

*ANNUAL PERFORMANCE REPORT  
OFFICE OF THE LONG-TERM CARE OMBUDSMAN*

*Introduction to the Annual Performance Report*

In 2002, the agency developed four goals and thirteen performance measures designed to support those goals. The DAS Performance Review Committee found the targets “to be ambitious but realistic.” The agency staff and volunteers committed to the challenge presented by the 2003 targets.

*Performance Accomplishments*

In the 2003 reporting year, the agency exceeded targets for five performance measures, met or came close to meeting targets for four measures, and was unable to meet targets for three measures.

Notable among the agency’s accomplishments for the year was its ability to respond to an increasing number of requests for assistance and consultations. The increase in numbers reflects a growing awareness of the program and its services in the community, and a marshalling of resources in order to respond.

Another accomplishment was the agency’s ability to exceed its target in the percentage of abuse complaints that are referred appropriately. This represented a concerted effort by the agency to train and reinforce that training through continuing education of certified ombudsman volunteers.

The agency was able to exceed its targets for quarterly facility visitation of long-term care facilities. Although the agency significantly increased total facility visits for the year (16,196), it was a challenge to ensure that facilities received a visit in each quarter. With 1,867 adult foster homes and with the number of assisted living and residential care facilities increasing by approximately 5% for the year, it took a considerable effort on the part of staff and volunteers to achieve these results.

The agency narrowly missed its target for the percentage of complaints that are partially or fully resolved. However, the increase over 2002 data is significant in light of the growing complexity of cases the certified ombudsmen are called upon to investigate and resolve.

*Degree and Type of Agency Influence on Chosen Benchmarks and High-level Outcomes*

Oregon Benchmark #51: Substantiated elder abuse rate per 1,000 Oregonians age 65 and older.

This agency cannot have a significant impact on Benchmark #51. The majority of Oregonians 65 and older reside outside the long-term care facilities that are within the purview of the agency. However, the agency does its part to ensure that complaints involving suspected abuse are referred to the appropriate investigating agency in a timely manner.

High-level outcome: To enhance the quality of life, improve the level of care, protect the rights of the individual and promote the dignity of each Oregon citizen living in a nursing facility, residential care facility, assisted living facility or adult foster care home.

By resolving thousands of complaints each year and engaging in systems advocacy on behalf of long-term care facility residents, the agency does achieve its high-level outcome for both individual residents and residents in general.

### ***Future Challenges***

The overall capacity of the Office of the Long-Term Care Ombudsman to respond to the needs of long-term care facility residents is constrained by the number of staff and volunteers.

The three new performance measures that address quarterly facility visitation have unexpectedly taken more staff time than anticipated to achieve. That may have contributed, in part, to the agency's inability to meet targets directed to initial response time and time to close cases. In both areas, the data from the certified ombudsman volunteers who are a regular presence in long-term care facilities and account for 79 percent of the complaint work were closer to meeting the targets than the 4 FTE staff. (Refinement of the standard of what constitutes an initial response also played a role in not meeting that target.)

In the final analysis, the performance measures are a valuable tool to assess how the agency's resources are being utilized. It may be that successfully meeting some targets will mean that resources are not available to meet others. This may portend a need to reassess targets in order to prioritize among measures in the future.

*Note: Each spring the Office of the Long-Term Care Ombudsman produces a report for the federal Administration on Aging that documents program activity for the preceding federal fiscal year in such areas as complaints (number and type), facility visitation and case dispositions. Since the agency's data collection is oriented to the federal report, it makes sense to use the federal fiscal year for our annual performance report. This report summarizes performance from October 1, 2002 through September 30, 2003.*

*ANNUAL PERFORMANCE PROGRESS REPORT*  
*PART I, MANAGING FOR RESULTS*

<b>Agency: Office of the Long-Term Care Ombudsman</b>	
<b>Contact: Kathy Walter</b>	<b>Phone: 503-378-6533</b>
<b>Alternate: Meredith Cote</b>	<b>Phone: 503-378-6533</b>

