FINAL REPORT

Volume I- Introduction, Findings and Recommendations

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Evaluation of the Office of Management Assessment

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EXECUTIVE SUMMARY

A. Purpose and Methodology

This document presents the final report of the management review of the NIH Office of Management Assessment (OMA). The purpose of the review was to (1) assess whether OMA is performing the proper services; (2) assess how well OMA is performing its services; (3) develop recommendations on how OMA could best be aligned organizationally; (4) develop other recommendations for improving the efficiency and effectiveness of OMA services, including its work processes; and (5) develop performance indicators to measure and track OMA's performance.

OMA selected E.H. Pechan & Associates, Inc. (Pechan) to conduct this study. Pechan conducted the study over an 8-month period, beginning in October, 2003. In conducting the study, Pechan performed the following activities: (1) developed study review plan; (2) conducted interviews with all OMA and on site contractor staff; (3) reviewed documentation on OMA organization, services, work products and work processes; (4) conducted an electronic survey of 108 OMA customers on their views of OMA services and products; (5) conducted interviews with 25 OMA customers and senior NIH managers to explore their views on OMA in detail; (6) performed a management and organizational analysis, and developed findings and recommendations; (7) developed OMA performance indicators; and (8) developed draft and final reports.

B. Major Findings

1. Overall OMA Performance

Overall, the usefulness and quality of OMA services are judged to be fairly high by its customers. The average mean ratings for the usefulness and quality of OMA services, based on customer ratings of 16 services in the electronic survey, were 3.93 and 3.72 respectively. (Rating scale was 5- excellent, 4- very good, 3-good, 2- fair, 1- poor.) Of the 16 OMA services, 13 had a mean rating of 3.5 or higher for usefulness, 12 had a mean rating of 3.5 or higher for quality.

Customer comments in the survey and interviews reinforced the above ratings and pointed to the value, effectiveness and responsiveness of OMA services. Examples of comments from the survey include: "All OMA staff are responsive and knowledgeable and concerned to do best for NIH/Fed. Govt.;" "Great team of people at present- hope you don't lose any;" "My experiences have all been of the highest expertise and service;" "A difficult job, generally carefully done." Examples of comments from the interviews include: "has provided excellent support;" "has done a superb job in all cases;" "is very responsive;" "is very professional;" "has good attitude;" "if they don't know the answer, will get back to you;" "never get woe is me."

While there were variations in the ratings of services across and within OMA's four operating divisions, customer views of the usefulness and quality of the services provided by each division are generally quite positive. These include OMA's Division of Management Support (DMS), Division of Outside Review and Liaison (DORL), Division of Quality Management (DQM), and the Division of Program Integrity (DPI).

Although OMA is judged to be very responsive by its customers, the timeliness of its services is considered somewhat less favorably than usefulness or quality. The average mean rating for the timeliness of OMA services, based on customer ratings of 16 services in the electronic survey, was 3.47. Of the 16 OMA services, nine had a mean rating of 3.5 or higher. Timeliness was mentioned as a significant concern by six customers in the interviews and two other customers in the survey on certain functions, e.g., on DPI reviews.

Based on our interviews with OMA staff and customers, review of the results of the electronic survey, and review of OMA work products and other documentation, our view is that OMA is a customer-oriented organization that does high quality work that is valued by its customers, but has a number of inefficient processes that could be improved. We believe that OMA is performing the proper services, but that some additional services (essentially expansion of certain current services) should be provided, primarily in DQM and DPI.

2. Improvement Opportunities

Potential improvements were identified with respect to organization, staffing, services, work processes, and work flow. We highlight the most significant improvement opportunities here; all are presented in detail in Chapters II and III.

a. OMA as Whole

Improvement opportunities include: (1) OMA's organization structure could be more streamlined and the workload better balanced; (2) OMA Director is overloaded because of wearing two hats- Director of OMA and Acting DPI Division Director; (3) OMA needs to do a better job of informing and educating the ICs about its services; (4) OMA's internal communications need to be improved; (5) Project plans and/or project schedules have not been developed for internal IT development projects as well as other projects in individual operating divisions; and (6) OMA could make greater use of contractors to leverage its internal resources.

