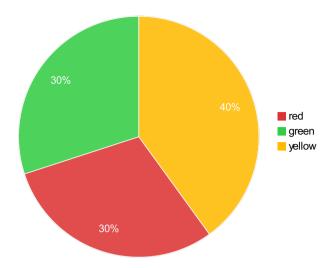# Long Term Care Ombudsman, Office of

Annual Performance Progress Report

Reporting Year 2018

Published: 10/1/2018 12:43:11 PM

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 to close LTCO non-referred cases. -
3	Average time to close LTCO non-referred cases. -
4	Percentage of nursing facilities visited at least once annually. -
5	Percentage of assisted living and residential care facilities visited at least once annually. -
6	Percentage of adult foster care homes visited at least once annually. -
7	Number of requests for assistance from consumers, the public, facility staff and agencies. -
8	Participation in system-wide advocacy meetings at the local, regional, state and national levels. -
9	Total number of certified ombudsmen volunteer hours annually. -
10	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.

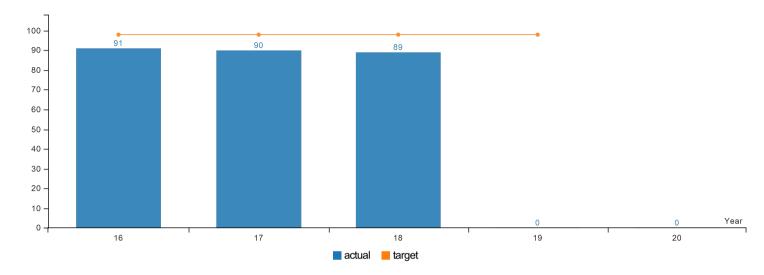| Proposal	Proposed Key Performance Measures (KPMs)
Delete	Average initial response time to close LTCO non-referred cases. -
New	Average initial response time, measured in business days, to close LTCO non-referred cases. -
Delete	Average time to close LTCO non-referred cases. -
New	Average time, measured in business days, to close LTCO non-referred cases. -
Delete	Percentage of nursing facilities visited at least once annually. -
New	Percent of NF and ALF/RCF facilities to which a Long-Term Care Certified Ombudsman is assigned. -
Delete	Percentage of assisted living and residential care facilities visited at least once annually. -
New	Long-Term Care Certified Ombudsman hours. -
Delete	Percentage of adult foster care homes visited at least once annually. -
New	Number of hospitalizations, ER visits, arrests, or psychiatric holds of OPGC clients during the reporting period. -
Delete	Number of requests for assistance from consumers, the public, facility staff and agencies. -
New	Number of referrals diverted away from OPGC by finding less restrictive alternatives. -
Delete	Participation in system-wide advocacy meetings at the local, regional, state and national levels. -
New	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.
Delete	Total number of certified ombudsmen volunteer hours annually. -
Delete	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:	30%	40%	30%

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%	No Data	No Data
Target	98%	98%	98%	98%	TBD

How Are We Doing

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

- Prior to 2016 the target resolution rate was 97%.
- In 2016, the targeted resolution rate increased to 98%.
- Resolution rate has been on a gradual decline since the 2013 reporting year when it was reported to be 100%.
- This year's rate of 89% is 1% lower than last year's rate of 90% and is deemed to be an accurate reflection of work performed by the LTCO staff and volunteers.
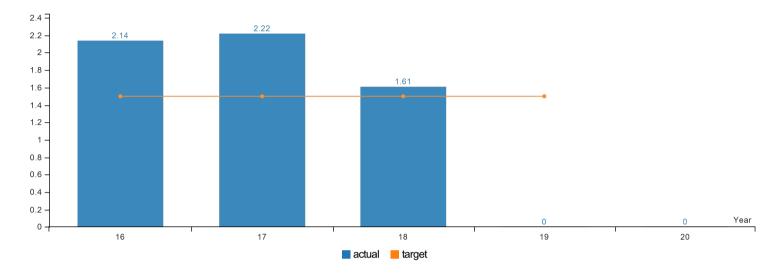
Factors Affecting Results

The steady decline in measure performance is largely due to messaging since 2014 to volunteers that it is both acceptable and desirable to file reports on cases that they've been unable to resolve. Volunteers are assured that such reporting does not reflect poorly on their performance and it is only by collecting this data that LTCO can identify the types of issues that staff and volunteers need additional training to resolve, that require legislative or systemic change to reach resolution, or that need further attention and investigation.

