

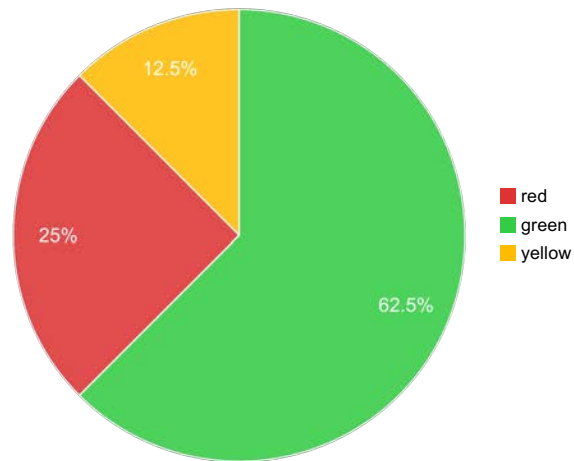
Long Term Care Ombudsman, Office of

Annual Performance Progress Report

Reporting Year 2020

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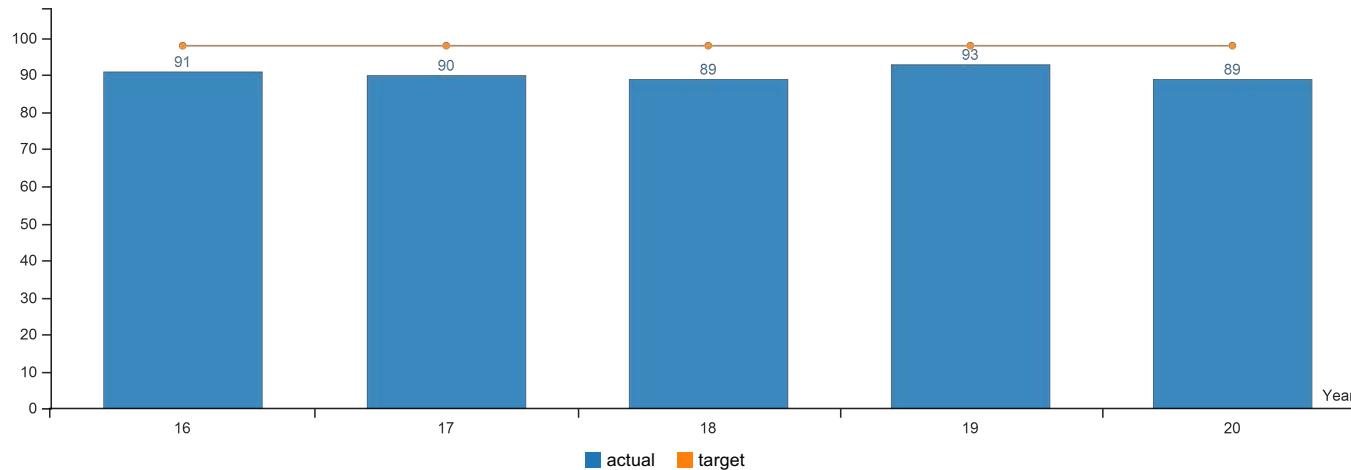
KPM #	Approved Key Performance Measures (KPMs)
1	Percentage of non-referred complaints to LTCO where action is needed that are partially or fully resolved. -
2	Average initial response time, measured in business days, to LTCO non-referred cases. -
3	Average time, measured in business days, to close LTCO non-referred cases. -
4	Percent of NF and ALF/RCF facilities to which a Long-Term Care Certified Ombudsman is assigned. -
5	Long-Term Care Certified Ombudsman hours. -
6	Number of hospitalizations, ER visits, arrests, or psychiatric holds of OPGC clients during the reporting period. -
7	Number of referrals diverted away from OPGC by finding less restrictive alternatives. -
8	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	62.50%	12.50%	25%

KPM #1	Percentage of non-referred complaints to LTCO where action is needed that are partially or fully resolved. -
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2016	2017	2018	2019	2020
Partially or Fully Resolved Complaints					
Actual	91%	90%	89%	93%	89%
Target	98%	98%	98%	98%	98%

How Are We Doing

This measure consists of all complaints that are handled directly by the LTCO program. Complaints that are referred to licensing, Adult Protective Services, or other entities are not included in this measure. Cases in which the resident does not wish for the LTCO program to pursue the matter are also not included in this measure.