<b>The following questions shed light on how well performance measures and performance data are leveraged within your agency for process improvement and results-based management.</b>	
1 How were staff and stakeholders involved in the development of the agency's performance measures?	The monthly meetings of the Long-Term Care Advisory Committee served as the source of stakeholder involvement as the input of committee and audience members was actively encouraged. Staff input was continuously elicited as the performance measures were being developed.
2 How are performance measures used for management of the agency?	<p>Data on key performance measures are reviewed regularly. Reports on quarterly facility visits are produced as early as possible in the third month of each quarter, providing the deputies information to assist them in planning volunteer ombudsman assignments to best meet the agency targets.</p> <p>Since the implementation of the performance measures, the staff members review case records monthly, focusing on data tied to three of the performance measures, average initial response time to non-referred cases, average initial response time to abuse complaints and average time to close non-referred cases. These reviews help ensure that there is a timely response to cases. The collaborative review helps stimulate fresh direction on cases that are difficult to resolve.</p>
3 What training has staff had in the use performance measurement?	Staff training on the performance measures occurred as soon as the measures were finalized. During the summer of 2003, performance measures and complaint management was the topic of that quarter's continuing education for the Certified Ombudsmen. One hundred and nineteen volunteers attended those sessions.

<p>4 How does the agency communicate performance results and for what purpose? (Please include your agency's URL for Performance Measures and this Annual Report)</p>	<p>The agency has communicated performance results through written reports and presentations. In times past, those reports have been shared with the Governor's Office, DAS, DHS, the Legislature, the Long-Term Care Advisory Committee that monitors the program, and interested parties. Agency staff and volunteers review performance results and they serve to establish the link between individual performances and achievement of agency goals.</p> <p>The agency does not currently have a website, but is developing one through the E-Government Content Management Project.</p>
<p>5 What important changes have occurred in the past year?</p>	<p>The agency has always monitored its performance as a function of annual reporting to the federal government. However, in the past year, the agency has become more proactive in using performance measures as a management tool. For example, the quarterly visitation rate to adult foster care homes had dropped to a low of 1.5% in 2001. The agency was able to increase that to 8% in 2003, by enlisting the cooperation of the Certified Ombudsmen and asking each of them to take on at least two foster care homes to visit quarterly. This significantly exceeds the 2003 target of 5%.</p>

*ANNUAL PERFORMANCE PROGRESS REPORT*  
*PART II, KEY MEASURE ANALYSIS OF PROGRESS*

**#11400-01: Percentage of non-referred complaints that are partially or fully resolved.**

Data						Targets		
1998	1999	2000	2001	2002	2003	2003	2004	2005
86%	86%	84%	78%	70%	74%	75%	80%	80%

**To what goal or goals is this performance measure linked?**

Goal #1: Identify, investigate and resolve complaints made by or on behalf of residents of long-term care facilities.

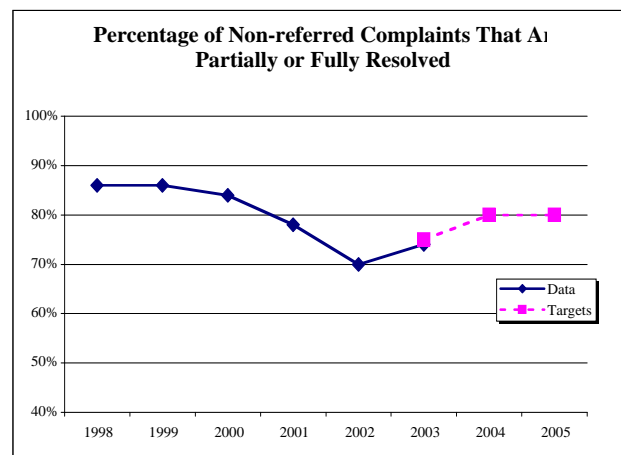
**What does the performance measure demonstrate about the goal?**

The measure demonstrates the agency's success in achieving positive outcomes on behalf of residents.

**What does the data reveal?**

Ombudsmen achieved positive outcomes in 2,281 non-referred complaints. This is one, single complaint short of achieving the target of 75 percent. The 2003 rate of 74 percent is a 4 point increase over 70 percent the previous year.

The downward trend over previous years can be attributed to cases growing increasingly complex and less susceptible to simple solutions. The agency has also refined the standard to include resident satisfaction.