In addition, the cases and complaints being handled by LTCO staff and volunteers are increasingly time consuming due to the complexity and corporate nature of the long-term care industry. To achieve resolution often requires contact with multiple facility staff, including reaching corporate staff located outside of the facility, review of involved legal contracts, and auditing of billing documents.

| KPM #2 | Average initial response time 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 Initial Response Time In Days					
Actual	2.14	2.22	1.61	No Data	No Data
Target	1.50	1.50	1.50	1.50	TBD

How Are We Doing

This measure is the period of time elapsed between the initial receipt of a call or complaint and the date of first action. This measure includes weekends and holidays.

- Prior to 2016 the target date for this measure was 2 days.
- In 2016, the timeframe allowed for responses was decreased to 1.5 days, where it remains currently.
- This year's response time of 1.61 days is the lowest it has been since 2004. Because of the inclusion of weekends and holidays, the response time is higher than if only business days were measured.
- Though this year's response time is outside of the target range, it is an improvement over the past two years measures of 2.14 and 2.22 days to respond.
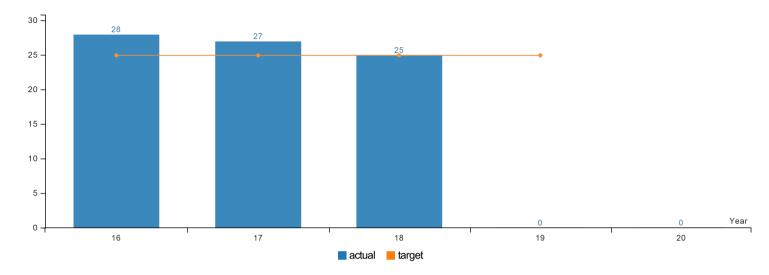
Factors Affecting Results

For the first time in 3 years, the program had a primary "Deputy on Duty," which is the title of the Deputy Ombudsman staff person who is assigned to receive case calls during business hours. A primary Deputy performing this role establishes consistency from one day to the next to ensure consumer calls are responded to in a timely fashion.

However, by having a Deputy primarily assigned to this role, it reduces the number of districts that the Deputy Ombudsmen team can manage. With one less district, the other Deputy Ombudsmen are burdened with increased district sizes, which translates into more geographic coverage to address and an increased number of facilities per Deputy. These increases also make it more difficult for the Deputy Ombudsman to fully provide the needed supports to the volunteers in their districts.

KPM #3	Average time 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 Days To Close Cases					
Actual	28	27	25	No Data	No Data
Target	25	25	25	25	TBD

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.
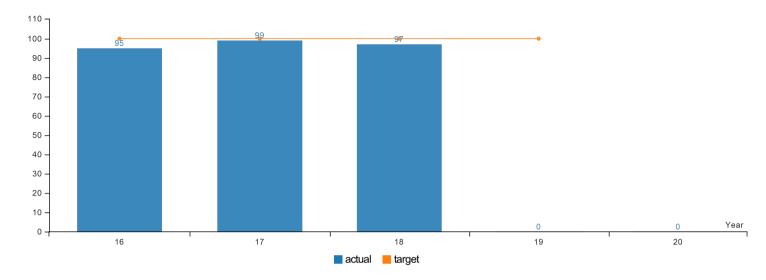
- Prior to 2016, the target date for this measure was 30 days, including weekends and holidays.
- It became more ambitious in 2016, decreasing to a target of 25 calendar days.
- This year's result of 25 days is the first time meeting this new target measure.

Factors Affecting Results

Paid staff work monthly with the volunteers to ensure that cases are being addressed and closed as appropriate. This ensures a timely recording of case closures.

