



U.S. Army Audit Agency
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**U.S. Army Medical Command
Ombudsman Program**

Executive Summary

Audit Report A-2013-0012-IEM
20 November 2012

U.S. Army Medical Command Ombudsman Program



Results

We audited the U.S. Army Medical Command (MEDCOM) Ombudsman Program. Our audit focused on (i) the support ombudsmen provided and the practices they followed to assist Soldiers; (ii) the training ombudsmen received; and (iii) data collection practices.

Our audit showed that ombudsmen generally provided Soldiers and their families the support the program required and typically resolved issues in a timely manner. However, the program's effectiveness could be improved if key functions essential to the program's success were monitored. Our audit showed that offices implemented inconsistent practices to conduct operational and administrative activities and the program didn't establish a way to measure overall performance. Management's priority on quickly resolving issues for Soldiers and emphasis on the program's informality led to these conditions. As a result, the program didn't have a way to obtain feedback on improving the program's performance or a basis from which it could hold ombudsmen accountable.

Our evaluation of ombudsman training showed it didn't address the full range of skills ombudsmen needed to perform their responsibilities. The established training didn't address the analytical and communication skills the program required an ombudsman to have. This occurred because the program turned to existing training designed for another program in order to maximize its resources. Insufficient training affected how well the program could meet its goal to identify systemic problems and how to convey information effectively about problematic areas to commands responsible for implementing the corrective actions.

In addition, the program tracked and classified issues that provided MEDCOM a general overview of the typical problems associated with its medical activities. However, it could further refine its data collection practices to provide MEDCOM more specificity about the severity of these problems. This primarily occurred because management didn't (i) change its data collection practices as the program matured and relied on a system designed for another program; and (ii) didn't provide guidance on collecting relevant information and analyzing and summarizing that information. Consequently, MEDCOM didn't gather the information it needed to improve medical processes.

Recommendations

We recommended that the Commander, U.S. Army Medical Command:

- Identify the activities and processes critical to the Ombudsman Program's success and establish metrics to measure processes.
- Develop a standing operating procedures manual to standardize program processes and procedures.
- Incorporate the instruction of data analysis, data presentation, and communication skills in ombudsman training.
- Standardize the process for reporting information and implement procedures to analyze data. Specifically, identify critical data elements and develop a method to gather and document the data. Also, implement a standard report format that contains the contributing factors and causes to issues.

MEDCOM concurred with our recommendations. The Assistant Secretary of the Army (Manpower and Reserve Affairs) provided the official Army position, concurring with the report's findings, recommendations, and command's comments. Verbatim replies are in Annex E.



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SAAG-IEM

20 November 2012

Commander, U.S. Army Medical Command

This is our report on your command's Ombudsman Program. We conducted this audit at your request and focused on evaluating how ombudsmen conducted activities to perform their responsibilities, the effectiveness of training provided to ombudsmen to perform those responsibilities, and how the program classified and analyzed data it collected.

We conducted this audit in accordance with generally accepted government auditing standards.

This report has four recommendations addressed to you. Implementing them will correct the weaknesses we identified and improve the quality of services and care Soldiers receive.

The Army's official position on the conclusions, recommendations, and command comments is in Annex E. For additional information about this report, contact the Medical Audits Division at 210-221-2140.

We will also submit a copy of this report to the Army Task Force on Behavioral Health. The Secretary of the Army tasked us to report to the task force our audit results as part of the task force's comprehensive and Armywide review of Soldier behavioral health diagnoses and evaluations.

I appreciate the courtesies and cooperation extended to us during the audit.

FOR THE AUDITOR GENERAL:

[signature redacted, original signed]

ALICE S. HUFNAGLE
Program Director
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INTRODUCTION

WHAT WE AUDITED

We audited U.S. Army Medical Command's (MEDCOM's) Ombudsman Program. In January 2012, the Surgeon General requested a review of the program that encompassed operational processes and procedures, training, and data collection processes. Our two audit objectives were:

- To verify that ombudsmen provided Soldiers and their families the intended support in accordance with program guidance.
- To verify that the program provided MEDCOM information to improve its business operations.

We performed the audit at seven military treatment facilities:

- Blanchfield Army Community Hospital, Fort Campbell, Kentucky.
- Carl R. Darnall Army Medical Center, Fort Hood, Texas.
- Dwight D. Eisenhower Army Medical Center, Fort Gordon, Georgia.
- Evans Army Community Hospital, Fort Carson, Colorado.
- Guthrie Ambulatory Health Care Clinic, Fort Drum, New York.
- Raymond W. Bliss Army Health Center, Fort Huachuca, Arizona.
- Womack Army Medical Center, Fort Bragg, North Carolina.

We also performed work at the MEDCOM Medical Assistance Group (MMAG) at Joint Base San Antonio, Texas.

ARMY REVIEW OF BEHAVIORAL HEALTH DIAGNOSES

On 15 May 2012, subsequent to the Surgeon General's request, the Secretary of the Army ordered a comprehensive review of how the Army conducts behavioral health diagnoses and disability evaluations. Complaints to the local ombudsman office at Madigan Army Medical Center in Tacoma, Washington, and other inquiries and

reviews related to behavioral health diagnoses within the Army contributed to this decision. To coordinate this effort, the Secretary established the Army Task Force on Behavioral Health and directed us to submit our audit report about MEDCOM's Ombudsman Program to this task force.

BACKGROUND

Ombudsman Program History

In 2007, following the events concerning conditions wounded Soldiers encountered at Walter Reed Army Medical Center, MEDCOM implemented a medical action plan to improve medical care and services available to wounded Soldiers and their families. As part of this series of initiatives, the command established the Ombudsman Program to assist Soldiers and their families with concerns about their medical care as well as to provide general assistance with the Army's disability evaluation system. The program was originally established to provide support to Soldiers assigned to a Warrior transition unit (WTU), but MEDCOM expanded support to Soldiers assigned to other Army commands in 2009.¹

Program Implementation

MEDCOM Operations Order 07-55 (MEDCOM Implementation of the Army Medical Action Plan), dated 5 June 2007, directed the hiring of ombudsmen personnel and assigning them to medical treatment facilities based on the size of a facility's Warriors-in-transition population. The operations order tasked MEDCOM and medical treatment facilities to:

- Define and publish the program's mission, its role and responsibilities, and the functions of ombudsmen personnel.
- Develop policy, processes, and operations for the program.
- Resource training and information management and technology support.
- Establish procedures to provide ombudsmen access to necessary data to perform their responsibilities. This access included hard copy and electronic medical records and medical evaluation board files as required.

¹ A WTU is composed of a professional cadre of personnel to support wounded Soldiers. In 2009, MEDCOM limited entry to a WTU to only those Soldiers who required 6 months of rehabilitative care and complex medical treatment.

While the order didn't direct which medical information systems or databases ombudsmen should have access to, it included a list of systems and databases that would help ombudsmen perform their duties. These systems included the Medical Operational Data System, the Medical Evaluation Board Internal Tracking Tool, and the Physical Disability Case Processing System.

Program Mission and Organizational Structure

The Ombudsman Program's mission is to provide a neutral, independent, and impartial resource to which Soldiers can turn for medically related issues or concerns. As such, although located at medical treatment facilities, ombudsmen aren't under the operational control of the treatment facility's commander. Rather, they are under MMAG operational control, which is at Joint Base San Antonio, Texas; the MMAG, in turn, reports directly to the Office of the Chief of Staff, MEDCOM.

The program aligns ombudsmen under team leaders called action officers. Ombudsmen report to their assigned action officer daily and action officers:

- Monitor the progress of cases and review actions ombudsmen take to resolve an issue for appropriateness and completeness before they authorize the case to be closed.
- Coordinate the efforts of ombudsmen and handle issues for Soldiers that require a higher level of involvement.

Action officers also perform ombudsmen duties and handle issues Soldiers submit through the Surgeon General's Web site and the Wounded Soldier and Family Hotline.

Ombudsman Program and Medical Treatment Facility Personnel Responsibilities

The Office of the Surgeon General/MEDCOM Policy Memo 11-048 (Subject: MEDCOM Medical Assistance Group Ombudsman Program), dated 13 June 2011, describes responsibilities for personnel in the program and at medical treatment facilities. Specifically:

- The MMAG program manager is responsible for overseeing the Ombudsman Program. Key responsibilities include providing training to program personnel, ensuring program standards are met, and tracking issues ombudsmen handle.
- The local medical treatment facility commander is responsible for providing ombudsmen access to the facility's command group, logistical support. The

commander is also responsible for making the local Ombudsman Program office part of the patient care team with access to medical information.

- Ombudsmen are primarily responsible for resolving complaints from Soldiers and helping them obtain accurate information. For issues an ombudsman can't resolve locally, the ombudsman contacts the MMAG so it can determine the appropriate level of resolution. Responsibilities also include building program awareness, clarifying the ombudsman role and assistance to medical and non-medical chains of command, and keeping local commanders informed about the cases ombudsmen handle and trends or patterns they identify.

Ombudsman Definition and Purpose

An ombudsman is an individual who acts as neutral intermediary between parties. Typical duties include investigating complaints and attempting to resolve them. Duties also include identifying systemic issues leading to poor business operations and providing recommendations to fix them.

Organizations establish an ombudsman function to handle complaints dealing with a variety of issues, including workplace, educational, and medical issues. Examples of organizations that may establish an ombudsman function are newspapers, corporations, universities, Federal agencies, and hospitals.

Unlike formal processes that handle complaints (such as an inspector general function or an Equal Employment Opportunity office), an ombudsman function provides an informal alternative to quickly resolve a complaint and is typically free of administrative requirements. This generally gives an ombudsman greater flexibility to resolve issues.