**What is an example of a department activity related to the measure?**

The agency provides continuing education for Certified Ombudsman volunteers four times a year. In 2003, one session focused on complaint management and specifically addressed areas related to the performance measures. Other sessions focused on particular complaint categories, including evictions, lost or stolen property, and billing issues.

In 2003, staff members started meeting regularly to review cases and develop strategies to resolve the more difficult cases more quickly. The agency has also increased the follow up with Certified Ombudsmen on their cases.

**What needs to be done as a result of your analysis?**

The agency will continue the activities that contributed to the improvements of 2003.

**What is the data source?**

Case reports from staff and Certified Ombudsman volunteers.

**#11400-04: Percentage of abuse complaints that are referred appropriately.**

Data						Targets		
1998	1999	2000	2001	2002	2003	2003	2004	2005
86%	90%	95%	94%	96%	98%	97%	97%	97%

**To what goal or goals is this performance measure linked?**

Goal #1: Identify, investigate and resolve complaints made by or on behalf of residents of long-term care facilities.

This measure is also linked to Oregon Benchmark #51: Substantiated elder abuse rate per 1,000 Oregonians age 65 and older.

**What does the performance measure demonstrate about the goal?**

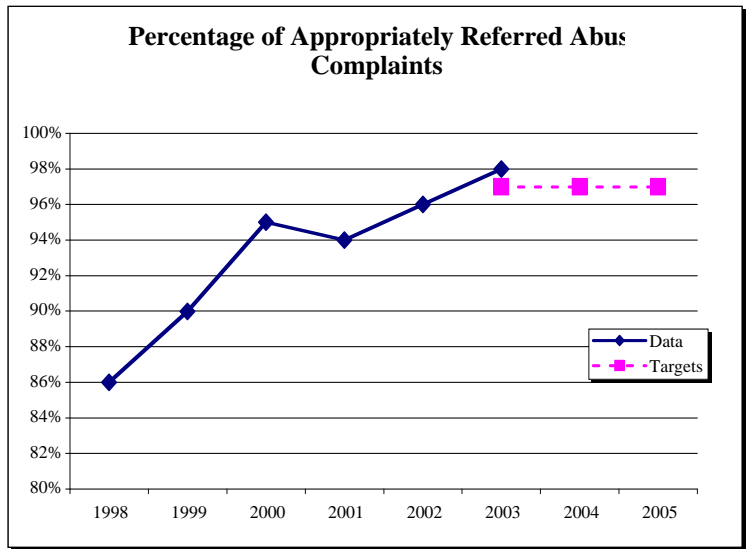
This performance measure demonstrates that complaints of abuse are referred appropriately to local protective services agencies who are responsible for those investigations.

**What does the data reveal?**

Ombudsmen appropriately referred 98 percent of abuse complaints, a two percent increase over 2002, and one percent above the target.

**What is an example of a department activity related to the measure?**

The agency presented two training sessions on this topic to the Certified Ombudsman volunteers. One was a written exercise that was sent to each of the ombudsmen and then later reviewed in support meetings. This document has been incorporated into the initial certification training. Abuse reporting was also a topic of a session at the statewide training conference.



**What needs to be done as a result of your analysis?**

The agency will continue to provide training on this topic to volunteers.

**What is the data source?**

Case reports from staff and volunteers.

**#11400-09: Number of Certified Ombudsmen**

Data						Targets		
1998	1999	2000	2001	2002	2003	2003	2004	2005
165	156	178	196	175	173	177	179	180

