

Department of Health and Human Services
**OFFICE OF
INSPECTOR GENERAL**

**OMBUDSMAN OUTPUT MEASURES
MANAGEMENT ADVISORY REPORT**



Richard P. Kusserow
INSPECTOR GENERAL

JUNE 1991

OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program and management problems, and recommends courses to correct them.

OFFICE OF AUDIT SERVICES

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities, and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse and mismanagement and to promote economy and efficiency throughout the Department.

OFFICE OF INVESTIGATIONS

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil money penalties. The OI also oversees State Medicaid fraud control units which investigate and prosecute fraud and patient abuse in the Medicaid program.

OFFICE OF EVALUATION AND INSPECTIONS

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in the inspections reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

This report was prepared in the New York Regional Office under the direction of Regional Inspector General Thomas F. Tully. Project staff included:

Renee Schlesinger, *Project Leader*
Demetra Arapakos
Nancy Harrison
Alan S. Meyer

Alan S. Levine, *Headquarters*

Department of Health and Human Services
**OFFICE OF
INSPECTOR GENERAL**

**OMBUDSMAN OUTPUT MEASURES
MANAGEMENT ADVISORY REPORT**



Richard P. Kusserow
INSPECTOR GENERAL

OEI-02-90-02121

EXECUTIVE SUMMARY

PURPOSE

The purpose is to identify methods for measuring the success of ombudsman programs.

BACKGROUND

We recently conducted an inspection of State Long Term Care Ombudsman Programs. See our report OEI-02-90-02120 entitled "Successful Ombudsman Programs." In that inspection, we interviewed all State ombudsmen to determine the characteristics of successful programs and to help identify highly successful programs.

In analyzing this information, we created a multi-dimensional index which served as a conceptual basis for rating the activities of all ombudsman programs. We believe that this index can serve as an example of an output measurement system for periodically monitoring and appraising the effectiveness of ombudsmen programs.

The criteria used to evaluate these programs fall into two dimensions: visibility and complaint resolution. A third dimension--peer recommendations--was also incorporated into the index. Four levels of success were then identified by reviewing the frequency distribution of each of these criteria.

RECOMMENDATION

The index is meant to demonstrate that, despite certain limitations, such a measurement system is possible. The development of a measurement or rating system, using either our methodology or an alternative, would provide a comparative basis for analyzing State programs, measuring progress, and targeting technical assistance. We recommend that you implement such a system.

TABLE OF CONTENTS

INTRODUCTION	1
Purpose.....	1
Background.....	1
OMBUDSMAN OUTPUT MEASURES	2
Criteria	2
Scoring	2
Results.....	3
Limitations	5
Recommendation	5
APPENDIX A	A-1
APPENDIX B	B-1
APPENDIX C	C-1

INTRODUCTION

PURPOSE

The purpose is to identify methods for measuring the success of ombudsman programs.

BACKGROUND

We recently conducted an inspection of State Long Term Care Ombudsman Programs. See our draft report OEI-02-90-02120 entitled "Successful Ombudsman Programs" issued in April 1991. In that inspection, ombudsmen from all States, the District of Columbia (DC) and Puerto Rico (PR) were interviewed by telephone to discuss what makes an ombudsman program successful. They were asked to (1) suggest criteria and standards for judging ombudsman program activities; (2) report their experiences in these activities; and (3) identify States they feel have successful programs. The purpose of these interviews was to determine the characteristics of successful programs and to help identify highly successful programs which we would look at in greater depth.

In analyzing this information, we created a multi-dimensional index which served as a conceptual basis for rating the activities of all ombudsman programs. We believe that this index might serve as an example of an output measurement system that could be used to periodically monitor and appraise the effectiveness of ombudsmen programs. We are providing this as one methodological tool in support of the inspection's recommendation that the Administration on Aging (AoA) should work with States to develop model operational guidelines in areas such as frequency of visits; staff-to-bed ratios; volunteer-to-bed ratio; complaint response time; complaint resolution percentages; recruitment, training and retention of staff and volunteers; and program publicity.

OMBUDSMAN OUTPUT MEASURES

CRITERIA

Telephone interviews revealed performance criteria which ombudsmen feel should be used to evaluate their programs. These criteria fall into two dimensions: visibility and complaint resolution. The 51 responding State ombudsman programs were rated on their reported activities in these areas. A third dimension of success, peer recommendations, was also incorporated into the index. We asked each State to identify other States that they feel have successful programs; the recommendations each State program received from fellow ombudsmen were scored. Table 1 lists the criteria which fall under each dimension.