KPM #4	Percentage of nursing facilities visited at least once annually. -
	Data Collection Period: Jul 01 - Jun 30

Upward Trend = positive result

Report Year	2016	2017	2018	2019	2020
Nursing Facilities Visited Annually					
Actual	95%	99%	97%	No Data	No Data
Target	100%	100%	100%	100%	TBD

How Are We Doing

This measure counts at least one annual visit to all facilities licensed as Nursing Facilities in Oregon. During this reporting period, there were 136 such facilities.
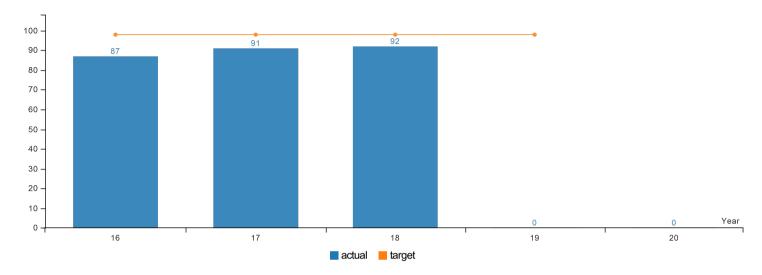
- The target for this measure has consistently been 100%
- Performance has varied from 95% to 100% in recent years.
- This year, 97% of the nursing facilities were visited.

Factors Affecting Results

Since the last additional Deputy Ombudsman was added to the program in 2013 (for a total of 7 Deputy Ombudsmen currently), approximately 65 more care facilities (assisted living and residential care facilities, specifically) have been licensed and opened in Oregon. This equates to a total of 675 large care facilities needing to be covered by LTCO. Current program infrastructure is only enough to support regularly covering up to 480 of the 675 care facilities. The increase in the number of facilities over the past five years indicates a need for an increase of volunteers, which can only be accomplished with additional Deputy Ombudsmen staff to supervise and support the number of additional volunteers needed.

KPM #5	Percentage of assisted living and residential care facilities visited at least once annually. -
	Data Collection Period: Jul 01 - Jun 30

Upward Trend = positive result

Report Year	2016	2017	2018	2019	2020
RCFs and ALFs Visited Annually					
Actual	87%	91%	92%	No Data	No Data
Target	98%	98%	98%	98%	TBD

How Are We Doing

This measure counts at least one annual visit to all facilities licensed as Assisted Living or Residential Care Facilities in Oregon. During this reporting period there were 539 such facilities.

- The target for this measure was 80% prior to 2016. In 2016 it rose to 98%.
- Performance has varied from 87% to 96% in recent years.
- This year, 92% of these facilities were visited at least once.
- This is an increase over last year's 91%, and until 2016 would have exceeded the target for the measure.
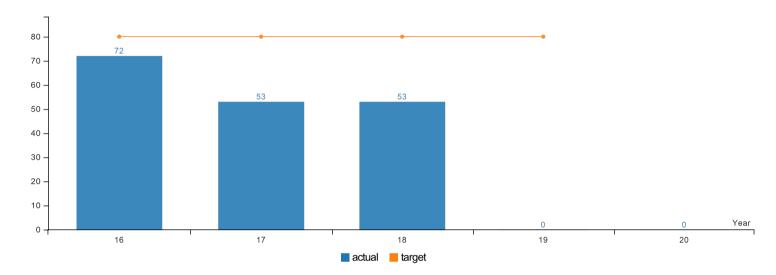
Factors Affecting Results

Since 2012, the number of assisted living and residential care facilities licensed in Oregon has risen from 465 to 539. There have been 14 more facilities licensed and opened since last year. In 2014 when 96% of the facilities were visited, there were 491 such facilities, meaning that 471 were visited. This year's outcome on this measure represented 496 facility visits. So although the percentage is lower, the actual performance is higher.

Despite the higher performance, LTCO cannot keep pace with the growth in the number of care facilities without an increase in staff to support the additional volunteers needed for facility visits.

KPM #6	Percentage of adult foster care homes visited at least once annually. -
	Data Collection Period: Jul 01 - Jun 30

Upward Trend = positive result

Report Year	2016	2017	2018	2019	2020
Adult Foster Home Annual Visitation					
Actual	72%	53%	53%	No Data	No Data
Target	80%	80%	80%	80%	TBD

How Are We Doing

Since 2012, the number of assisted living and residential care facilities licensed in Oregon has risen from 465 to 539. There have been 14 more facilities licensed and opened since last year. In 2014 when 96% of the facilities were visited, there were 491 such facilities, meaning that 471 were visited. This year's outcome on this measure represented 496 facility visits. So although the percentage is lower, the actual performance is higher.