For the past 5 reporting years the resolution rate has been hovering around 90%, which is an accurate reflection of the LTCO program’s ability to resolve complaints on behalf of residents.

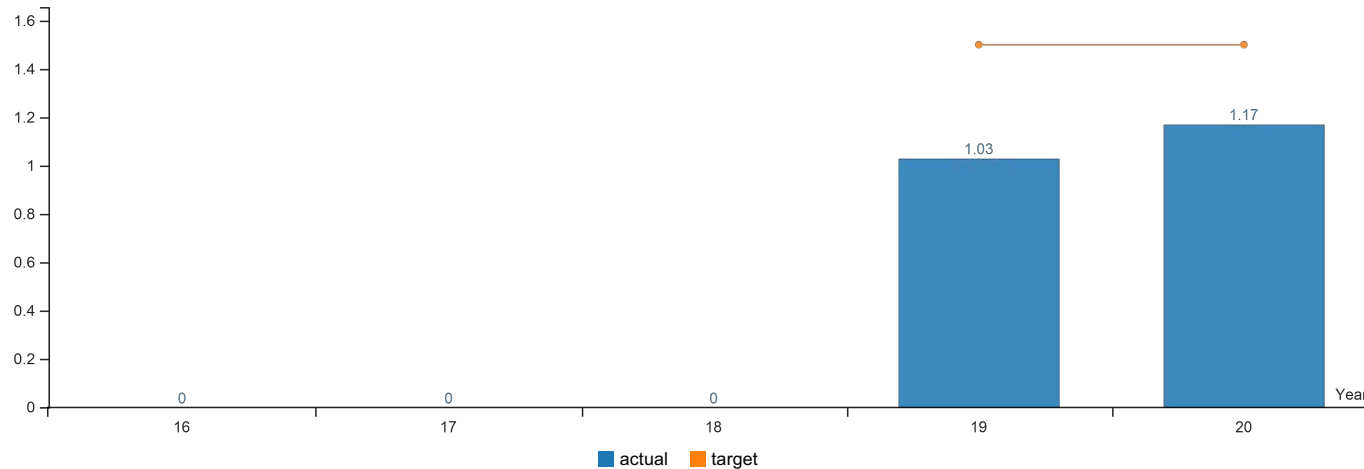
Factors Affecting Results

Since 2014, messaging to LTCO volunteers has been that it is both acceptable and desirable to file reports on cases that they have been unable to resolve. Volunteers are assured that such reporting does not reflect poorly on their performance or the performance of LTCO. It is only by collecting the unresolved data, as well as the resolved cases, that the LTCO program can accomplish appropriate evaluation of our effectiveness on the numerous types of cases we address for residents in long term care.

Going forward, it is unrealistic that the LTCO program will ever receive a 98% resolution of all complaints handled primarily by program volunteers given the programs’ changed approach. Not all complaints received are situations that can be resolved by the LTCO program. Rather, it is more important to report on all complaints addressed by LTCO and its volunteers so as to better reflect all situations confronting Oregonians living in long term care facilities.

KPM #2	Average initial response time, measured in business days, to LTCO non-referred cases. -
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2016	2017	2018	2019	2020
Average initial response time, measured in business days, to LTCO non-referred cases.					
Actual	No Data	No Data	No Data	1.03	1.17
Target	TBD	TBD	TBD	1.50	1.50

How Are We Doing

This measure is the period of time elapsed between initial receipt of a complaint and the date of first action for cases within LTCO’s purview.

- Prior to 2019, this measure included all calendar days, including weekends and holidays. The measure now reflects actual business days.
- This year’s response time of 1.17 business days continues to reflect program expectations, which are that all complaints, whether made in person at the facility or by phone, be addressed through a first action as quickly as possible during business hours.

