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the Aging**

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**NEW YORK STATE OFFICE FOR THE AGING
RESPONSE TO OFFICE OF THE STATE COMPTROLLER
FINAL REPORT 2018-S-048
LONG TERM CARE OMBUDSMAN PROGRAM**

Recommendations

1. Improve the reliability of system-generated Office data. Steps could include implementing ways to prevent and detect input errors and incomplete or blank fields, such as those identified in this report, and working with the system vendor to address unresolved issues.

LTCOP Response:

LTCOP worked with the data system vendor to implement data entry validation on required fields to minimize the potential for data errors. This has been activated in the data system. If data issues arise, they are addressed with the data system vendor as soon as they are recognized.

2. Take steps to identify and understand reasons for the decline in volunteers and differences in regional program results. Steps could include surveys of regional practices, exit interviews with volunteers, and efforts to identify best practices in other states.

LTCOP Response:

LTCOP conducted a survey of volunteers to determine what the challenges are to recruitment and retention. The primary concern identified on the survey was documentation compliance. As a result of this feedback, LTCOP has made significant changes to the complaint handling documentation requirements to lessen the burden on volunteers while maintaining data quality. Regional programs conduct exit surveys with volunteers who choose to leave the program. The feedback attained on these surveys is shared with the State and discussed with regional programs when received and especially during the annual assessment. LTCOP is currently working on marketing and recruitment efforts from a statewide perspective to compliment ongoing regional efforts. In addition, LTCOP is planning on working with various partners for broader recruitment of volunteers. It should be noted that volunteers for LTCOP have continued to decline nationally, as the volunteer experience is a demanding one.

3. Based on the above results, develop and implement strategies to improve access to ombudsman services, including access to volunteer ombudsmen.

LTCOP Response:

In addition to the actions taken in response to recommendation #2, LTCOP continues to provide access to residents in long term care facilities utilizing both

staff and volunteers. Volunteers are assigned facilities, and in some cases have agreed to cover more than one facility. Paid staff continue, to the best of their ability, to provide coverage in facilities without an assigned volunteer ombudsman. Facilities and residents are provided with the contact information of their ombudsman. The updated complaint handling process now allows staff and volunteers to be aware of some complaints before entering the facility or beginning an investigation. This prior notification enables staff and volunteers to now be more efficient addressing identified concerns as they can be immediately acted on upon.

4. Strengthen efforts to ensure that volunteer ombudsmen receive required annual training.

LTCOP Response:

LTCOP has worked with regional programs to provide an increased opportunity for volunteers to complete required training by allowing the regional programs to offer more web-based trainings to assist the volunteers with obtaining the required number of annual trainings. This is also monitored and evaluated through the assessment process with each regional program, conducted on an annual basis.

5. Develop a long-term systems advocacy plan that is informed by reliable Office data and that identifies key advocacy goals and activities.

LTCOP Response:

In changing the complaint handling process for LTCOP there has been an increase in total number of complaints which allows the program to more effectively utilize data to develop an informed systems advocacy agenda. LTCOP has already begun utilizing this data and developed a workgroup task force with multiple stakeholders to address discharge/transfer and eviction which has been identified as the primary complaint received. LTCOP continues to identify concerns of residents and challenges they face to advocate for improved quality of care in facilities.