Despite the higher performance, LTCO cannot keep pace with the growth in the number of care facilities without an increase in staff to support the additional volunteers needed for facility visits.

Factors Affecting Results

The primary factor impacting visits to Adult Foster Homes is the insufficient number of volunteers needed to regularly visit these numerous, small home-like settings in addition to the 675 (and counting) number of larger care facility settings. The LTCO program only has sufficient staffing to effectively support a maximum of 240 volunteers. Each volunteer is assigned to 2 facilities on average and occasionally visits some adult foster homes as needed. Current program infrastructure is only enough to support regularly covering up to 480 of the 675 large care facilities along with occasional visits to Adult Foster Homes.
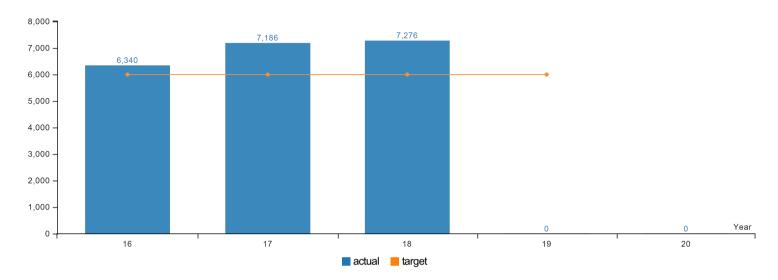
The LTCO program's preference would be for 100% visitation to Adult Foster Homes at least once per year. Residents in these homes often do not fully recognize that concerns they have can be called into the LTCO program, even with LTCO posters in every home.

For much of the state, LTCO has been prioritizing Adult Foster Home visits to those homes that are known to be in need of an Ombudsman visit based on calls to the program or information from

system partners. Need for an Ombudsman visit generally can be categorized as situations where residents' rights, dignity, independence, safety, or welfare are of potential concern.

KPM #7	Number of requests for assistance from consumers, the public, facility staff and agencies. -
	Data Collection Period: Jul 01 - Jun 30

Upward Trend = positive result

Report Year	2016	2017	2018	2019	2020
Requests for Assistance.					
Actual	6,340	7,186	7,276	No Data	No Data
Target	6,000	6,000	6,000	6,000	TBD

How Are We Doing

- Prior to 2016, the target for this measure was 5000 requests for assistance.
- In 2016, the target rose to 6000 requests for assistance and remains there this year.
- This year's result of 7276 requests for assistance not only far exceeds the target, but represents an ever increasing workload and impact to the LTCO program.
- This is the highest number of requests for assistance in program history.
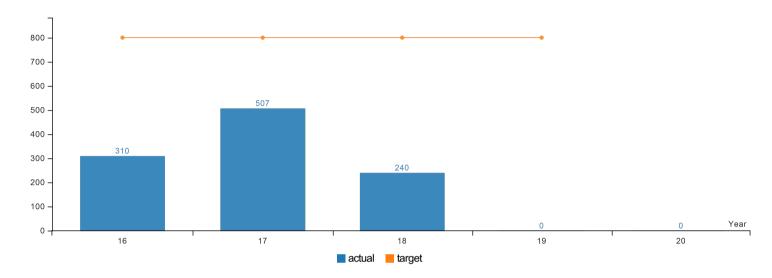
Factors Affecting Results

Increased requests for assistance are likely driven by:

- More residents in long-term care due to the growth of the long-term care industry.
- More volunteers in the field reaching out to residents who need assistance.
- Successful recruitment, educational outreach, and media activities over recent years that increase program awareness.
- Ongoing and increased efforts to require facilities to comply with the statutory requirement to have the LTCO information visibly posted in their facility.