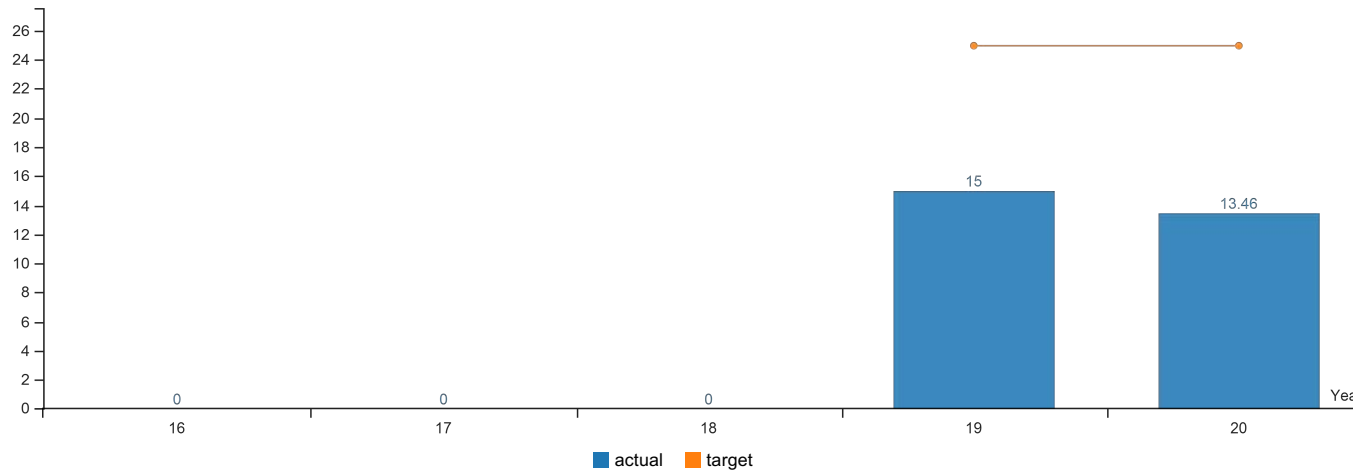
Factors Affecting Results

The LTCO program assigns one of the 10 Deputy State Long Term Care Ombudsman staff persons cover complaint calls coming in each day to our 1-800# during business hours. This has been a long standing practice of LTCO to have a high level of expertise be able to 1) address complaints almost as soon as they are made when made by phone, or 2) immediately refer a complaint to a volunteer Certified Ombudsman who is assigned to a facility from which a resident’s complaint is coming.

The slight increase from 1.03 in 2019 to 1.17 in 2020 most likely reflects the current period of time where more complaints are having to come in by phone rather than being made in person during the COVID-19 pandemic. Our volunteer Certified Ombudsmen, who usually visit residents in their assigned facilities approximately 4 hours per week have been prohibited from visiting facilities in person since March 2020. Most of our volunteers are still able to address complaints by phone, but the time to address individual complaints will, on average, take more time when addressing complaints solely through remote means.

KPM #3	Average time, measured in business days, to close LTCO non-referred cases. -
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2016	2017	2018	2019	2020
Average time, measured in business days, to close LTCO non-referred cases.					
Actual	No Data	No Data	No Data	15	13.46
Target	TBD	TBD	TBD	25	25

How Are We Doing

This measure is the period of time between intake date of case/complaint and the time the case is closed by staff or volunteers. It is specific to the LTCO program.

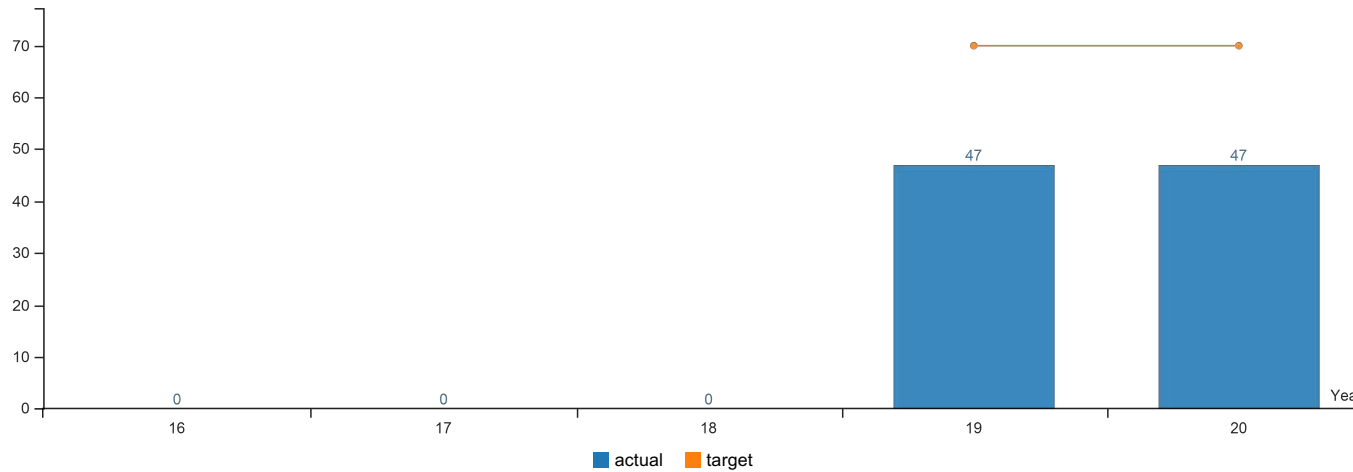
- Prior to 2019, this measure included all calendar days, including weekend and holidays. The measure now reflects actual business days.
- The measure of 13.46 this year continues to be an improvement over recent years.