One of the benefits of an ombudsman program is that it can act as an early warning system to detect potentially controversial problems that can damage an organization's reputation. To be truly effective, the program must have the support of top-level management and stakeholders. Key to this is an ombudsman's ability to establish his or her credibility within an organization and to build and maintain relationships with the supported population and program stakeholders.

NOTEWORTHY ACTIONS

The MEDCOM Ombudsman Program implemented hiring practices that encouraged recruiting former noncommissioned officers to fill ombudsmen positions. This allowed the program to build a workforce with a wide range of experience and expertise. Many ombudsmen had previously held leadership assignments that ranged from first sergeants to command sergeants major in the Active Army and Reserve Components. By recruiting former noncommissioned officers, the program can capitalize on the experience and knowledge these individuals gained from serving in these positions, thus better assisting Soldiers in resolving their medical issues. This hiring practice also decreases the time the program needs to prepare an individual to fulfill ombudsman responsibilities.

A – OMBUDSMAN SUPPORT

OBJECTIVE

To verify that ombudsmen personnel provided Soldiers and their families the intended support in accordance with established program guidance.

CONCLUSION

Ombudsmen generally provided Soldiers and their families the intended support as required in program guidance MEDCOM established. Our review of 348 issues showed that ombudsmen generally provided the type of support the program allowed. This support consisted of helping Soldiers with issues related to medical operations and processes.

Our review showed that ombudsmen followed consistent steps to handle the issues Soldiers brought to them. However, the seven offices we visited implemented different practices to perform activities common to all ombudsmen. For example, offices established different administrative practices that governed how they:

- Accounted for accessing medical information.
- Obtained access to resources and information they needed to perform their duties.
- Documented and retained documentation of their actions.

Program management's priority to resolve issues for Soldiers in the most efficient way led to their decision to not establish standing operating procedures for ombudsmen so as not to impede their flexibility to resolve problems. However, because of this, the program didn't have a basic framework from which to build a quality control program to measure program effectiveness or the means to hold ombudsmen accountable for their actions.

Our evaluation of the training curriculum showed that it didn't provide instruction related to analyzing issues to identify the factors that allowed them to occur. This happened because the MMAG leveraged established training MEDCOM had in place for WTU personnel to maximize limited resources. This training covered some important aspects of ombudsman responsibilities, but not all. Consequently, MEDCOM's training program for ombudsmen didn't add to its capability to find long-

lasting solutions to recurring problems Soldiers encountered at medical treatment facilities.

Our detailed discussion of these conditions begins on page 10. Our recommendations to correct them begin on page 25.

BACKGROUND

Ombudsman Program Guidance

The Office of the Surgeon General Policy/MEDCOM Policy Memo 11-048 requires ombudsmen to assist Soldiers assigned to a medical treatment facility's WTU and to Soldiers assigned to other Army commands. The level of support varies depending on command assignment:

- For Soldiers assigned to a medical treatment facility WTU, ombudsmen assist with all issues, whether medical or non-medical.
- For Soldiers assigned to other Army commands, ombudsmen assist with medically related issues only and must refer or make recommendations to the Soldier regarding other avenues of assistance for non-medically related problems.

The type of support includes resolving complaints, informational requests, and general assistance with medically related processes and administrative matters. The policy also instructs ombudsmen to resolve matters at the lowest level.

Business Practices and Activities

While MEDCOM established general program guidance on ombudsman functions, the population ombudsmen assist, and the type of support they're required to provide, it didn't identify common business practices and activities ombudsmen perform; nor did it develop detailed instructions for doing these. With the absence of identified common activities and instructions, we researched policies and procedures other ombudsman programs had in place, as well as guidance organizations established on an ombudsman function.

We identified policy and procedures manuals for the following State and Federal organizations:

- DOD Inspector General Ombudsman Program.
- Virginia Long-Term Care Ombudsman Program.
- Texas Long-Term Care Ombudsman Program.

In addition, we also reviewed guidance the Coalition of Federal Ombudsmen established on key elements that should be present when designing an ombudsman function. We used these as a baseline for the types of administrative matters and activities an ombudsman program should address.

Ombudsman Job Description

The program's standard position describes the key skills, abilities, and knowledge ombudsmen should possess. These include:

- Knowledge of clinical and administrative health-care concepts, Federal laws and military regulations governing medical benefits for beneficiaries, and medical terminology and military nomenclature.
- The ability to analyze and interpret patient complaints and grievances to verify, clarify, and resolve issues.
- The ability to evaluate complex, interdependent situations that involve medical personnel from various departments to assist a Soldier.
- The ability to analyze policies, practices, and operations of an organization to resolve specific cases and problems.
- Oral and written communication and interpersonal relations skills.
- The ability to identify critical issues or problems, key factors that contribute to a situation, and possible solutions or actions to minimize risk of or to prevent future occurrence.

Ombudsman Training

Ombudsmen personnel attend the WTU cadre course when they're initially hired. The training curriculum covers general topics and specific issues relevant to Soldiers in a WTU, including:

- General information on suicide prevention, substance abuse, and posttraumatic stress disorder, as well as the disability evaluation system.
- Regulatory guidance and administrative and personnel actions specific to the Warrior Transition Program.
- Programs and organizations such as the Army's Wounded Warrior Program and the U.S. Department of Veterans Affairs.

Because the course is designed for personnel intended to be part of the WTU cadre, ombudsmen only attend the first week of the course. To support the professional development of ombudsmen, the MMAG turned to monthly teleconferences to provide program personnel and ombudsmen a vehicle to share best practices and to discuss current issues and updates to medical regulations and policies after it couldn't deliver this training at annual meetings.

DISCUSSION

In this section, we discuss these three areas:

- Ombudsman support.
- Ombudsman practices.
- Evaluation of training.

Ombudsman Support

Ombudsmen generally provided Soldiers and their families the support the program intended and typically resolved issues for Soldiers in a timely manner. However, we identified that the MMAG could improve the program if it identified critical activities to monitor and measure performance.

To determine if ombudsmen provided the appropriate support to Soldiers in a timely way, we reviewed cases and individual issues for which ombudsmen assisted Soldiers. Overall, they helped 3,157 Soldiers with 4,072 issues during the period FY 11 through the first quarter of FY 12. Here's a breakout of total Soldiers assisted and issues for each medical treatment facility:

Total Soldiers Ombudsmen Provided Support to and Total Issues

Medical Treatment Facility	FY 11		FY 12*	
	Soldiers Assisted	Issues	Soldiers Assisted	Issues
Blanchfield Army Community Hospital	418	518	121	133
Carl R. Darnall Army Medical Center	757	969	343	393
Dwight D. Eisenhower Army Medical Center	236	303	62	68
Evans Army Community Hospital	287	385	73	82
Guthrie Ambulatory Health Care Clinic	256	312	75	90
Raymond W. Bliss Army Health Center	62	66	14	14
Womack Army Medical Center	366	619	87	120
Total	2,382	3,172	775	900

*1st Quarter FY 12

We also analyzed issues to determine whether ombudsmen provided only the authorized level of support to Soldiers assigned to other Army commands. During FY 11 through the first quarter of FY 12, ombudsmen assisted 2,451 non-WTU Soldiers with 3,122 issues. Here's a chart showing our results:

Total Non-WTU Soldiers Ombudsmen Provided Support to and Total Issues

Medical Treatment Facility	FY 11		FY 12*	
	Soldiers Assisted	Issues	Soldiers Assisted	Issues
Blanchfield Army Community Hospital	320	403	92	103
Carl R. Darnall Army Medical Center	664	843	294	336
Dwight D. Eisenhower Army Medical Center	96	112	16	20
Evans Army Community Hospital	252	338	57	66
Guthrie Ambulatory Health Care Clinic	204	253	53	62
Raymond B. Bliss Army Health Clinic	53	56	12	12
Womack Army Medical Center	280	442	58	76
Total	1,869	2,447	582	675

*1st Quarter FY 12

In the following sections, we discuss the results of our evaluation of the issues selected.

Support Provided to Soldiers

Ombudsmen generally provided Soldiers the intended support as detailed in program guidance and concluded all actions to resolve an issue within the 30-day period the program informally established. Additionally, ombudsmen only provided the

authorized support to those Soldiers not assigned to the medical treatment facility WTU.

To do our analysis, we judgmentally selected a sample of 220 issues for the period FY 11 through the first quarter FY 12. We evaluated these issues and assessed whether ombudsmen provided any of the three types of support listed in program guidance: resolving complaints, answering requests for information, and generally assisting with medically related issues.

Here's a chart showing the total ombudsmen, total resolved issues, and total issues included in our sample at each location we visited:

Medical Treatment Facility	Ombudsmen	Issues for FYs11-12*	Issues Reviewed
Blanchfield Army Community Hospital	3	651	36
Carl R. Darnall Army Medical Center	4	1,362	39
Dwight D. Eisenhower Army Medical Center	2	371	15
Evans Army Community Hospital	3	467	30
Guthrie Ambulatory Health Care Clinic	2	402	20
Raymond W. Bliss Army Health Center	1	80	10
Womack Army Medical Center	3	739	70
Total	18	4,072	220

*1st Quarter FY 12

Types of Assistance Provided. Ombudsmen primarily assisted Soldiers with resolving complaints. Other types of assistance were requests for information and general assistance with concerns about medical issues. Of the 220 issues we reviewed, ombudsmen assisted Soldiers with:

- One hundred and twenty-eight complaints against medical personnel or individuals in the Soldier's chain of command. Complaints ranged from being released from Active Duty status before a Soldier's medical treatment was complete to concerns about the medical conditions documented in individual medical records. For those non-WTU Soldiers ombudsmen assisted, the complaints also included those made against the chain of command.
- Fifty-three requests for information. Examples of questions Soldiers frequently asked were about the status of their medical evaluation boards and information on how to get into a WTU.