b. DMS

Improvement opportunities include: (1) Back-ups have not been formally established for DMS operational functions; (2) Procedures for operational functions need to be developed and/or improved; (3) Records retention schedules need to be streamlined and

better communicated to the ICs; and (4) In-house and contractor support for the A-76 function may need to be strengthened.

c. **DORL**

Improvement opportunities include: (1) Staffing of audit liaison function needs to be adjusted; (2) Procedures for audit liaison and audit follow up functions need to be completed; (3) Results of audit follow up function need to be more widely communicated; and (4) Project plan for CSO function needs to be developed.

c. **DQM**

Improvement opportunities include: (1) DQM's priority functions need to be adjusted, including certain expanded functions; (2) Benchmarking activities need to be more focused; (3) Structure and content of management review reports need to be further improved; (4) Report review process needs to be streamlined; and (5) Project schedules need to be developed for management reviews and other significant projects.

d. **DPI**

Improvement opportunities include: (1) Timeliness of DPI reviews needs to be improved; (2) Priority ranking scheme for reviews (how DPI selects and prioritizes its cases) needs to be revised; (3) Structure for review reports needs to be further improved; (4) Report review process needs to be streamlined; (5) Requirement for two drafts of Final Advisory reports should be changed; (6) Project schedules need to be developed for reviews; and (7) Streamlined reviews and consultation on sensitive issues need to be provided to supplement full reviews.

C. Major Recommendations

Recommendations were developed with respect to organization, staffing, services, work processes, and work flow. We highlight the most significant recommendations here; all are presented in detail in Chapters II and III.

1. OMA as a Whole

a. Three organizational options were developed: (1) three divisions- merged DMS and DORL, DQM, and DPI; (2) three divisions- DMS, merged DORL and DQM, and DPI; and (3) two divisions- merged DMS and DORL, and merged DQM and DPI. Advantages and disadvantages are discussed for each option in Chapter II.

b. Pechan recommends the second organizational option: three divisions- DMS, merged DORL and DQM, and DPI. The name of DMS would be changed to the Division of Management Services. The name of the merged DORL and DQM division would the Division of Management Analysis (DMA). In addition, Pechan

recommends the creation of a new position- Special Assistant and Deputy to the Director, OMA. The reasons for recommending the second option are:

- Like the other two options, it achieves the benefits of a more streamlined organization by reducing the number of operating divisions from four to three.
- It provides more balance in the number of staff per division than Option 1.
- Unlike Options 1 and 3, it does not add to the demanding management workload of the DMS Division Director, caused by the responsibilities of the A-76 program, which are likely to continue.
- While Option 3 provides the most streamlined organization and the best balance in staff per division, it has the negative aspects of trying to merge two divisions (DQM and DPI) in a time of significant change in both divisions, and without a permanent DPI Division Director. Implementing Option 3 at this time could complicate the implementation of changes in both DQM and DPI and add to the time demands on the OMA Director.
- DORL and DQM were previously combined in one division, and have established working relationships.

c. Increase the use of contractors selectively to support (1) program integrity and management control reviews (2) NIH-wide management initiatives; and (3) IT projects in OMA.

d. Proactively inform and educate the NIH ICs about the full range of OMA's services.

e. Increase internal office communications. Hold periodic (bi-monthly or quarterly) OMA-wide staff meetings.

f. Develop and monitor project plans for all IT application development projects, as well as other significant projects performed by OMA, e.g., ARAC project, CSO project, and DQM and DPI reviews.

2. <u>DMS</u>

a. Designate formal back-ups for each DMS function, i.e., one person to serve as back-up for each function when the primary staff member is away.

b. Develop written procedures for each DMS function.

c. Streamline the presentation of the records retention schedules. Review and resolve any specials records retention issues, such as those relating to calendars, e-mails, and other electronic records.

d. Perform a staffing analysis of the A-76 program management function. Based on the results, adjust staff as appropriate (internal or contractor).