Factors Affecting Results

Paid staff work regularly with the volunteers to ensure that cases are being addressed and closed as appropriate. Over the past 5 years, staff have increasingly improved in their supervision and support of volunteers in resolving and/or closing cases. Additionally, it is believed that consistency in staff – 9 of the 10 Deputy Ombudsmen have been with LTCO for over 3 years – may be lending to the ongoing improvements in the supervision and support of volunteers, and thus an improvement in the supports needed to resolve cases.

KPM #4	Percent of NF and ALF/RCF facilities to which a Long-Term Care Certified Ombudsman is assigned. -
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2016	2017	2018	2019	2020
Percent of NF and ALF/RCF facilities to which a Long-Term Care Certified Ombudsman is assigned.					
Actual	No Data	No Data	No Data	47%	47%
Target	TBD	TBD	TBD	70%	70%

How Are We Doing

This measure was entirely new for the 2019 reporting year. Previously the LTCO program reported on the percent of total licensed congregate care facilities (nursing facilities, assisted living facilities, and residential care facilities) visited at least once annually. However, the LTCO best provides its services to Oregonians through regular visits to single care facilities, which only occurs when a volunteer can be assigned to the facility for regular visits.

For the 2019 reporting year, staffing of the LTCO program would have only allowed for a maximum of 62% of facility coverage through volunteer assignments. The Legislature increased the LTCO Deputy Ombudsman staffing by three, effective October 2019. This investment in these three positions should allow LTCO to eventually achieve 90-100% facility coverage. However, as the program was increasing its volunteer recruitment and training efforts since the hiring of these three new staff, the societal restrictions connected to the COVID-19 impact has considerably slowed abilities to recruit. Trainings have resumed and can be expected to be reflected in the 2021 reporting year.