- Thirty-nine issues for which ombudsmen offered general assistance to the Soldier. Particularly for WTU Soldiers, these issues usually involved the ombudsman providing assistance in administrative matters or general advice. This included coordinating with the appropriate WTU cadre personnel to expedite issuing administrative orders or providing recommendations about whom a Soldier should contact concerning disagreements with his or her chain of command.

The type of support we identified was consistent with program guidance. Although the range of issues varied, ombudsmen were familiar with program guidance and they could assist Soldiers and provide them a resource to resolve their issues or concerns.

Timeliness of Resolution. Ombudsmen generally resolved issues and closed a case in a timely manner.

Although the program didn't establish a concrete rule about the length of time an ombudsman should take to resolve an issue and close a case, the program emphasized that ombudsmen resolve concerns within 30 days.

To do our analysis, we calculated the length of time ombudsmen took to complete all their actions to close a case. Our analysis of the 220 issues showed that, on average, ombudsmen took 6 to 7 days to resolve a case. Complaints typically took longer to resolve than requests for information or general assistance. Here's a breakdown:

Type of Support	Total Issues	Total Days	Average Days
Complaints Resolution	128	904	7.06
Information Inquiries	53	352	6.64
General Assistance/Referrals	39	253	6.49
Total	220	1,509	6.86*

*Average calculated by dividing 1,509 by 220.

Of the 220 issues, only 5 took more than 30 days to resolve. In these five instances, the ombudsman took initial actions and documented any reasons for delays in resolving the issue. For example, for one issue, a Soldier went to the ombudsman office to request assistance with scheduling a meeting with his chain of command. The meeting was held the next day and resulted in the ombudsman and Soldier scheduling a second meeting for a later time. At this later time, the Soldier's chain of command addressed the issue and the problem was resolved.

Action officers and MMAG program management closely monitored how long ombudsmen took to resolve a case. This monitoring took place in two forms – reports and oversight by action officers. The program generated monthly exception reports to identify open cases nearing or over the 30-day timeframe. In addition, action officers had visibility of all open issues for their assigned ombudsmen and tracked the actions ombudsmen documented and the time lapse between those actions.

As a result, ombudsmen provided responsive service to Soldiers as the program intended.

Assistance to Non-WTU Soldiers

Ombudsmen generally provided assistance to non-WTU Soldiers directly related to medical issues as program guidance required.

MEDCOM expanded support to Soldiers assigned to other Army commands after it better defined WTU entry requirements and limited entry to Soldiers who required 6 months of complex medical care. Program personnel explained that this provided ombudsman support to address the medical concerns of non-WTU Soldiers with medical conditions not meeting requirements for WTU assignment.

To determine whether ombudsmen provided the authorized support to Soldiers assigned to other Army commands, we obtained a statistical sample of resolved issues for non-WTU Soldiers for the period FY 11 through the first quarter of FY 12. Our statistical sample consisted of 128 issues. Here are the results of our analysis by location:

Medical Treatment Facility	FY 11	FY 12*	Total for Period
Blanchfield Army Community Hospital	11	11	22
Carl R. Darnall Army Medical Center	24	30	54
Dwight D. Eisenhower Army Medical Center	3	0	3
Evans Army Community Hospital	5	4	9
Guthrie Ambulatory Health Care Clinic	7	10	17
Raymond W. Bliss Army Health Center	1	0	1
Womack Army Medical Center	15	7	22
Total	66	62	128

*1st Quarter FY 12

Our review showed that ombudsmen generally only provided direct support for medically related issues. Of the 128 issues in our sample:

- One hundred and ten were medically related issues.
- Eighteen were issues not related to a medical concern.

The 18 non-medical issues consisted of personnel issues; leave problems; financial, legal, and educational problems; and complaints against the chain of command that weren't medically related. For these 18 non-medical issues:

- Ombudsmen followed guidance when they provided only the authorized level of support for 13 non-medical issues Soldiers brought to them. Ombudsmen either referred the Soldier to the appropriate organization or individual to resolve the concern or provided the Soldier recommendations to fix his or her problem.
- Ombudsmen didn't follow guidance when they got directly involved in resolving five non-medical-related issues. These issues dealt with compassionate reassignments, identification cards, unfair treatment, workplace problems, and family care plans.

Program guidance provided sufficient detail about the level of support ombudsmen should provide non-WTU Soldiers and limited it to areas for which MEDCOM had overall responsibility. As a result, the program was able to focus ombudsmen's efforts on only those areas for which an ombudsman could have the most impact.

Client and Stakeholder Satisfaction

Soldiers and medical treatment facility/WTU command personnel were generally satisfied with the assistance ombudsmen provided. However, our discussions with command personnel showed that some weren't familiar with the ombudsman's office role and organizational structure. They wanted more tangible and useful information on the issues ombudsmen resolved to be able to prevent problems from reoccurring.

We interviewed a limited number of Soldiers assigned to WTUs and command personnel for feedback about their satisfaction with support ombudsmen provided.

Client Satisfaction with Assistance Provided. Soldiers generally expressed satisfaction with the assistance ombudsmen gave them. Of the 20 Soldiers interviewed, 3 said they weren't satisfied. Our review of their case files demonstrated that the ombudsmen took the appropriate actions to assist the Soldiers. For example, one Soldier was upset because he turned to the ombudsman to resolve an issue he had already reported to another office to handle. Because this particular complaint was already under formal investigation, the ombudsman didn't—and wasn't authorized to—provide the same level of support to resolve the issue.

WTU Soldiers we interviewed were knowledgeable about the program and its role because they in-processed through an Ombudsman Program office when they were first assigned to the WTU as required in program guidance. Ombudsmen also maintained a presence within the WTU and actively marketed the program and their services at town hall meetings and other community events. Soldiers explained that they turned to the ombudsman office because they encountered difficulties with their medical care and/or with leadership and attempts they made to resolve the problems themselves weren't successful. The ombudsmen's involvement helped resolve the issues Soldiers brought to them.

Stakeholder Support for the Program. Overall, command personnel were generally satisfied with the program as the office provided an additional avenue for Soldiers to resolve their problems. However, some command personnel didn't have a clear understanding of the role of the ombudsman office or its organizational structure. They also expressed some concern about the quality of information submitted to them (or lack thereof) on issues that occurred at the medical treatment facility.

Command personnel expressed the following concerns about the program:

- The role of the ombudsman office and how it differed from the medical treatment facility's patient advocate office. Personnel raised concerns about duplication between the two offices and how the process for handling complaints at the medical treatment facility was shared with an office outside of the facility's operational control. Staff believed this created a loss of visibility over issues that potentially affected the quality of care provided to Soldiers for which the facilities were held accountable.
- How to integrate ombudsmen into the WTU organization to provide more cohesive support to WTU Soldiers. Personnel explained the training they were required to attend discussed the Ombudsman Program, but not details about how to best take advantage of the support ombudsmen provided. (Our review of the content provided on the program at the WTU cadre course showed that these matters were covered.)
- How the program was organized and to whom ombudsmen reported on a day-to-day basis. Some personnel didn't know whom they should contact to discuss actions ombudsmen took should the need arise or how the program maintained accountability over ombudsmen.
- The quality of information in reports submitted to them about the issues Soldiers encountered at the medical treatment facility. Personnel stated that they wanted

more details about the issues and, specifically, what caused the issues to occur in the first place. (We discuss this more in Objective B.)

At one medical treatment facility, this unfamiliarity with the program contributed to key personnel being dissatisfied with the support the ombudsman office provided. The dissatisfaction originally stemmed from the office not submitting reports to command personnel that detailed cases and total issues. This dissatisfaction increased after an incident that involved the unauthorized release of information related to a Soldier's disability evaluation case. Command personnel were reluctant to express their concerns with the ombudsman because the ombudsman wasn't in their supervisory chain and they didn't know to whom the ombudsman reported to voice their concerns. Eventually, program management personnel addressed the medical treatment facility's concerns and cleared up all misunderstandings after the facility notified higher-level officials.

While the incident at this location was the exception for the sites visited, the concerns we identified highlighted the importance of establishing a method to measure how well the program is meeting its goals. Program guidance required ombudsmen to not only resolve issues for Soldiers in a timely manner, but it also held them responsible for clarifying their role and the type of assistance they provided to medical and non-medical chains of command and for keeping local medical treatment facility commanders informed about the issues they handled. However, the MMAG didn't have a way to measure how well the program was doing in delivering this support or how well individual ombudsmen performed. As a result, the program didn't have a way to obtain feedback to improve overall performance.

Establishing metrics that measure the performance of business activities and obtaining feedback from both Soldiers and key stakeholders will enable the program to identify areas that need improvement. To measure performance, the MMAG must first identify those activities critical to the success of the program. Examples of some performance measures other ombudsman programs implemented measured the total number of issues ombudsmen resolved favorably and the total number of referrals the office received. Another method to obtain feedback about the program is customer satisfaction surveys. A customer satisfaction survey can provide the MMAG information on what it needs to do to improve the program and identify locations where problems may exist.

Recommendation A-1 discusses actions the MMAG needs to take to measure how well the program is doing.

Ombudsmen Practices

Ombudsmen generally followed the same steps to resolve issues Soldiers brought to them. However, the offices implemented different administrative practices for common business activities. As a result, there wasn't a basic framework in place to monitor the quality of the program and its effectiveness or to mitigate potential problems.