**To what goal or goals is this performance measure linked?**

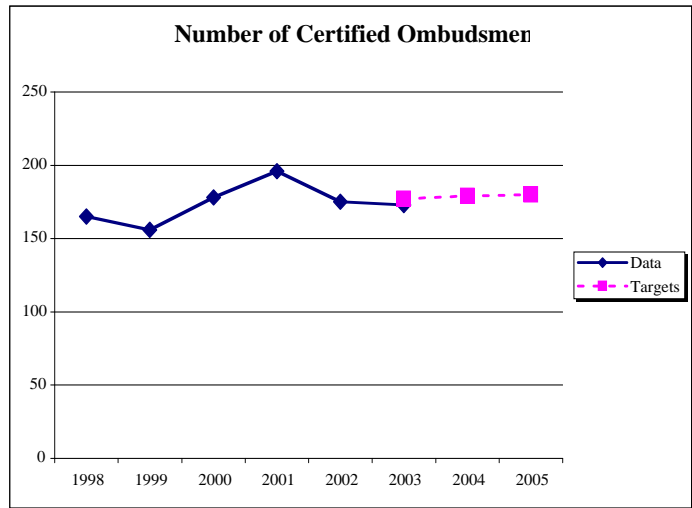
Goal #2: Establish a routine presence in long-term care facilities using a cadre of trained program volunteers.

**What does the performance measure demonstrate about the goal?**

This measure demonstrates the agency’s capacity to establish a routine presence in long-term care facilities.

**What does the data reveal?**

The average number of volunteers for this year is 173, four short of the 2003 target of 177. The agency has 4.00 FTE that directly supervise volunteers. The Institute of Medicine recommends a 1:20 staff to volunteer ratio as ideal and considers 1:40 the maximum. Using the IoM maximum, the agency should be supporting no more than 160 Certified Ombudsman volunteers. The growth since 1998-99 is the result of a cooperative effort with AARP to recruit. As the agency suspected, it is difficult to maintain these numbers with current staff.



**What is an example of a department activity related to the measure?**

The recruitment, training and retention of Certified Ombudsmen are agency priorities. In 2003, the agency received 113 applications for Certified Ombudsmen, approving 88 for training. The agency conducted 11 six-day certification courses during the year, certifying 71 new ombudsmen. Sixty-three ombudsman volunteers resigned during the year, serving an average of more than 21 months in the program. Many of these resignations were related to health, out-of-state moves, or time constraints.

The agency conducted 136 local support meetings and continuing education sessions for Certified Ombudsmen, as well holding a statewide training and recognition conference. Individual technical assistance is offered daily to Certified Ombudsman volunteers via the agency’s toll-free number and e-mail.

**What needs to be done as a result of your analysis?**

The agency needs additional staff to make substantial progress on this measure.

**What is the data source?**

Program records.

**#11400-12: Number of requests for assistance and consultations from consumers, the public, facility staff and agencies.**

Data						Targets		
1998	1999	2000	2001	2002	2003	2003	2004	2005
2,949	3,011	3,087	3,535	4,341	4,429	3,500	3,500	3,500

**To what goal or goals is this performance measure linked?**

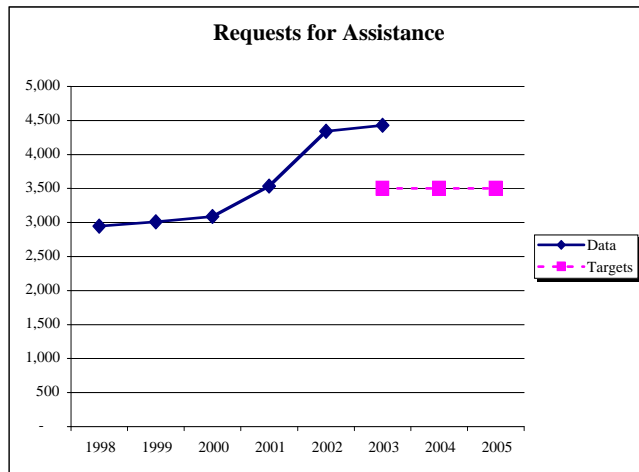
Goal #3: Ensure that consumers, the public, facility staff and agencies are aware of the Ombudsman Program and its services.

**What does the performance measure demonstrate about the goal?**

This measure demonstrates that the community is aware of the program and that individuals are contacting the agency for assistance.

**What does the data reveal?**

The 4,429 requests for assistance significantly exceeded the agency’s target of 3,500. This measure includes the complaints received from residents, friends and family members, the public, and facility staff (excluding the problems that ombudsmen identify themselves during their facility visits), requests for consultations, trainings for facility staff, community presentations and ombudsman participation in resident and family councils.



The increase comes from a significant increase in consultations (an increase of 266) and in participation in resident and family councils (an increase of 168).