TABLE 1
Criteria for Measuring Success
of Ombudsman Programs

I. VISIBILITY

- *Frequency of visits to facilities annually
- *Ratio of professional staff to facility beds
- *Ratio of volunteers to facility beds

II. COMPLAINT RESOLUTION

- *Response time for life-threatening complaints
- *Response time for other complaints
- *Percentage of complaints resolved per year

III. PEER RECOMMENDATIONS

- *Number of times fellow ombudsmen recommended State as having a model program

SCORING

Four levels of success were identified by reviewing the frequency distribution of each of these criteria. Every State's performance was scored from high (4 points for the best reported experiences) to low (1 point). For instance, a State program that makes regular weekly visits to long term care facilities earned four points in that activity; a State that only visits facilities to follow up on complaints but never makes routine visits earned one point. The scoring system for each criterion is outlined in Table 2 as follows:

**TABLE 2
Scoring System**

VISIBILITY:

Points	Frequency of regular visits	Ratio of staff to beds	Ratio of volunteers to beds
4	weekly	1:1-1499 beds	1:1-169 beds
3	monthly	1:1500-2999	1:170-999
2	1-4 times/yr	1:3000-4499	1:1000 plus
1	only follow-up	1:4500 plus	no volunteers

COMPLAINT RESOLUTION:

Points	Response time to:		Percent of complaints resolved per year
	life-threatening	non life-threatening	
4	24 hours	24 hours	over 90%
3	24-48 hours	2-3 days	75-89%
2	3-5 days	4-5 days	65-74%
1	1 week	over 5 days	less than 65%

PEER RECOMMENDATIONS:

Points	Number of votes as model program
4	14 - 20 votes
3	7 - 13 votes
2	2 - 6 votes
1	1 vote

RESULTS

The points earned for visibility, complaint resolution, and for being a model were totalled to obtain a final score for each State. As shown in Table 3 the final scores range from a low of 11 points to a high of 27 (out of a possible 28 points).

**TABLE 3
Results of Scores**

STATE	VISIBILITY			COMPLAINT RESOLUTION			PEER RECOMMENDATIONS	Total score
	Frequency of regular visits	Ratio of staff to beds	Ratio of volunteer to beds	Response Time				
				Life-Threatening	Non Life-threatening	% of complaint resolved	Peer votes for model states	
Alabama	2	4	1	2	2	3	0	14
Alaska	2	4	4	4	4	4	0	22
Arizona	4	2	3	2	2	2	0	15
Arkansas	2	4	2	3	3	3	0	17
California	4	3	3	4	4	3	4	25
Colorado	3	3	2	4	4	3	3	22
Connecticut	3	2	3	4	3	4	0	19
Delaware	4	3	4	4	4	2	1	22
District of Columbia	4	4	4	4	4	4	3	27
Florida	2	1	3	4	2	1	3	16
Georgia	2	4	3	4	1	3	3	20
Hawaii	1	2	1	3	3	2	0	12
Idaho	2	4	1	4	2	2	2	17
Iowa	1	1	4	4	1	1	0	12
Illinois	2	2	3	3	3	3	1	17
Indiana	2	2	1	4	1	2	0	12
Kansas	2	1	1	3	3	1	0	11
Kentucky	3	3	4	4	4	2	2	22
Louisiana	4	3	4	3	3	3	2	22
Maine	1	2	3	4	1	3	2	16
Maryland	3	3	3	3	3	2	2	19
Massachusetts	4	4	3	4	4	4	4	27
Michigan	4	2	2	4	4	3	4	23
Minnesota	2	2	3	2	2	3	3	17
Mississippi	2	4	3	4	4	1	0	18
Missouri	4	1	3	3	3	4	0	18
Montana	3	2	4	4	1	4	0	18
Nebraska	2	1	2	4	1	3	0	13
Nevada	2	3	1	4	3	3	1	17
New Hampshire	3	2	2	4	1	1	1	14
New Jersey	1	1	1	4	3	2	2	14
New Mexico	4	4	3	4	4	3	1	23
New York	4	3	3	3	3	4	0	20
North Carolina	2	2	4	4	1	1	0	14

TABLE 3 (cont.)

