problems and interventions.
- Continue to work with LTCOP staff and attend monthly meetings and provide feedback/ input where necessary.

IMPROVE

- Continue to identify areas of improvement
- Solution-based
- Increase consistency with data collection process.
- Increase timely feedback provided to program.

PROMOTE

- Fill gaps by obtaining education on best practices.
- Increase in training on data collection
- Data to Action
- State-wide consistency, continuing QA efforts.

2/25/2020



THANK YOU

Respectfully,
Quality Assurance Team

2/25/2020