Established program guidance didn't describe command's policy or have procedures governing daily activities ombudsmen perform. For our review, we identified common policies and procedures of other organizations with established ombudsman functions and used these as a baseline for comparison. Organizations with established programs frequently had policies and procedures addressing:

- Initial intake/interview from a client.
- Authorization to access records and level of access to information.
- Documentation of cases and records retention.

The next sections summarize conditions we found at each location.

Initial Intake and Interview of Soldiers

Ombudsmen followed similar practices when they initially interviewed Soldiers and obtained information from them.

We interviewed ombudsmen and reviewed case documentation to identify the information they gathered when a Soldier contacted them. Our review showed that ombudsmen gathered basic demographic and contact information, as well as a brief description of the issue. They usually recorded this information on an intake sheet. (We did note that the program didn't have a standard form for ombudsmen to use as they used different intake forms to document information.)

Once ombudsmen gathered basic demographic and personal information, they proceeded to seek information to determine the facts, to understand what they needed to address, and how they needed to resolve the issue. To do this, ombudsmen generally:

- Interviewed the Soldier and asked questions to ensure complete information was gathered.

- Reviewed medical documentation or information in medical databases to confirm statements the Soldier told the ombudsman.
- Directed inquiries to the pertinent medical treatment facility and/or unit personnel to obtain additional information and to verify a complaint.

Established program guidance and subsequent MMAG directives provided direction on the information ombudsmen needed to gather and gave recommendations on how they could proceed to resolve an issue. This gave ombudsmen enough information to govern the actions needed handle an issue—from the intake of information to the eventual resolution—in a manner that provided them the most flexibility.

Access to Medical Information

Ombudsmen didn't follow consistent practices to access medical information they needed to review to perform their duties.

Personal information should only be accessed when necessary and with the consent of the individual. Such consent is obtained to protect the individual against unauthorized access and it should usually be documented in writing as proof such consent was given.

Consent Forms Required. Our review of whether ombudsman offices implemented a control to access medical information showed that three of the seven offices did so. Here's a summary of our results:

Ombudsman Offices that Required Consent Forms		
Medical Treatment Facility	Required Consent Form	Didn't Require Consent Form
Blanchfield Army Community Hospital	✓	
Carl R. Darnall Army Medical Center		✓
Dwight D. Eisenhower Army Medical Center		✓
Evans Army Community Hospital		✓
Guthrie Ambulatory Health Care Clinic	✓	
Raymond W. Bliss Army Health Center		✓
Womack Army Medical Center	✓	

Although three of the seven offices required consent forms, only two of the three ombudsmen at the Womack Army Medical Center office used consent forms. We also noted that the forms used to document authorization were different at each location.

Lack of guidance about the steps ombudsmen should take to access confidential information led to the differences we identified. Consequently, the program didn't have a means to protect Soldiers from unauthorized access to their medical information and to protect ombudsmen from potential claims of unauthorized access.

Access to Electronic Health Systems. Not all ombudsmen had access to medical information in electronic health systems.

Two common systems ombudsmen use are the Armed Forces Health Longitudinal Technology Application, which contains patient health records; and the Composite Healthcare System, which has medical appointment information. Ombudsmen must get local authorization from the medical treatment facility to be granted access to these systems. Our review showed that four of the seven medical treatment facilities granted systems access to ombudsmen to facilitate the performance of their duties. Here are details of our review:

Ombudsman Offices with Access to Systems		
Medical Treatment Facility	AHLTA*	Composite Healthcare System
Blanchfield Army Community Hospital	✓	✓
Carl R. Darnall Army Medical Center	✓	✓
Dwight D. Eisenhower Army Medical Center	✓	✓
Evans Army Community Hospital		
Guthrie Ambulatory Health Care Clinic		
Raymond W. Bliss Army Health Center		
Wormack Army Medical Center	✓	✓

*AHLTA: Armed Forces Health Longitudinal Technology Application

However, although medical treatment facilities granted access to these systems, not all ombudsmen requested this access. For example, at the Blanchfield Army Community Hospital office:

- One of the three ombudsmen requested access to the Armed Forces Health Longitudinal Technology Application; the other two didn't request this access.
- Two of the three ombudsmen requested access to the Composite Healthcare System; the third didn't request this access.

The ombudsmen didn't believe they needed this access to fulfill their responsibilities. If an issue required them to review medical information found in these two systems, they

generally asked staff from the medical treatment facility or an ombudsman with access to provide them the information needed.

Of the three offices in which ombudsmen didn't have access to electronic health systems:

- Ombudsmen at Evans Army Community Hospital and Raymond W. Bliss Army Health Center explained that they decided not to seek access because they believed it wasn't necessary to do their jobs. They also didn't want to risk handling information subject to health and privacy regulations.
- Ombudsmen at Guthrie Ambulatory Health Care Clinic explained that the medical treatment facility didn't grant access to the systems when they requested it.

Ombudsmen at these three offices explained that they could request medical information from the medical treatment facility's patient administration division or facility staff if needed to help them resolve an issue for a Soldier.

These differences existed because guidance that implemented the program and current guidance that governs the program doesn't require ombudsmen to seek access to electronic health systems. The guidance doesn't specifically state that medical treatment facilities should grant access to these systems. Because there isn't definitive guidance, the program can't prevent individuals from making decisions more appropriate for management about resources ombudsmen need to meet program goals.

To mitigate this concern and ensure consistency, the program should better define the resources ombudsmen need to fulfill their responsibilities and to meet overall program objectives.

Records Management

Ombudsman offices didn't implement consistent records management processes. Our review of records management practices at each office showed that ombudsmen created different ways to manage the records for the issues they handled. This included the length of time ombudsmen retained their case files. Of the 18 ombudsmen, 12 kept case files after they closed a case and 6 only kept files for active cases. The following table has a breakdown of our results.

Ombudsmen Who Maintained Case Files After Issue Was Resolved

Medical Treatment Facility	Maintained Case Files	Didn't Maintain Case Files
Blanchfield Army Community Hospital	2	1
Carl R. Darnall Army Medical Center	4	0
Dwight D. Eisenhower Army Medical Center	2	0
Evans Army Community Hospital	1	2
Guthrie Ambulatory Health Care Clinic	0	2
Raymond W. Bliss Army Health Center	0	1
Womack Army Medical Center	3	0
Total	12	6

Ombudsmen provided the following reasons for how they managed their files:

- For the 12 ombudsmen who kept closed case files, the ombudsmen decided to maintain case files because they wanted to support the actions they took and to have a complete history of issues for those Soldiers who visited the ombudsman office frequently.
- For the six ombudsmen who didn't keep closed case files, the ombudsmen didn't want to store documents with personal information in their office. Additionally, there was no requirement that they keep files for closed cases and they recorded all actions they took for an issue in the program's case management system.

The six ombudsmen further explained that once they resolved an issue for a Soldier, they destroyed all documentation soon after they recorded the issue in their case management system.

In addition, the 12 ombudsmen who maintained case files established different lengths of times they retained those files, ranging from 2 to 6 years. At least two ombudsmen had case files that dated from the start of the program and they didn't want to dispose of them until the program issued guidance.

Insufficient guidance led the ombudsmen to establish different records management processes. Consequently, the program didn't have control over evidence that documented the program's activities.

The program should provide guidance on the type of manual and electronic documents and records ombudsmen should maintain. The case files we reviewed generally had the initial intake sheet, copies of e-mails between the ombudsman and medical treatment facility personnel, and documents the ombudsman reviewed. If a question should arise about an ombudsman's actions, these records can provide a basis for review.

Benefits of Establishing Procedures and Policies

Although the ombudsman function is designed to be informal and free of burdensome administrative requirements, establishing program policies and procedures ensures that the program's expectations are effectively communicated to employees and other interested parties. Policy will provide guidance for handling a wide range of organizational and systemic issues and will establish a framework for both management and staff decision-making.

Having documented standing operating procedures, such as a manual or handbook, will provide the consistency needed to deliver services efficiently and answer the "what" and "how" of operations. Standing operating procedures are one of the pillars of an organization's quality management system. Additionally, the program can use these procedures to develop standardized processes to use as a basis to develop a training program for ombudsmen.

Recommendation A-2 addresses the actions needed to correct the conditions we identified and to provide services that are more consistent.

Evaluation of Training

The program didn't establish a training program that addressed the full range of skills and knowledge ombudsmen needed to perform their responsibilities.

Organizations design training programs to equip their employees with the knowledge and skills necessary to help them perform their work and to help the organization meet its goals and objectives. We evaluated whether content covered in WTU cadre courses and monthly teleconferences addressed the key attributes listed in the Ombudsman Program's standard position description.

The position description required ombudsmen to be competent in Army health-care operations and regulations, managing a case, and communicating. The description also required an ombudsman to be able to analyze information to identify any trends or patterns and key factors that contributed to these issues. However, our evaluation of the cadre courses showed that they didn't address all of the competencies we identified in the position description. The classes that ombudsmen attended only covered skills and abilities that improved their overall knowledge of Army health-care operations and their ability to manage a case properly.

This table summarizes the knowledge, skills, and abilities in the position description; the corresponding competency; and whether the courses provided content to enhance these attributes:

Key Competencies Needed and the Knowledge, Skills, and Abilities Covered in Training Provided			
Competency Required In	Skills Contained in Position Description	Content Covered	Content Not Covered
Army Health-care Knowledge	Knowledge of MEDCOM, clinical and business processes, Veterans Affairs system, WTU operations, regulatory guidance	✓	
Case Management	Assessment, problem-solving, guidance interpretation	✓	
Communication	Intrapersonal relations, writing, and observation		✓
Data Information Management	Data presentation and analytical		✓

Additionally, the courses concentrated on topics relevant to WTU operations. Subjects included medical and WTU terminology, WTU organization, WTU regulatory guidance, and administrative procedures and personnel actions associated with a WTU.