KPM #8	Participation in system-wide advocacy meetings at the local, regional, state and national levels. -
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = positive result

Report Year	2016	2017	2018	2019	2020
System-wide advocacy					
Actual	310	507	240	No Data	No Data
Target	800	800	800	800	TBD

How Are We Doing

System advocacy consists of the number of events that the State Long Term Care Ombudsman, the Deputy Ombudsman, and the program's Volunteer Recruiter spend with system partners, legislators, and participating in other activities that promote increased protections and rights for residents of long term care.
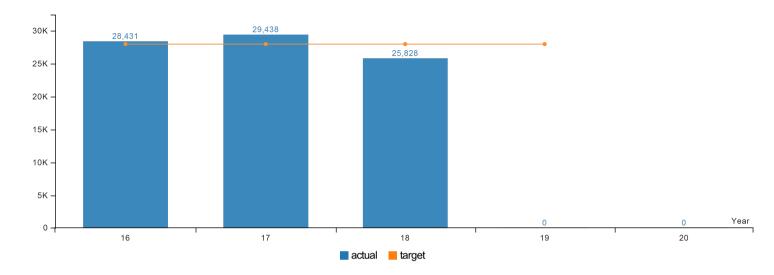
- In 2012 and 2013 the target for this measure was 300 events, rising to 500 events for 2014 and 2015.
- In 2016, the targeted number of system advocacy events increase to 800.
- The system advocacy events measure of 240 this year is a significant drop from the 507 last year.

Factors Affecting Results

The primary reason for the significant drop in system advocacy events this year can be traced to the budget reductions the program had to confront for the 2017-19 biennium. The reductions in the program's budget for the current biennium resulted in a management decision to significantly reduce travel and related costs for the first six months of the fiscal year. This included a halt during those six months on any volunteer recruitment efforts that required expenses, such as for travel (vehicle travel, hotel, per diem costs) or event fees.

| KPM #9 | Total number of certified ombudsmen volunteer hours annually. - |
| | Data Collection Period: Jul 01 - Jun 30 |

Upward Trend = positive result

Report Year	2016	2017	2018	2019	2020
Volunteer Hours Annually					
Actual	28,431	29,438	25,828	No Data	No Data
Target	28,000	28,000	28,000	28,000	TBD

How Are We Doing

This total consists of all the hours LTCO volunteers spend in long-term care facilities, recruiting other volunteers, and serving on the agency advisory committee.
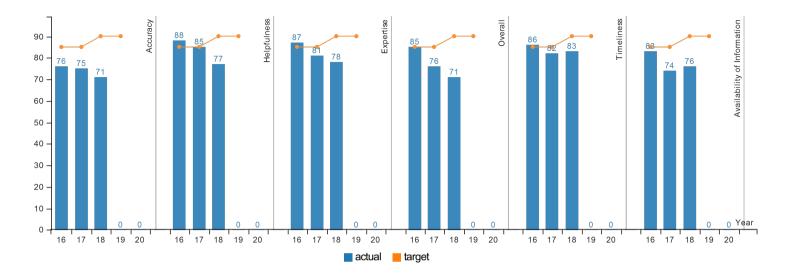
- The target for this measure has risen from 22,000 prior to 2016 to 28,000 for the past three reporting years.
- Performance has ranged from a low of 22,984 in 2011 to a high of 29,438 last year.

Factors Affecting Results

As with KPM #8, the budgetary need to stop recruiting for volunteers for 6 months of the 12 months in this reporting cycle is believed to be the primary reason for the drop in this year's volunteer hours. Enough LTCO volunteers leave the program over a 6-month period that, without sufficient incoming volunteer recruitment, the number of volunteer hours contributed over the year would be expected to be lower – as they are this year.

KPM #10	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%	No Data	No Data
Target	85%	85%	90%	90%	TBD
Helpfulness					
Actual	88%	85%	77%	No Data	No Data
Target	85%	85%	90%	90%	TBD
Expertise					
Actual	87%	81%	78%	No Data	No Data
Target	85%	85%	90%	90%	TBD
Overall					
Actual	85%	76%	71%	No Data	No Data
Target	85%	85%	90%	90%	TBD
Timeliness					
Actual	86%	82%	83%	No Data	No Data
Target	85%	85%	90%	90%	TBD
Availability of Information					
Actual	83%	74%	76%	No Data	No Data
Target	85%	85%	90%	90%	TBD

How Are We Doing

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

- Unlike most of the other KPMs, there has been no recent increase in target rates. Targets in this area have always been set at 85%.
- Performance over the years for all of the subsections has ranged between 70% to 89%.
- This year's measures are 71% for Accuracy, 77% for Helpfulness, 78% for Expertise, 71% for Overall Experience, 83% for Timeliness, and 76% for Availability of Information.

Factors Affecting Results

This is a difficult measure for LTCO 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.