3. DORL

a. Streamline staffing of the audit liaison function. Assign audit liaison staff to other tasks, such as DQM (now DMA) or DPI reviews.

b. Complete the development of procedures for the audit liaison and audit follow up functions.

c. Provide information to the ICs on the status of recommendations included in GAO, OIG, DPI and DMA (management control) audit/review reports.

d. Complete development of a project plan for the CSO function, detailing tasks, products, schedules and responsibilities. Monitor the schedule on at least a monthly basis.

4. DQM

a. Perform the following priority functions: (1) Development of proactive vulnerability assessment and management controls program; (2) conduct of vulnerability assessments and management control reviews; (3) support to the Deputy Director for Management on NIH-wide management initiatives, such as the ARAC program; and (4) conduct of a focused benchmarking program.

b. Assign a lower priority to, but retain the capability to conduct management improvement reviews, and provide limited assistance to the ICs in such reviews.

c. Develop and implement a proactive vulnerability assessment and management controls program. Details are presented in Chapter III.

d. Develop and implement a focused benchmarking program.

e. Revise the structure of DQM reports. A recommended structure is presented in Chapter III.

f. Develop a project schedule for each review, detailing tasks, products, schedules and responsibilities. Monitor the schedule on at least a monthly basis.

g. Streamline the report review process.

5. DPI

a. Change the ranking factors for determining whether to perform a full review, and for prioritizing the review. Establish a work group to flesh out the details of the revised priority ranking factors and process.

b. Revise the structure of DPI reports. A recommended structure is presented in Chapter III.

c. Provide report writing guidance for the DPI analysts. This includes (1) developing a tailored report writing guide incorporating the revised report structure; and (2) providing training to DPI analysts in using the revised report structure and other principles in the report writing guide.

d. Streamline the report review process.

e. Issue only one draft of a Final Advisory report.

f. Develop a project schedule for each review, detailing tasks, products, schedules and responsibilities. Monitor the schedule on at least a monthly basis.

g. Develop and implement a process for conducting streamlined reviews and providing management consultation to IC managers on sensitive management issues without conducting a formal review.

I. INTRODUCTION

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A. Purpose

1. This document presents the final report of the management review of the NIH Office of Management Assessment (OMA). This revises the draft final report, submitted on April 28, 2004.

2. OMA initiated this management review in response to several factors:

   - Several management initiatives, e.g., de-layering, FTE ceilings, hiring freezes, and the mandated NIH 15% reduction in administrative staff, have placed demands on OMA to maintain and improve efficiency and effectiveness.

   - A new Deputy Director for Management (DDM) (the individual to whom OMA reports) will be appointed in the near future. An acting DDM was appointed in February 2004. OMA desired to examine and demonstrate the value and quality of its work, and to position itself to respond to potential new management priorities.

   - OMA recognized the need to develop additional ways to improve flexibility, efficiency, and effectiveness and to allocate resources properly, given the reduction in administrative activities and other initiatives.

   - OMA had not a conducted a comprehensive review of itself or a survey of its customers.

3. In response to these factors, the purpose of the study was to:

   - Assess whether OMA is performing and producing the proper services and products.

   - Assess how well OMA is performing and producing its services and products.

   - Develop recommendations on how OMA could best be aligned organizationally to perform its services in an efficient and effective manner, including at least three organizational options.

   - Develop other recommendations for improving the efficiency and effectiveness of OMA services, including its work processes.

   - Develop draft performance indicators to measure, track, and demonstrate OMA's performance.

4. OMA selected E.H. Pechan & Associates, Inc., (Pechan) a management consulting firm, to conduct this study. The study was to include a review of how OMA services are currently provided, interviews with all OMA staff, an electronic survey of OMA customers, interviews with OMA customers and senior NIH managers, and the development of findings and recommendations for improving OMA's organizational structure and work processes to improve efficiency and effectiveness.

5. This report presents the results of Phase 1 of the management review. Phase 2, which is to be contracted for later at OMA's option, is to provide implementation support for the recommendations developed and accepted in Phase 1.