Training didn't cover the full range of topics that improved an ombudsman's ability to perform his or her responsibilities. This is because the program turned to existing training resources to maximize its resources. This training only covered information that provided ombudsmen with the necessary knowledge to perform their primary responsibilities – to resolve issues for Soldiers. Insufficient training in data analysis and communication skills affected how well the program met its other organizational goal of identifying systemic problems and communicating these problems to the appropriate personnel to improve business operations.

To improve ombudsman training, the program should develop basic procedures that detail information ombudsmen should convey and how that information should be conveyed. There should also be procedures on how to collect and analyze data. We discuss data analysis in more detail in the next objective.

Recommendation A-3 discusses the actions needed to establish a basis for developing a comprehensive training program.

RECOMMENDATIONS AND COMMENTS

This section has specific recommendations and a summary of command comments for each recommendation. Verbatim command comments and the official Army position are in Annex E.

For the Commander, U.S. Army Medical Command

Recommendation A-1

Identify the activities and processes critical to the Ombudsman Program's success and establish a method to measure these. At a minimum, command's Medical Assistance Group should establish ways to measure the performance of individual ombudsmen and client and stakeholder satisfaction with the program.

Command Comments

Medical Command (MEDCOM) concurred and agreed on the need to assess stakeholder and client satisfaction. It plans to expand the use of client satisfaction surveys for all cases and direct action officers to oversee case followup reviews to assess customer satisfaction and case outcome analysis. This will also help command gauge stakeholder satisfaction and program understanding. To do this, MEDCOM's Medical Assistance Group leadership was authorized to include an Ombudsman Program class in the senior leader course curriculum at the Army Medical Department Center and School. This increased academic exposure, combined with ongoing Medical Assistance Group marketing efforts, should satisfy command personnel's need for understanding the role of the program and their need to integrate it into the Warrior transition unit organization. Additionally, in September 2012, the Medical Assistance Group placed lead regional MEDCOM ombudsmen in the western and northern regions to collect trend data and provide briefings to regional MEDCOM leaders. The outcome of increased marketing, formal classes, expanded surveys, and briefings to regional leaders will reinforce program understanding, performance measurement, and stakeholder satisfaction. MEDCOM's estimated date for implementing the recommendation is the 3rd quarter of 2013.

Recommendation A-2

Develop a standing operating procedures manual to standardize program processes and procedures. Revise training to teach these processes and procedures and to address

the training gaps we identified. At a minimum, ensure the updated guidance and training addresses:

- Client intake assessment procedures.
- Obtaining permission to access an individual's medical records.
- Access to medical information systems.
- Case documentation and records retention.
- Data collection, analysis, and reporting.
- Quality control/quality assurance procedures.

Command Comments

Medical Command (MEDCOM) concurred and agreed to develop a procedures manual. It has started to draft a document that will go beyond its current policy 11-048 and clarify the administrative matters identified in the report. Additionally, command expanded ombudsman training in October 2012 to include additional time for ombudsmen to spend in the Warrior transition unit cadre course (from 1 week to 2), thereby allowing attendance at more of the needed courses. Clarification on such topics as releasing medical records, accessing medical information systems, and documenting cases has been briefed to current ombudsmen during monthly training teleconferences. These and the other topics recommended by this audit will be included in both the procedures manual and in onsite training. MEDCOM's estimated date for implementing the recommendation is the 2nd quarter of 2013.

Recommendation A-3

Incorporate the instruction of data analysis, data presentation, and communication skills into the training ombudsmen receive.

Command Comments

Medical Command (MEDCOM) concurred and agreed to incorporate instruction in data analysis, data presentation, and communication skills during onsite training and during monthly video teleconferences. MEDCOM's estimated date for implementing the recommendation is the 2nd quarter of 2013.

Official Army Position

The Assistant Secretary of the Army (Manpower and Reserve Affairs) provided the official Army position, agreeing with the report's findings, recommendations, and command's comments.

B – USE OF INFORMATION COLLECTED

OBJECTIVE

To verify that the Ombudsman Program provided information to Medical Command to identify key issues and problems to improve its business operations.

CONCLUSION

The Ombudsman Program partially provided necessary information. It provided MEDCOM with information about the typical problems Soldiers encountered at each of the command's medical treatment facilities. Ombudsmen classified information that provided management an overview of the processes and operations at medical treatment facilities that Soldiers had difficulty with and a general description of what the problem was. The MMAG reported on this information and submitted reports to management that summarized how frequently these problems occurred at each treatment facility.

However, our comparison of the program's data collection practices and its use of the data to that of other ombudsman programs showed that MEDCOM's program could further refine how it captured data. This would help it better define support ombudsmen provided to Soldiers and to identify the outcome of an ombudsman's efforts. By doing this, management would have more information about the severity of the issues Soldiers report to ombudsmen and help identify obstacles that prevent ombudsmen from resolving an issue favorably for a Soldier.

Our review also showed information reported to stakeholders didn't identify contributing factors and causes for issues. Further, of the seven locations we reviewed, only five provided information about issues with medical treatment facility operations. And, of those five locations, only one provided further analysis beyond quantifying the number of issues for which it assisted Soldiers. These conditions existed primarily because:

- Program guidance didn't identify the information ombudsmen needed to collect or the steps they needed to take to analyze this information.
- Data collection practices didn't evolve as the program matured and the program's ability to design a system to meet its needs was limited.

Consequently, MEDCOM didn't gather the information it needed to improve medical processes and to eliminate the causes of persistent problems.

Our detailed discussion of these conditions begins on page 30. Our recommendation to correct them begins on page 37.

BACKGROUND

Identifying Critical Issues

One of the benefits of establishing an ombudsman function is its use in detecting critical issues that negatively affect the quality and service an organization delivers. To do this, ombudsmen must capture relevant information about the problems they resolve. As such, Office of the Surgeon General/MEDCOM Policy Memo 11-048 requires the Ombudsman Program to:

- Maintain a database of cases, issues, and resolutions.
- Identify and report any trends, best practices, and lessons learned to improve business processes.
- Advise the Chief of Staff, MEDCOM of any significant issues or trends that require the office's involvement.

The program is also required to provide the Chief of Staff, MEDCOM with periodic reports on overall program statistics.

Army Warrior Care and Transition System

The Army Warrior Care and Transition System is a case management system that monitors, tracks, and ensures the appropriate assistance to Warriors in transition. Developed for Warrior Transition Command's Army Warrior and Care Transition Program, the system has four modules, including the Ombudsman Program module. Ombudsmen use this module to track case issues by individual—regardless of whether the individual is a Warrior in transition assigned to a WTU or a Soldier assigned to another Army command. The module can also generate ad-hoc reports.

Warrior Transition Command approves and prioritizes system modifications through the Change Advisory Board process. The MMAG must submit requests to the board to

change the extent of data it can collect for the Ombudsman Program and to enhance the system's functionality. The board then reviews the justifications for these requests and prioritizes the requirements for the Ombudsman Program along with those of the Army Warrior Care and Transition Program.

Data Collection Practices for a Complaints-Handling Function

Complaints-handling functions, such as an ombudsman function, develop processes for handling complaints or inquiries. This includes developing a format to collect data that defines the complaint and provides information about the nature of that complaint. Once an organization identifies a complaint, it needs to define what information it needs collect. Organizations can then track and analyze this data to identify the extent and magnitude of problems throughout an organization.

We reviewed data collection practices other organizations established to handle complaints. Specifically, we looked at practices at:

- The Long-Term Care Ombudsman Program.
- The U.S. Department of Veterans Affairs Patient Advocate Program.

We used the data collection practices these programs had to assess how the MMAG recorded information and how it analyzed data.

DISCUSSION

In this section, we discuss these two areas:

- Collection of data.
- Information provided to program stakeholders.

Collection of Data

The Ombudsman Program collected information that provided MEDCOM a general overview of typical problems Soldiers encountered at medical treatment facilities. However, further definition of the service ombudsmen provided Soldiers and more data analysis was needed to fully benefit from the information collected.

We compared the type of information the program required ombudsmen to record in the Army Warrior Care and Transition System to the type of information other organizations' ombudsman functions or complaints-handling functions recorded. We identified that these programs collected information that:

- Defined the complaint and the cause of the complaint.
- Identified the type of contact made.
- Described whether the complaint was resolved favorably or unfavorably.

Our comparative analysis showed that the MMAG required ombudsmen to document information similar to other programs. However, it didn't identify the support provided or whether ombudsmen resolved the problem favorably or unfavorably.

We discuss our results in the next two sections.

Description of Issues

Data collection practices we reviewed for other ombudsman programs required ombudsmen to classify issues or complaints into major and minor categories. Similarly, the MMAG required ombudsmen to classify issues Soldiers had into major and minor categories. The program developed 19 major categories and 191 minor areas and required ombudsmen to first classify an issue into one of the 19 major categories. The major categories provided a broad description about the general area of concern a Soldier had. For example, for FY 11 through the first quarter of FY 12, the top five categories ombudsmen used to define issues Soldiers had related to medical, administrative, WTU-related, medical evaluation boards, or chains of command (non-WTU) issues.

Once ombudsmen classified issues into one of the 19 major categories, the program required them to select a corresponding sub-issue that better described the nature of the problem. The program developed these major issues and sub-issues to identify the major business processes, operations, and/or activities that caused Soldiers the most difficulty to navigate and the full range of problems associated with these processes. This enabled the program to collect information that provided management officials a general overview of problem areas within the medical system and other areas.