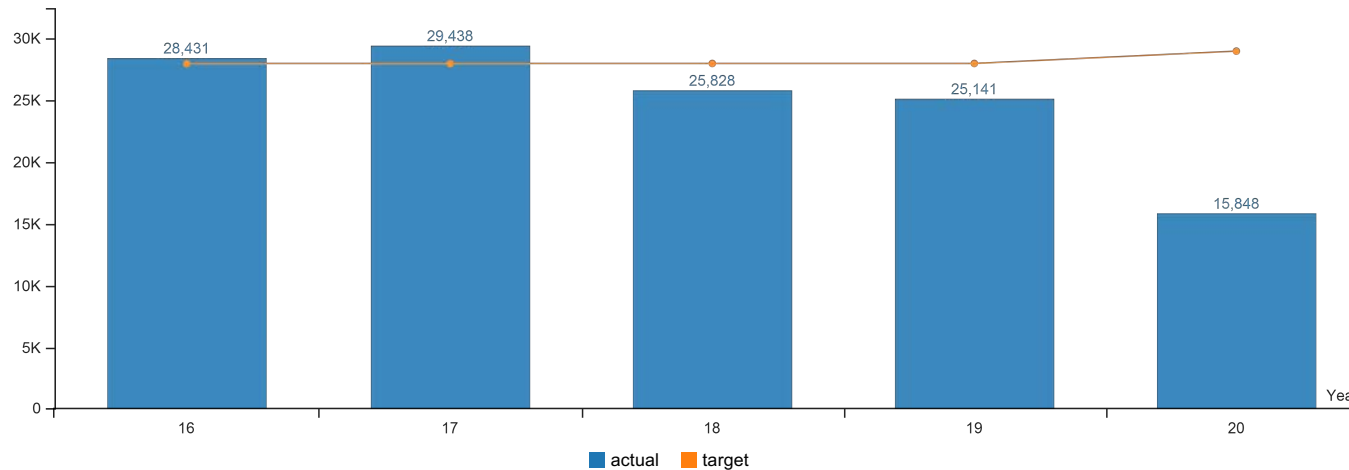
Factors Affecting Results

The LTCO program's volunteer numbers continue to feel the effects of periods of time in recent years where volunteer recruitment efforts have been put on hold. Specifically, there was a 4 month period of time in late 2018 with a vacancy in both of the agency's volunteer recruitment positions. Similarly, early in the 2017-19 biennium there was a six month period where the agency needed to pause travel and recruitment efforts due to budget cuts in the 2017 legislative session. Combined with recruiting and training efforts mostly halted from March 2020 until the end of this reporting year, it has been difficult in the past couple of years to get ahead of the curve of standard volunteer resignations.

Despite those factors, the agency's decision in 2018 to combine our 1.5 FTE of volunteer recruiters into a single team to serve all agency programs has improved the inquiries and applications the LTCO program has received. Specifically, LTCO received 107 applications for volunteerism in the 2019 calendar year, up from 57 in 2018 and 77 in 2017.

KPM #5	Long-Term Care Certified Ombudsman hours. -
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2016	2017	2018	2019	2020
Long-Term Care Certified Ombudsman hours.					
Actual	28,431	29,438	25,828	25,141	15,848
Target	28,000	28,000	28,000	28,000	29,000

How Are We Doing

This total consists of all the hours LTCO volunteers spend in long-term care facilities, recruitment new volunteers, and serving on the agency advisory committee.

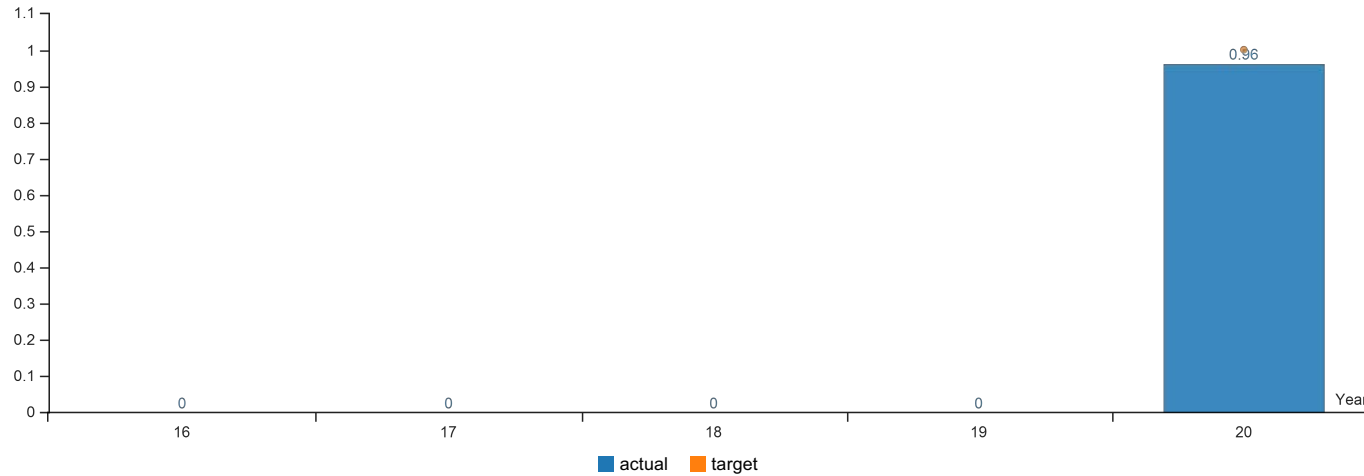
- Note that the target for this measure increased from 22,000 prior to 2016 to the current target of 28,000.
- Prior to this year, performance had ranged from a low of 22,984 in 2011 to a high of 29,438 in 2017 when the program approached a high of nearly 200 Certified Ombudsman volunteers.
- With our volunteer numbers hovering around 150 in the past couple of years, total volunteer hours were expectedly down. However, this reporting year's numbers are expectedly down primarily because of the restrictions placed on volunteer Ombudsmen not being able to visit facilities for four months of this reporting year.

Factors Affecting Results

As with KPM #4, the barriers to volunteer recruitment in recent years has also had an impact on total number of volunteer hours. However, this year's drop in volunteer hours is primarily due to volunteers being prohibited from visiting care facilities due to the COVID-19 pandemic. Each volunteer is asked to visit their assigned facilities for a total of up to four hours per week. By not visiting facilities for close to a third of the reporting year, this KPM is, expectedly, significantly down.

