

**TITLE IIIB and Title VIIA:**  
**LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

**2016–2020 Four-Year Planning Cycle**

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3),(5)]**

**Measures and Targets:**

**A. Complaint Resolution Rate (AoA Report, Part I.E, Actions on Complaints)**

The average California complaint resolution rate for FY 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate:

Number of complaints resolved **376** + Number of partially resolved complaints **12** divided by the Total Number of Complaints Received **441** = Baseline Resolution Rate **88%**

FY 2016-17 Target Resolution Rate **90%**

2. FY 2015-2016 Baseline Resolution Rate:

Number of complaints resolved \_\_\_\_\_ + Number of partially resolved complaints \_\_\_\_\_ divided by the Total Number of Complaints Received \_\_\_\_\_ = Baseline Resolution Rate \_\_\_\_\_%

FY 2017-18 Target Resolution Rate \_\_\_\_\_%

3. FY 2016-2017 Baseline Resolution Rate:

Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate _____%
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate _____%
Program Goals and Objective Numbers: <u>1A</u>

**B. Work with Resident Councils** (AoA Report, Part III.D.8)

1. FY 2014-2015 Baseline: number of Resident Council meetings attended <u>55</u> FY 2016-2017 Target: <u>58</u>
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1A</u>

**C. Work with Family Councils** (AoA Report, Part III.D.9)

1. FY 2014-2015 Baseline number of Family Council meetings attended <u>1</u> FY 2016-2017 Target: <u>3</u>
2. FY 2015-2016 Baseline number of Family Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1A</u>

**D. Consultation to Facilities** (AoA Report, Part III.D.4) Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations <u>139</u> FY 2016-2017 Target: <u>145</u>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____

3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1A</u>

**E. Information and Consultation to Individuals** (AoA Report, Part III.D.5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2014-2015 Baseline: number of consultations <b><u>267</u></b> FY 2016-2017 Target: <b><u>275</u></b>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1A</u>

**F. Community Education** (AoA Report, Part III.D.10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

1. FY 2014-2015 Baseline: number of sessions <b><u>10</u></b> FY 2016-2017 Target: <b><u>6</u></b>
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1A</u>

**G. Systems Advocacy**

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal

year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to promote person-centered care and reduce the use of anti-psychotics, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc. Enter information in the box below.

**Systemic Advocacy Effort(s) for the current fiscal year 2016**

Our office will continue its efforts in creating the Exercise/Activity booklet to be provided to each RCFE in the 5 county area and provide a short training on using the booklet to facility staff. Ombudsman will follow up with RCFE's staff and residents for input on the usefulness of the booklets and how/if it is being used. Our long term goal with this booklet is to promote exercises and activities to our seniors and engaging them in meaningful relationships with their caregivers and aiding in their quality of life.

Program Manager is beginning work with the Victims Services Steering Committee through the Shasta County District Attorney's office. The intended purpose of the VSSC is to collectively discuss measureable objectives to address the identified deficiencies in victim services. The Shasta County District Attorney's Office will compile the information and input received from the VSSC Forum and articulate an action plan for our community. This plan will be funded by Cal OES Office of Victims Services in an effort to assist Shasta County in achieving the goals set forth in the VSSC forum. Our goal with this committee is to coordinate efforts and bring awareness of those residing in LTC facilities that are also sometimes victims of crime.

**Outcome 2. Residents have regular access to an Ombudsman.  
[(OAA Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

**A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III.D.6)**

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of

facilities visited for this measure, no nursing facility can be counted more than once.

<p>1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <b>14</b> divided by the total number of Nursing Facilities <b>18</b> = Baseline <b>78%</b> FY 2016-2017 Target: <b>85%</b></p>
<p>2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2017-2018 Target: _____%</p>
<p>3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2018-2019 Target: _____%</p>
<p>4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2019-2020 Target: _____%</p>
<p>Program Goals and Objective Numbers: <u>1A</u></p>

**B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III.D.6)**

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA.

NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

<p>1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <b>23</b> divided by the total number of RCFEs <b>51</b> = Baseline <b>45%</b> FY 2016-2017 Target: <b>50%</b></p>
<p>2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2017-2018 Target: _____%</p>
<p>3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2018-2019 Target: _____%</p>

4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of RCFEs \_\_\_\_\_ = Baseline \_\_\_\_\_ %  
 FY 2019-2020 Target: \_\_\_\_\_ %

Program Goals and Objective Numbers: 1A

**C. Number of Full-Time Equivalent (FTE) Staff** (AoA Report Part III. B.2. - Staff and Volunteers)

This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: 2 FTEs  
 FY 2016-2017 Target: 2.75 FTEs

2. FY 2015-2016 Baseline: \_\_\_\_\_ FTEs  
 FY 2017-2018 Target: \_\_\_\_\_ FTEs

3. FY 2010-2011 Baseline: \_\_\_\_\_ FTEs  
 FY 2013-2014 Target: \_\_\_\_\_ FTEs

4. FY 2010-2011 Baseline: \_\_\_\_\_ FTEs  
 FY 2014-2015 Target: \_\_\_\_\_ FTEs

Program Goals and Objective Numbers: 1A

**D. Number of Certified LTC Ombudsman Volunteers** (AoA Report Part III. B.2. – Staff and Volunteers)

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers 13  
 FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers 15

2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers \_\_\_\_\_  
 FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers \_\_\_\_\_

3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers \_\_\_\_\_  
 FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers \_\_\_\_\_

4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers \_\_\_\_\_  
 FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers \_\_\_\_\_

Program Goals and Objective Numbers: 1A

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]**

**Measures and Targets:**

In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Resource System (NORS) data reporting.

Some examples could include:

- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

**In 2016 we were able to hire a new staff member whose duties include data entry of case investigations and activity reports. This will help ensure timely reporting into the ODIN system as well as allow the Regional Coordinator the time to review cases for completion and accuracy prior to Entry into the ODIN System.**

**This office regularly attends the NORS Consistency trainings held by OSLTCO.**