Type of Contact Made and Final Disposition

The data ombudsmen collected didn't describe the type of contact a Soldier made or provide a description of the final disposition.

Individuals contact an ombudsman to resolve complaints or to make inquiries. A complaint is a contact an individual makes to express dissatisfaction related to the service or support an organization provides. This can sometimes lead to identifying systemic problems within an organization. Frequent inquiries related to organization processes or activities can also provide useful information an organization can use to develop informational resources or to clarify existing guidance to minimize confusion related to organizational activities or processes.

The MMAG didn't track information that described the type of contact a Soldier made. Ombudsmen recorded into the Army Warrior Care and Transition System all contacts they had with Soldiers as issues. The issues described the specific activity or process the Soldier required assistance with, but not the type of contact the Soldier made. The Warrior Care and Transition System didn't have the capability to classify the type of contact a Soldier made. To obtain further information about the type of support ombudsmen provided required the review of individual issues to identify whether a Soldier contacted the ombudsman to request information or resolve a complaint, or whether the Soldier needed general assistance or a referral.

Additionally, the MMAG didn't track whether an ombudsman resolved an issue either favorably or unfavorably. Instead, once an ombudsman completed all his or her actions and closed out an issue, the MMAG described all issues as resolved. This description didn't provide the level of detail other programs used to identify critical issues that needed to be addressed. For example, some of the categories the programs required ombudsmen to use included categories that described an issue as resolved, partially resolved, withdrawn, or not resolved. The program then used this information about the final disposition to analyze and identify specific reasons why issues couldn't be resolved.

The MMAG didn't collect this data primarily because the Warrior Care and Transition System didn't have the capability to do so. A prior case management system the program used allowed MMAG to track whether an ombudsman resolved an issue favorably or unfavorably, but it stopped tracking a case's final disposition because the MMAG believed it was too subjective. As a result, the MMAG couldn't easily:

- Identify issues that related to dissatisfaction with a medical treatment facility's activities or processes and the extent and magnitude of those complaints.

- Determine the reasons for an unfavorable resolution, which could potentially indicate needed areas for improvement.

The MMAG could improve its data collection practices if it further defined the information it needed and it had a method to capture this information.

Recommendation B-1 describes the actions needed to improve MMAG's data collection practices.

Information Provided to Stakeholders

The MMAG could standardize the process for reporting information and implement procedures to analyze data collected.

Program guidance requires ombudsmen to keep local medical treatment facility commanders informed about the issues they resolve for Soldiers. Key to this is identifying operations or processes that the facility needs to improve. We reviewed management reports MMAG submitted to identify the information reported to management and the analysis of data performed.

Reporting of Information

Ombudsmen didn't consistently report to the program's stakeholders the issues Soldiers encountered.

Five of the seven offices included in our review reported information about issues Soldiers had to either the local medical treatment facility's command group or the WTU commander. The offices provided this information periodically through e-mails or meetings.

The following table shows whether information on issues was provided, the method used, and the frequency provided for each treatment facility:

Reporting of Issues Ombudsmen Resolved

Medical Treatment Facility	Information Provided	Method Communicated	Frequency Provided
Blanchfield Army Community Hospital	✓	E-mail	Monthly
Carl R. Darnall Army Medical Center	✓	Briefing	Quarterly
Dwight D. Eisenhower Army Medical Center			
Evans Army Community Hospital	✓	Verbally	Monthly
Guthrie Ambulatory Health Care Clinic	✓	Briefing	Weekly/Quarterly*
Raymond W. Bliss Army Health Center			
Womack Army Medical Center	✓	E-mail	Weekly/Quarterly*

*Provided to WTU commander weekly and medical treatment facility commander quarterly.

Additionally, the Blanchfield Army Community Hospital, Carl R. Darnall Army Medical Center, and Womack Army Medical Center also provided reports to their respective post's senior installation commander either monthly or quarterly. For the two offices that didn't have a process to provide information about the issues they resolved, ombudsmen explained that no information had been requested.

Identifying Key Issues and Contributing Factors

Our review of reports the MMAG and ombudsman offices submitted showed they generally had information that was statistical in nature and only provided information about the total number of issues for each major category. Key issues or the factors that caused the issues to occur weren't provided. Our interviews with personnel from medical treatment facilities and WTUs showed that the quality of information provided to them was not sufficient to base decisions about how to fix or improve treatment facility operations or processes.

Of the reports ombudsman offices submitted to management, only one office – the Carl R. Darnall Army Medical Center office – identified factors that contributed to existing issues. The office established this practice after:

- The medical treatment facility requested the type of information it wanted and the reasons why problems existed. The ombudsman office reported on the specific departments from which complaints originated and/or the individuals whom a complaint was against, as well as contributing factors to recurring issues.
- It established an offline system separate from the Warrior Care and Transition System to document the issues it resolved and to compile the information the medical treatment facility requested be reported.

In one instance, information in these reports convinced the Fort Hood, Texas, installation commander to issue guidance clarifying command's position that unit commanders are required to abide by restrictions placed on Soldiers with profiles (that is, Soldiers with physical limitations) and not view a profile as a mere "suggestion."

Ombudsmen didn't analyze data to identify the root causes for problems reported to them because the program didn't have detailed procedures about the type of information to collect or how to analyze data to identify systemic problems and causes. Additionally, the program's data collection practices didn't evolve as the program matured and processes became more automated.

Initially, the program tracked issues on individual spreadsheets ombudsmen submitted to the MMAG. Staff from the MMAG then summarized this information to calculate the total issues in each major category, and they had to review the spreadsheets to better understand the issue. As the program matured, it transitioned to the automated Warrior Care and Transition System developed for Warrior Transition Command to better track issues and to monitor actions ombudsmen took. However, the program was limited in the system modifications it could request to meet its needs. On occasion, when requested, MMAG personnel explained they performed more in-depth analysis of issues about specific topics. However, this analysis was limited by the Warrior Care and Transition System's capabilities and generally involved key word searches to obtain issues related to the requested topic. This method only captured the issues with the exact wording of the specific topic and documented in system entries.

As a result, the program didn't have sufficient information about factors that led to problems at medical treatment facilities to enable management to implement systemwide solutions to prevent problems from reoccurring.

Interim Actions to Improve Information

There are resource limitations that can prevent the program from strengthening the data analysis capabilities of the Warrior Care and Transition System. However, the quality of information collected and analysis performed could be improved in the interim if the program reached out to its stakeholders to identify the type of information they found meaningful in helping them implement solutions to persistent problems.

In addition, the program could provide instruction on key elements for ombudsmen to collect and document in the Warrior Care and Transition System and instruction on how to perform simple analytical procedures for issues they resolve, such as ratio analysis. Ratio analyses can indicate potential areas that require further investigation,

making it easier for ombudsmen or program management to concentrate on significant issues.

The MMAG and ombudsmen could perform ratio analysis to calculate the average number of issues for each Soldier assisted and compare this to the overall program average. This ratio comparison can identify any locations that vary significantly from the average. This could also indicate that:

- Potential problems may exist at a particular location. More research would be needed to identify what caused this variance from the norm.
- Issues were classified incorrectly. Further definition of the type of support the program provided would be needed to distinguish between inquiries and complaints to limit the work in this area.
- Ombudsmen may need to be more proactive in encouraging Soldiers to follow established processes to resolve issues involving operations at medical treatment facilities or their chain of command.

Data can be further broken down to show the rate of issues for Soldiers assigned to other Army commands and the rate of issues for WTU Soldiers. For example, for FY 11, the average rate programwide was 1.4 issues for each Soldier; for the first quarter of FY 12, it was 1.2 issues for each Soldier. However, at Womack Army Medical Center, the rate was 1.7 issues for each Soldier for FY 11 and 1.4 issues for each Soldier for the first quarter of FY 12.

Further analysis to identify the average number of issues by command assignment showed the variance could be attributed to a specific population the office assisted – Soldiers assigned to the medical treatment facility's WTU. For FY 11 and the first quarter of FY 12, WTU Soldiers presented issues to ombudsmen at a rate of 2.1 issues per Soldier for FY 11 and 1.5 issues per Soldier for the first quarter of FY 12. The rate of issues WTU Soldiers presented spanned the same period in which complaints about the WTU at Womack Army Medical Center became public and led to an investigation about how Soldiers were treated within the WTU there.

Recommendation B-1 describes the actions needed to improve the quality of information provided to management.

RECOMMENDATION AND COMMENTS

This section has a specific recommendation and a summary of command comments for that recommendation. Verbatim command comments and the official Army position are in Annex E.

For the Commander, U.S. Army Medical Command

Recommendation B-1

Standardize the process for reporting information and implement procedures to analyze the data collected. Specifically:

- Identify critical data elements and develop a method to gather and document the data.
- Implement a standard report format that has contributing factors to issues and causes.

Command Comments

Medical Command (MEDCOM) concurred; however, it stated that it couldn't fully implement this recommendation because it has capitalized on all data gathering capabilities. Command said that the Army Warrior Care and Transition System needs to be upgraded to have more data granularity because the system doesn't have the capability to tag or expand contributing factors and causes. Command's Medical Assistance Group will continue to work with system developers (under Warrior Transition Command) to add more data elements and to expand report formats. In the interim, to implement the audit recommendation, the Medical Assistance Group has developed report formats that focus more on causes of issues. To do this, the group manually reviews closure narratives within the Warrior Care and Transition System and creates reports that identify "key observations." To date, this more specific problem/issue identification report has been provided to the southern and western regions, and they have found it useful. MEDCOM's estimated date for implementing this recommendation is the 4th quarter of 2013.