STATE	VISIBILITY			COMPLAINT RESOLUTION			PEER RECOMMENDATIONS	Total score
	Frequency of regular visits	Ratio of staff to beds	Ratio of volunteer to beds	Response Time		% of complaint resolved		
				Life-Threatening	Non Life-threatening		Peer votes for model states	
North Dakota	2	2	3	4	2	3	1	17
Ohio	4	3	3	4	1	2	4	21
Oklahoma	3	3	4	2	2	3	3	20
Oregon	4	2	4	4	4	3	2	23
Pennsylvania	2	2	2	4	2	1	0	13
Rhode Island	3	1	4	4	4	3	0	19
South Carolina	1	1	1	4	4	1	1	13
South Dakota	3	4	1	4	3	4	0	19
Tennessee	4	2	2	2	3	2	1	16
Texas	3	2	3	4	3	4	2	21
Utah	1	4	2	2	1	4	0	14
Vermont	3	4	2	4	3	2	1	19
Virginia	2	2	3	3	3	3	2	18
Washington	4	1	3	1	1	3	1	14
West Virginia	3	3	2	4	4	3	0	19
Wisconsin	2	1	4	4	2	3	2	18
Wyoming	2	4	4	4	3	2	0	19

Based on these scores we were able to group the State programs into three levels of success: most, moderate and least.

LIMITATIONS

Limitations exist in this index in that the information is basically self-reported. Also, many somewhat intangible factors, which contribute to the success of an ombudsman program, are not captured. These include: program independence, the ability of a program to influence legislation or change policy, the relationship of the ombudsman program with other State agencies and providers and the impact of the personality and leadership style of the State ombudsman. To some degree, however, the recommendations of model programs incorporate these intangibles.

RECOMMENDATION

The above index is meant to demonstrate that, despite certain limitations, such a measurement system is possible. The development of a measurement or rating system, using either our methodology or an alternative, would provide a comparative basis for analyzing State programs, measuring progress and targeting technical assistance. We recommend that AoA implement such a system.

APPENDIX A

TABLE 4
Output Measures for Ombudsman Programs:
Visibility Criteria - Reported Activity

STATE	Frequency of regular visits	Ratio of staff to beds	Ratio of volunteers to beds
Alabama	3 x per year	1 per 385	0
Alaska	yearly	1 per 1123	1 per 79
Arizona	weekly	1 per 3018	1 per 246
Arkansas	4 x per year	1 per 1267	1 per 1900
California	weekly	1 per 2000	1 per 800
Colorado	monthly	1 per 2558	1 per 1023
Connecticut	2 - 3 x per month	1 per 4020	1 per 670
Delaware	weekly	1 per 1980	1 per 135
District of Columbia	2 x per year	1 per 872	1 per 74
Florida	yearly	1 per 9474	1 per 632
Georgia	4 x per year	1 per 1259	1 per 871
Hawaii	no reg. visit	1 per 3262	0
Idaho	4 x per year	1 per 849	0
Iowa	no reg. visit	1 per 43000	1 per 18
Illinois	yearly	1 per 3640	1 per 557
Indiana	yearly	1 per 4127	0
Kansas	2 x per year	1 per 9694	0
Kentucky	monthly	1 per 1748	1 per 157
Louisiana	weekly	1 per 1892	1 per 80
Maine	no reg. visit	1 per 4290	1 per 757
Maryland	monthly	1 per 2094	1 per 481
Massachusetts	weekly	1 per 590	1 per 235
Michigan	weekly	1 per 4255	1 per 1337
Minnesota	2 - 5 x per year	1 per 3329	1 per 370
Mississippi	4 x per year	1 per 1248	1 per 999
Missouri	weekly	1 per 5329	1 per 213
Montana	monthly	1 per 3250	1 per 144
Nebraska	yearly	1 per 10558	1 per 1920
Nevada	4 x per year	1 per 1591	0
New Hampshire	monthly	1 per 3113	1 per 1556
New Jersey	no reg. visit	1 per 7143	0
New Mexico	weekly	1 per 1272	1 per 191
New York	weekly	1 per 2660	1 per 346
North Carolina	4 x per year	1 per 4427	1 per 48
North Dakota	2 x per year	1 per 4045	1 per 202
Ohio	weekly	1 per 2060	1 per 412

TABLE 4 (cont.)