**What is an example of a department activity related to the measure?**

The volunteers’ visits to facilities are the primary means of increasing program awareness. In 2002, program representatives made 13,100 facility visits. In 2003, more than 16,000 visits were made. The agency also places newspaper articles, participates in health fairs and other community events, distributes brochures and takes other steps to increase public awareness of the program.

**What needs to be done as a result of your analysis?**

The agency will continue the activities that contributed to the improvements of 2003.

**What is the data source?**

Case and activity reports from staff and volunteers.



### *Performance Measure Data Summary*

Agency Name: Office of the Long-Term Care Ombudsman	
Contact Person: Kathy Walter	Phone: 503-378-6533
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Performance Measure Definition	Data						Targets					
	1998	1999	2000	2001	2002	2003	2000	2001	2002	2003	2004	2005
Agency # - 11400-01 Percentage of non-referred* complaints that are partially or fully resolved.	86%	86%	84%	78%	70%	74%				75%	80%	80%
Agency # - 11400-02 Average initial response time to non-referred* cases.	.93 days	.63 days	.98 days	1.33 days	1.24 days	2.14 days				1.00 day	.95 day	.90 day
Agency # - 11400-03 Average time to close non-referred* cases.	29.70 days	33.68 days	32.72 days	39.29 days	31.83 days	34.84 days				32 days	31 days	30 days
Agency # - 11400-04 Percentage of abuse complaints that are referred appropriately.	86%	90%	95%	94%	96%	98%				97%	97%	97%
Agency # -11400-05 Average initial response time to abuse complaints.	.60 days	.84 days	.76 days	.92 days	.99 days	1.13 days				.70 day	.70 day	.70 day

\*\*Numerous facilities receive weekly or biweekly visits for periods of time during the year. In fact, the yearly average number of facility visits for 1999-2003 is 12,850. This measure represents the consistent visitation necessary to establish routine presence.

\*\*\*This number is distinguished from the total number of problems program representatives respond to each year, which averaged 4,746 for the years 1999-2003.

Performance Measure Definition	Data						Targets					
	1998	1999	2000	2001	2002	2003	2000	2001	2002	2003	2004	2005
Percentage of facilities visited once a quarter:**												
Agency # - 11400-06 Nursing facilities	40%	45%	53%	49%	54%	54%				52%	55%	55%
Agency # - 11400-07 Assisted living and residential care facilities	22%	24%	30%	33%	35%	34%				33%	33%	33%
Agency # - 11400-08 Adult foster care homes	3.8%	3.6%	1.9%	1.5%	3.7%	8%				5%	8%	10%
Agency # - 11400-09 Number of Certified Ombudsmen	165	156	178	196	175	173				177	179	180
Agency # - 11400-10 Percent of ombudsman trainees reporting satisfaction with the six-day certification program.	N/A	86%	99%	91%	96%	98%				98%	99%	99%
Agency # - 11400-11 Number of RAP/CHAT (friendly visitor) volunteers.	32	45	62	66	71	70				73	75	78
Agency # - 11400-12 Number of requests for assistance and consultations from consumers, the public, facility staff and agencies.***	2,949	3,011	3,087	3,535	4,341	4,429				3,500	3,500	3,500

\*\*Numerous facilities receive weekly or biweekly visits for periods of time during the year. In fact, the yearly average number of facility visits for 1999-2003 is 12,850. This measure represents the consistent visitation necessary to establish routine presence.

\*\*\*This number is distinguished from the total number of problems program representatives respond to each year, which averaged 4,746 for the years 1999-2003.

Performance Measure Definition	Data						Targets					
	1998	1999	2000	2001	2002	2003	2000	2001	2002	2003	2004	2005
Agency # - 11400-13 Number of legislative, regulatory and policy issues in which program had significant input.**** Will establish baseline in 2003 and set target.	N/A	N/A	N/A	N/A	N/A	8					8	8

\*\*\*\*This measure reflects input in the activities of government on behalf of long-term care residents. The count provided covers broad areas of input. For example, agency input in residential care facility rule revisions is counted only once, even though the agency provided significant input on a number of issues within those rules.