Agency Evaluation of Command Comments

The planned actions of the Medical Assistance Group satisfy the intent of the recommendation. However, the collection of information can improve if the group

provides guidance to ombudsmen on the type of information to record in the Warrior Care and Transition System to ensure all relevant facts are included in closure narratives.

Official Army Position

The Assistant Secretary of the Army (Manpower and Reserve Affairs) provided the official Army position, agreeing with the report's findings, recommendations, and command's comments.

A – GENERAL AUDIT INFORMATION

SCOPE AND METHODOLOGY

We conducted the audit under project A-2012-IEM-0336.000.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We used the Army Warrior Care and Transition System to identify total cases and issues ombudsmen resolved from October 2011 through December 2012. We relied on the system to identify the support ombudsmen provided Soldiers and selected a sample for review to answer whether ombudsmen provided non-WTU Soldiers the appropriate level of support. Although we identified errors, we concluded that the data was sufficiently reliable for our purposes.

The audit covered transactions representing operations current at the time of the audit.

To verify that ombudsmen provided the authorized support to Soldiers, followed consistent practices and procedures, and took the appropriate training, we:

- Identified and reviewed applicable Army guidance.
- Interviewed key personnel responsible for administering the Ombudsman Program and for monitoring the actions of ombudsmen.
- Identified other Federal and State government agencies that implemented an ombudsman function and reviewed policies and/or procedures these programs established.
- Interviewed Ombudsman Program personnel to identify the steps they followed to resolve an issue and to identify any administrative processes they implemented.
- Reviewed documentation to verify the practices ombudsmen followed and that the information was captured accurately in the Army Warrior Care and Transition System. Documentation included intake sheets, e-mails, case notes, and medical records.
- Interviewed Soldiers whom ombudsmen had assisted to determine the reasons they visited ombudsman offices and to corroborate actions ombudsmen recorded in the Warrior Care and Transition System.

- Interviewed key medical treatment facility staff and command personnel from the facilities and WTUs to determine the processes implemented to resolve issues and complaints and their satisfaction with the support ombudsmen provided.
- Reviewed training certificates and evaluated training the Ombudsman Program provided to identify the content covered.
- Reviewed the ombudsman position description to identify the skills, knowledge, and abilities ombudsmen needed to perform their jobs.

To verify that the program provided MEDCOM with information it could use to identify significant problems with operations and processes under its jurisdiction, we:

- Identified other government agencies with established ombudsman functions and reviewed the type of information collected, how information was classified, and reporting requirements.
- Reviewed reports program managers and ombudsmen submitted to key stakeholders to identify the information submitted and analysis performed.
- Interviewed key stakeholders to identify how often ombudsmen provided information to them and their assessment of that information.

RESPONSIBILITIES AND RESOURCES

U.S. Army Medical Command has overall responsibility for the medical care of military personnel, their family members, and eligible beneficiaries. The command is also responsible for managing Army medical activities.

Medical Command's Medical Assistance Group is the program manager for MEDCOM's Ombudsman Program. The group is responsible for administering the program, professionally developing ombudsmen, and tracking and identifying Soldier issues.

MEDCOM's Ombudsman Program has 61 civilian and contractor personnel dedicated to serving as independent and neutral resources to whom Soldiers can turn to resolve medical-related concerns. There are 32 ombudsman offices located throughout and outside CONUS.

ACKNOWLEDGMENTS

These personnel contributed to the report: Myra Covarrubias (Audit Manager and Acting Program Director); Teodora L. Peña and Melissa Diaz (Auditors-in-Charge); Rogelio Briones, Diego Carrillo, Victoria Granlund, James T. O'Connell, Jesaiah Pantel, and Merlin Wood (Auditors); Kathy Skidmore-Williams (Editor); and Norman Frech (Statistician).

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B – ACTIVITIES INCLUDED IN THE AUDIT

Headquarters, DA

Office of the Assistant Secretary of the Army (Financial Management and Comptroller)
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Office of the Deputy Chief of Staff, G-3/5/7
Office of the Surgeon General
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Raymond W. Bliss Army Health Center
Womack Army Medical Center

C – ABBREVIATIONS USED IN THIS REPORT

MEDCOM	U.S. Army Medical Command
MMAG	U.S. Army Medical Command Medical Assistance Group
WTU	Warrior Transition Unit

D – OMBUDSMAN PROGRAM GUIDANCE



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

OTSG/MEDCOM Policy Memo 11-048

MCZX-MAG

13 JUN 2011

Expires 13 June 2013

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: MEDCOM Medical Assistance Group (MMAG) Ombudsmen Program

1. References:

- a. MEDCOM Operation Order 07-55 (MEDCOM Implementation of the Army Medical Action Plan (AMAP), 5 June 2007.
- b. US Army Medical Command (MEDCOM) Directed Mission Tasking # 7081.01U.
- c. MEDCOM Information Paper, 9 March 2007, subject: MEDCOM Ombudsman Implementation Plan.

2. Purpose: The Ombudsmen will function as a resource in support of Soldiers assigned to Warrior Transition Units (WTU) and their family members as well as non-WTU Soldiers and their family members who need assistance with medical related issues or concerns. The Ombudsmen are located at Army Military Treatment Facilities (MTFs) and will serve as a liaison between the MEDCOM, the Soldier/family member and the MTF Commander by acting as a communicator, facilitator, and problem solver. The Ombudsmen will have a collaborative relationship with the MTF Patient Advocacy Office, MTF healthcare providers and administrative support staff and will work under the direction of the MEDCOM Medical Assistance Group (MMAG) to assist with the resolution of issues that are presented to the Wounded Soldier and Family Hotline (WSFH), the Wounded Warrior Resource Center (WWRC) and other referring agencies/organizations.

3. Proponent: The proponent for this policy is the MMAG, Office of the Chief of Staff, HQ MEDCOM.

4. Policy:

- a. The Ombudsmen are Army Civilian and contract employees under the operational control of the MMAG. The Ombudsmen, with assistance from the MMAG, will inform the community of their availability, purpose and mission. The Ombudsman is intended as a neutral, independent and impartial Soldier resource and not a means of circumventing the Soldier's chain of command.

This policy supersedes OTSG/MEDCOM Policy Memo 09-49, 26 Jun 09, subject as above.

MCZX-MAG

SUBJECT: MEDCOM Medical Assistance Group (MMAG) Ombudsmen Program

b. The Ombudsman will resolve complaints, assist in obtaining accurate information, and act as a resource for Warriors in Transition (WT) and family members as well as any other Soldiers seeking their assistance. For Soldiers assigned to a WTU, the Ombudsman is expected to assist with any issue, medical and non-medical, for which the WTU Soldier is seeking assistance. For Soldiers not assigned to a WTU, the Ombudsman provides assistance related to medical issues and refers or makes recommendations to the Soldier regarding other avenues of assistance for non-medical related problems.

c. The Ombudsmen must function proactively by reaching out to medical as well as non-medical chains of command to clarify their role and offer assistance. They should capitalize on any opportunity to interact with Soldiers and their family members and become "magnets" for any problems/issues brought to their attention. In this way, resolution can occur at the lowest possible level thereby reducing the need to engage other alternatives, such as the WSFH and congressional inquiries.

d. The MMAG will coordinate the resolution of WSFH, WWRC and other referring agencies' issues through the local Ombudsman. The Ombudsmen will receive these cases from the MMAG and is expected to provide assistance with resolution. Ombudsmen will input case issues and resolutions into the Ombudsman case management and tracking system.

5. Responsibilities:

a. The MMAG will:

- (1) Provide program management oversight for the MEDCOM Ombudsman Program.
- (2) Provide advice, assistance, training, and coordination support to the Ombudsmen.
- (3) Ensure that Regional Medical Commands (RMCs) receive Ombudsmen case work information as requested.
- (4) Assign cases received from WSFH, WWRC and other sources; establish suspense dates; and determine all reporting requirements associated with this program.
- (5) Ensure training, staffing, and program standards are maintained in accordance with the Ombudsman contract.
- (6) Maintain MMAG database of cases, issues and resolutions. Identify and report trends, best practices and lessons learned.

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SUBJECT: MEDCOM Medical Assistance Group (MMAG) Ombudsmen Program

(7) Advise the MEDCOM Chief of Staff and Deputy Chief of Staff of issues and trends requiring their action.

b. MTF Commanders will:

(1) Provide the Ombudsman direct access to the MTF Command Group and facilitate the Ombudsman's efforts to perform his/her duties.

(2) Provide the Ombudsman an office that supports privacy and confidentiality, computer access, telephone and a BlackBerry device.

(3) Ensure the Ombudsman has access to town hall meetings, formations, and similar Soldier information meetings which would facilitate the Soldier's awareness of the Ombudsman Program.

(4) Ensure Soldiers in-process and out-process through the Ombudsman's office.

(5) Support the Ombudsman Program by making them part of the patient care team with access to medical information and "Triad" action as required to assist the Soldier/family member.

c. The Ombudsman will:

(1) Resolve complaints, assist in obtaining accurate information, act as a resource for Soldiers and their Families with healthcare issues and immediately advise the chain of command of any serious patient care problems, particularly those that have potential for harm to the Soldier or others.

(2) Respect all requests for anonymity and maintain required HIPPA training.

(3) Identify and document lessons learned for system improvement and communicate data to facilitate improvements.

(4) Immediately report any issue that is beyond the scope of local resolution to the MMAG to determine the appropriate level for resolution.