KPM #6	Number of hospitalizations, ER visits, arrests, or psychiatric holds of OPGC clients during the reporting period. -
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2016	2017	2018	2019	2020
Number of hospitalizations, ER visits, arrests, or psychiatric holds of OPGC clients during the reporting period.					
Actual	No Data	No Data	No Data	No Data	0.96
Target	TBD	TBD	TBD	TBD	1

How Are We Doing

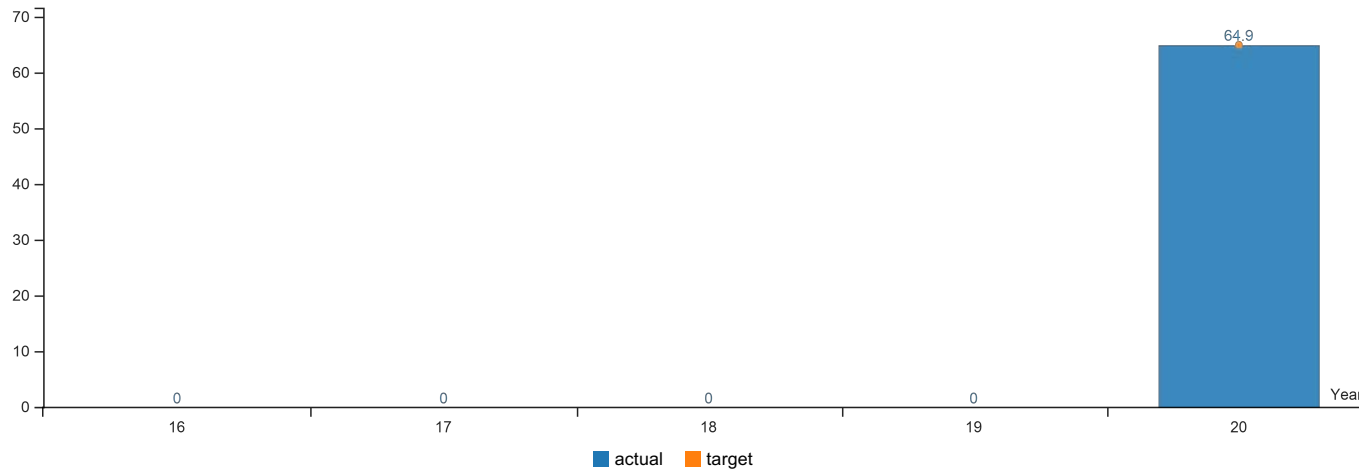
This is the first year of reporting data; there is no historical data to compare to. The value of the current KPM is limited. OPGC is in the process of addressing this by altering this KPM to compare the same data collected for the reporting year with data for the same clients for the one-year period of their lives prior to appointment of OPGC as their guardian. Multiple additional categories of data will also be collected and compared. Only by comparing current activity with that historical activity can the efficacy of public guardianship be evaluated.

Factors Affecting Results

The total number of clients served by the program, (currently 85) and the quality of the care and support services overseen by OPGC as well as their overall health and cognitive condition are the primary factors affecting these results.

KPM #7	Number of referrals diverted away from OPGC by finding less restrictive alternatives. -
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result



Report Year	2016	2017	2018	2019	2020
Number of referrals diverted away from OPGC by finding less restrictive alternatives.					
Actual	No Data	No Data	No Data	No Data	64.90%
Target	TBD	TBD	TBD	TBD	65%