STATE	Frequency of regular visits	Ratio of staff to beds	Ratio of volunteers to beds
Oklahoma	monthly	1 per 2174	1 per 130
Oregon	weekly	1 per 3215	1 per 137
Pennsylvania	1 x per year	1 per 3596	in 2 programs
Rhode Island	monthly	1 per 10331	1 per 103
South Carolina	no reg. visit	1 per 5665	0
South Dakota	monthly	1 per 1409	0
Tennessee	weekly	1 per 3912	1 per 1863
Texas	2 x per month	1 per 3441	1 per 227
Utah	no reg. visit	1 per 1062	1 per 2833
Vermont	monthly	1 per 854	1 per 2990
Virginia	varies	1 per 3596	1 per 839
Washington	weekly	1 per 6678	1 per 445
West Virginia	monthly	1 per 1500	1 per 7500
Wisconsin	1 x per year	1 per 6685	1 per 168
Wyoming	1 x per year	1 per 214	1 per 98

APPENDIX B

TABLE 5
Output Measures for Ombudsman Programs:
Complaint Resolution Criteria - Reported Activity

STATE	Complaint Response Time		% of complaints resolved per year
	Life threatening	Non Life threatening	
Alabama	3 - 5 days	3 - 5 days	83%
Alaska	24 hours	24 hours	93%
Arizona	5 days max.	5 days max.	74%
Arkansas	48 hours	2 - 3 days	87%
California	24 hours	24 hours	75%
Colorado	24 hours	24 hours	83%
Connecticut	24 hours	3 days	96%
Delaware	24 hours	24 hours	67%
District of Columbia	24 hours	24 hours	90%
Florida	24 hours	5 days	50%
Georgia	24 hours	1 week	75%
Hawaii	24 - 48 hours	2 days	72%
Idaho	24 hours	5 days	72%
Iowa	24 hours	priority	35%
Illinois	48 hours	2 days	81%
Indiana	24 hours	2 weeks	69%
Kansas	24 - 48 hours	2 days	25%
Kentucky	24 hours	24 hours	65%
Louisiana	48 hours	2 days	80%
Maine	24 hours	1 week	77%
Maryland	24 - 48 hours	2 days	68%
Massachusetts	24 hours	24 hours	95%
Michigan	24 hours	24 hours	77%
Minnesota	5 days	5 days	77%
Mississippi	24 hours	24 hours	60%
Missouri	24 - 48 hours	2 days	90%
Montana	24 hours	1 week	100%
Nebraska	24 hours	10 days	85%
Nevada	24 hours	3 days	80%
New Hampshire	24 hours	months	43%
New Jersey	24 hours	3 days	D/K*
New Mexico	24 hours	24 hours	75%
New York	48 hours	2 days	92%
North Carolina	24 hours	1 week	60%
North Dakota	24 hours	4 days	80%

TABLE 5 (cont.)

STATE	Complaint Response Time		% of complaints resolved per year
	Life threatening	Non Life threatening	
Ohio	24 hours	1 week	67%
Oklahoma	3 - 5 days	3 - 5 days	80%
Oregon	24 hours	24 hours	75%
Pennsylvania	24 hours	5 days	40%
Rhode Island	24 hours	24 hours	85%
South Carolina	24 hours	24 hours	60%
South Dakota	24 hours	3 days	100%
Tennessee	3 days	3 days	70%
Texas	24 hours	3 days	92%
Utah	3 days	3 weeks	98%
Vermont	24 hours	3 days	70%
Virginia	48 hours	48 hours	84%
Washington	1 week	1 week	80%
West Virginia	24 hours	24 hours	79%
Wisconsin	24 hours	4 days	76%
Wyoming	24 hours	3 days	72%

* New Jersey does not keep statistics on the percent of complaints resolved in a year. In order to include this statistic in the index we projected an estimated value based on their other reported activities.

APPENDIX C

Number of Votes Received by Ombudsmen Programs as Model States

STATE	NUMBER OF VOTES
Ohio	19
Michigan	18
Massachusetts	17
California	13
Colorado	12
Minnesota	11
District of Columbia	7
Florida	7
Georgia	6
Oklahoma	6
New Jersey	4
Maryland	4
Louisiana	3
Wisconsin	3
Maine	2
Idaho	2
Kentucky	2
Oregon	2
Texas	2
Virginia	2
Delaware	1
Illinois	1
New Hampshire	1
New Mexico	1
New York	1
North Dakota	1
South Carolina	1
Tennessee	1
Vermont	1
Washington	1

*The remaining 22 State programs did not receive any votes
from their fellow ombudsmen.*