(5) Direct inquiries to appropriate staff including the Patient Administration Division, Personnel Division, MTF clinical department chiefs and the Deputy Commander for Clinical Services regarding clinical and administrative issues for assessment and resolution.

MCZX-MAG
SUBJECT: MEDCOM Medical Assistance Group (MMAG) Ombudsmen Program

(6) Report situations where regulations and policies are not consistent with the tenants of the WT Program.

(7) Serve as a neutral, independent, and impartial source of information who will work to solve issues and disputes.

(8) Offer support to Soldiers/family members not assigned to the WTU for issues relating to medical care.

(9) Evaluate processes and make recommendations for effective organizational change.

(10) Maintain database to track and monitor issues, resolutions and outcomes.

(11) Produce valid and timely reports as directed by the MMAG.

(12) Attend meetings, town hall sessions and other forums that present an opportunity to interact with Soldiers and hear their concerns.

(13) Support CBWTU Soldiers as requested by attached Soldiers and their chain of command.

(14) Keep local Commanders informed as to the type of cases that are being worked and how resolution was or will be achieved as well as any trend or pattern that has been identified. In cases where anonymity has been requested, Ombudsman may share details regarding the issue but may not divulge the complainant's identity.

(15) Provide support to Soldiers hospitalized in other facilities/hospitals, e.g., Absent Sick Soldiers, Polytrauma Center admissions, etc. The Ombudsmen will have access to all reports necessary to identify Absent Sick Soldiers and their location.

(16) Provide support to remote locations as directed by the MMAG.

FOR THE COMMANDER:

[signature redacted, original signed]

HERBERT A. COLEY
Chief of Staff

E – OFFICIAL ARMY POSITION AND VERBATIM COMMENTS BY COMMAND

From: Stephens, Ronald T COL USARMY HQDA ASA-MRA (US)
Sent: Tuesday, November 20, 2012 9:15 AM
To: Ferrell, Monique Y SES (US)
Cc: Hufnagle, Alice S CIV USARMY HQDA AAA (US); Denham, Sheila C COL USARMY HQDA AAA (US); Francis, John W COL USARMY HQDA ASA-MRA (US)
Subject: RE: OAP for Ombudsman Audit as MEDCOM/OTSG? (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Ma'am, after reviewing the report, I discussed its findings, recommendations, and MEDCOM's response with Mr. Retherford.

Based on our review and discussion, the Official Army Position is concurrence with the report, to include its findings, recommendations, and MEDCOM's response.

Please let us know if you have any questions or need anything else.

Happy Thanksgiving to all.

Very Respectfully,

COL Ron Stephens MD
Assistant Deputy for Health Affairs
ASA-M&RA (MP)
111 Army Pentagon, Room 2E469
Washington, DC 20310-0111
Office: 703.693.7240
DSN: 312.223.7240
BB: 703.839.0305

Classification: UNCLASSIFIED
Caveats: NONE



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

MCIR

01 NOV 2012

MEMORANDUM FOR U.S. Army Audit Agency, Office of the Deputy Auditor General,
Installations, Energy and Environment Audits, 3101 Park Center Drive, Alexandria, VA
22301-1596

SUBJECT: Reply to Draft Audit Report - Audit of U.S. Army Medical Command
Ombudsman Program, Report: A-2012-0XXX-IEM, 10 October 2012

1. Reference Army Regulation 36-2, Audit Services in the Department of the Army,
19 September 2007.
2. Thank you for the opportunity to review this report. Our comments are enclosed for
your consideration.
3. Our point of contact is Mr. Tom Douglass, Internal Review and Audit Compliance
Office, DSN 471-7120 or commercial (210) 221-7120.

FOR THE COMMANDER:

[signature redacted, original signed]

Encl
as

HERBERT A. COLE
Chief of Staff

MCIR

SUBJECT: Reply to Draft Audit Report - U.S. Army Medical Command
Ombudsman Program (A-2013-0XXX-IEM), 10 October 2012

Draft Report: U.S. Army Medical Command Ombudsman Program

Audit Report: A-2012-0XXX-IEM, 10 October 2012

Audit Location: Office of the Assistant Secretary of the Army (Financial Management and Comptroller), Office of the Assistant Secretary of the Army (Installations, Energy and Environment), Office of the Deputy Chief of Staff, G-3/5/7, Office of the Surgeon General, Office of the Assistant Chief of Staff for Installation Management, U.S. Army Installation Management Command, and U.S. Army Medical Command to include Blanchfield Army Community Hospital, Carl R. Darnall Army Medical Center, Dwight D. Eisenhower Army Medical Center, Evans Army Community Hospital, Guthrie Ambulatory Health Care Clinic, Raymond W. Bliss Army Health Center, and Womack Army Medical Center

Objective Titles: To verify that ombudsmen provided Soldiers and their families the intended support in accordance with program guidance and to verify that the program provided MEDCOM information to improve its business operations.

Command Comments:

1. Recommendation A-1. Identify the activities and processes critical to the Ombudsman Program's success and establish a method to measure these. At a minimum, command's Medical Assistance Group should establish ways to measure the performance of individual ombudsmen and client and stakeholder satisfaction with the program.

a. Concur with comment.

b. While this audit clearly confirmed that Soldiers and Family Member satisfaction with the program is high, there is a need to more aggressively assess stakeholder satisfaction as well as expand the use of client satisfaction surveys. Such surveys, to date, have been limited to Ombudsman cases originating through the Wounded Soldier and Family Hotline (WSFH), but will now be expanded to include cases that are referred from all sources. The MEDCOM Medical Assistance Group (MMAG) will utilize the Ombudsman's assigned Action Officer to oversee case follow-up reviews to assess both customer satisfaction as well as case outcome analysis. Moreover, efforts to gauge stakeholder satisfaction and program understanding will also be increased. In addition to providing classes at monthly Warrior Transition Unit (WTU) Cadre Courses, the MMAG leadership has been authorized to include an Ombudsman Program class into the senior leader course curriculum at the Army Medical Department (AMEDD) Center and School. Details are under discussion with the Dean. This increased academic

Encl

MCIR

SUBJECT: Reply to Draft Audit Report - U.S. Army Medical Command
Ombudsman Program (A-2013-0XXX-IEM), 10 October 2012.

exposure combined with ongoing MMAG marketing efforts should satisfy command personnel's need for understanding the role of the program as well as their need to integrate the program into the WTU organization. This process has been further reinforced with the recent (September 2012) establishment of lead Regional Medical Command (RMC) Ombudsmen in the Western RMC and Northern RMC. The intent of this Ombudsman linkage to the RMC is to collect trend data and provide briefings to RMC leaders. The outcome of increased marketing, formal classes, expanded surveys and briefings to regional leaders will reinforce program understanding, performance measurement and stakeholder satisfaction. Estimated implementation date is 3rd quarter 2013.

2. Recommendation A-2. Develop a standing operating procedures manual to standardize program processes and procedures. Revise training to teach these processes and procedures and to address the training gaps we identified. At a minimum, ensure the updated guidance and training addresses:

- Client intake assessment procedures.
- Obtaining permission to access an individual's medical records.
- Access to medical information systems.
- Case documentation and records retention.
- Data collection, analysis, and reporting.
- Quality control/quality assurance procedures.

a. Concur with comment.

b. While the audit recognized the need for flexibility and informality, the recommendation to develop a procedures manual is valid and work has already begun on a draft document with an estimated completion date of 2nd quarter 2013. This manual will go beyond the current MEDCOM Policy 11-048 and clarify those administrative shortcomings identified by this audit. Moreover, Ombudsman training was expanded in October 2012 to include additional time for Ombudsman to spend in the WTU Cadre Course (from one week to two weeks) thereby allowing attendance at more of the needed courses. Clarification on such topics as release of medical records, access to medical information systems and case documentation has already been briefed to current Ombudsmen during monthly training teleconferences. These and the other topics recommended by this audit will be included in both the procedures manual as well as onsite training.

3. Recommendation A-3. Incorporate the instruction of data analysis, data presentation, and communication skills into the training ombudsmen receive.

a. Concur with comment.

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SUBJECT: Reply to Draft Audit Report - U.S. Army Medical Command
Ombudsman Program (A-2013-0XXX-IEM), 10 October 2012

b. As new Ombudsmen attend onsite training, instruction in data analysis, data presentation and communication (risk communication) skills will be emphasized. Instruction for current Ombudsman will rely on VTC unless current attempts to justify a dedicated training conference are successful. In any event, whether by VTC or onsite, training on these topics will begin 2nd quarter 2013.

4. Recommendation B-1. Standardize the process for reporting information and implement procedures to analyze the data collected. Specifically:

- Identify critical data elements and develop a method to gather and document the data.
- Implement a standard report format that has contributing factors to issues and causes.

a. Concur with comment:

b. To fully implement this recommendation is not within the program's purview. The MMAG has capitalized on all data gathering capabilities, initially using laborious spreadsheets and now using Army Warrior Care and Transition System (AWCTS). As identified by this audit, while some useful information in the form of issue categorizations is available through ad hoc reports, additional granularity can only be achieved with an upgrade to AWCTS. While AWCTS can capture workload of cases and issues at the management level, it does not provide a means to tag or expand contributing factors and causes. The MMAG will continue to work with the system developers (under the Warrior Transition Command) to add more data elements as well as the expansion of report formats. In the interim, in order to implement audit recommendations, the MMAG has developed report formats that focus more on issue causes. This has been done by manually reviewing closure narratives within AWCTS and creating reports that identify "key observations." To date, this more specific problem/issue identification report has been provided to both the Southern RMC and the Western RMC who have found it useful. Estimated implementation date is 4th quarter 2013.

5. Potential monetary benefits – none.

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