How Are We Doing

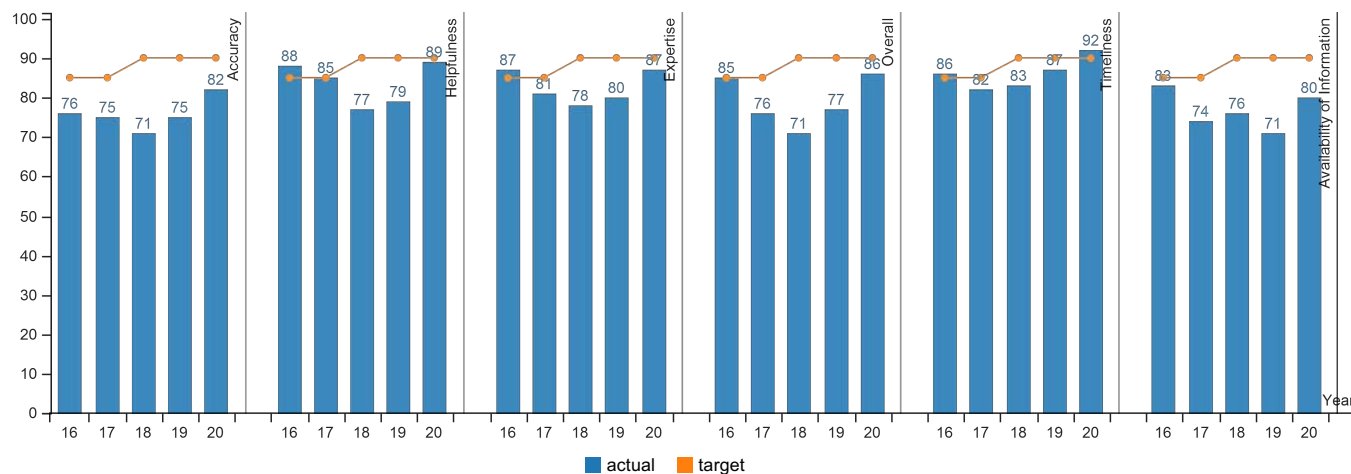
This is the first year of reporting data; there is no historical data to compare to. Only having a single assessment case result in an LRA compared to 11 screening cases indicates that OPGC is doing very well at identifying alternatives early in the process and only spending valuable program staff time on conducting assessments on cases that are likely to be appropriate for the program. For comparison OPGC conducted 14 total assessments, the other 13 resulted in identifying no LRA and approval for public guardianship was the final outcome.

Factors Affecting Results

OPGC is currently at full program capacity and has been for the entire reporting period. As a result, the program is unable to take on most new case. This has resulted in an overall significant reduction in the number of cases referred to the program, as most potential referring parties are aware that the program is full. Being at full capacity has also greatly reduced the number of new assessments the program is able conduct, as new openings only occur when current clients are discharged from guardianship. While OPGC attempts to identify other options for cases that are referred, often there are no viable alternatives. Most referrals are rejected due to the lack of program capacity, and not due to identifying an actual alternative. OPGC also has extremely limited staff resources (6 FTE total) and is unable to conduct the follow-up that would be necessary to determine whether the alternatives suggested to the referring parties were ever actually pursued or successful.

KPM #8 Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall customer service, timeliness, accuracy, helpfulness, expertise and availability of information.

Data Collection Period: Jul 01 - Jun 30



Report Year	2016	2017	2018	2019	2020
Accuracy					
Actual	76%	75%	71%	75%	82%
Target	85%	85%	90%	90%	90%
Helpfulness					
Actual	88%	85%	77%	79%	89%
Target	85%	85%	90%	90%	90%
Expertise					
Actual	87%	81%	78%	80%	87%
Target	85%	85%	90%	90%	90%
Overall					
Actual	85%	76%	71%	77%	86%
Target	85%	85%	90%	90%	90%
Timeliness					
Actual	86%	82%	83%	87%	92%
Target	85%	85%	90%	90%	90%
Availability of Information					
Actual	83%	74%	76%	71%	80%
Target	85%	85%	90%	90%	90%

How Are We Doing

This measure tabulates the results of primarily on-line responses to an anonymous survey.

- Performance over the years for all of the subsections has ranged between 70% to 89%.
- This year's measures are 86% for Overall Experience, 92% for Timeliness, 82% for Accuracy, 89% for Helpfulness, 87% for Expertise, and 80% for Availability of Information.
- Every subsection measure was up this reporting year.

Factors Affecting Results

This measure has not yet been expanded to include the OPG and RFO (Residential Facilities Ombudsman) programs.

This is a difficult measure for the LTCO program to gain measurable data reflective of our work with the consumer who is our focus, the resident. The biggest challenge is actually getting feedback from extremely vulnerable seniors/residents who often do not have the capacity or access for responding to questions and surveys.

Currently LTCO has a survey attached to all electronic communications for individuals to complete. Paper surveys have historically been made available primarily for residents to complete, but with very low utilization. Thus, the data reflected in this measure is more a reflection of individuals who completed the survey but who are not the focus of LTCO services, which is, again, the resident of care facilities and homes. Non-resident individuals interacting with LTCO often have wishes that can be different or contradictory to those wishes of the resident, resulting in lower satisfaction ratings in working with LTCO.