B. Methodology

1. Pechan conducted the study over an 8-month period, beginning in October, 2003.

2. In conducting the study, Pechan performed the following activities:

   a. Developed study review plan.

   b. Conducted interviews with all OMA staff and on-site contractors.

   c. Reviewed OMA work products and other documentation on OMA organization, staffing, services, and work processes.

   d. Developed a preliminary detailed outline of findings and recommendations, and reviewed this with OMA.

   e. Conducted an electronic survey of OMA customers on their views of OMA services and products. The survey provided for ratings of the usefulness, quality, and timeliness for 16 OMA services, as well as respondent suggestions for improvements. A total of 108 customers were surveyed; 54 responded (a 50% response rate).

   f. Conducted interviews with 25 OMA customers and senior NIH managers to explore their views on OMA in detail. Of the 25 interviews, 22 were conducted in person; three were conducted by telephone. Interview topics included: (1) views on the usefulness, quality and timeliness of OMA services; (2) suggested OMA improvements; (3) additional OMA services; (4) OMA services which should be eliminated, moved to another organization, or contracted; (5) performance measures for OMA services; and (6) special issues, e.g., need for OMA's Division of Program Integrity (DPI) to review all cases, OMA serving as staff to the Deputy Director for Management.

g. Performed a management and organizational analysis of the results of the prior tasks, and developed findings and recommendations for improvements in OMA. Developed draft final report.

h. Developed draft OMA performance indicators.

i. Revised draft final report based on comments of the Director, OMA and the Project Review Committee.

3. Pechan conducted the study in coordination with an OMA Project Review Committee. The Committee included the Project Officer and four other staff members representing each of the OMA organizational units. Pechan met with the Committee on a monthly basis. The Committee reviewed deliverables, provided relevant documentation, and provided advice in the conduct of the study.

C. Organization of Report

1. This report is organized as follows:

Volume I- Introduction, Findings and Recommendations

- Executive Summary.
- Chapter I- Introduction.
- Chapter II- Findings and Recommendations- Overall OMA. Presents findings and recommendations regarding the OMA organizational structure and other aspects of OMA operations as whole.
- Chapter III- Findings and Recommendations- OMA Divisions. Presents findings and recommendations regarding the operations of each of the four OMA divisions- DMS, DORL, DQM and DPI.

Volume II- Appendices

- Appendix I- Draft OMA Performance Indicators. Presents draft organizational performance indicators for OMA as a whole and each of the OMA divisions. It is intended that these would be finalized in Phase 2.
- Appendix II - Results of Electronic Customer Survey. Presents a summary of the results of the electronic customer survey, including the ratings of OMA performance and comments on OMA services.
- Appendix III- Results of OMA Customer Interviews. Presents a summary of the comments provided by OMA customers and senior NIH managers on OMA services during the detailed interviews.

II. FINDINGS AND RECOMMENDATIONS- OVERALL OMA

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This chapter presents findings and recommendations regarding the overall OMA organization. This includes OMA's internal Office of the Director (OD) and multi-division issues. Findings and recommendations pertaining to each of OMA's four operating divisions are presented in Chapter III. This chapter includes five sections:

- OMA mission and organization.
- Findings regarding the overall performance of OMA.
- Findings regarding OMA's organization, staffing, and work processes.
- Recommendations on the OMA organization structure, including several organizational options.
- Other recommendations for improving the overall OMA organization.

In presenting comments offered by OMA customers and staff in the interviews and customers in the electronic survey, quotes are used where appropriate to capture specific wording. In other cases, the comments are paraphrased.

A. Current Mission and Organization of OMA

1. OMA is one of several administrative offices under the NIH Office of Management. OMA provides management oversight and advice to the Deputy Director for Management (DDM) and the NIH institutes and centers (ICs) relating to (1) regulations, Federal Register notices, delegations of authority, A-76 requirements, manual issuances, records and forms management, and Privacy Act requirements; (2) liaison for and follow up of reviews performed by the GAO and the OIG; (3) conduct of management control and management improvement reviews, and benchmarking studies; and (4) reviews of allegations of employee misconduct and misuse of grant and contract funds to prevent fraud, waste, abuse and mismanagement.

2. The functions of OMA's current operating divisions are:

   a. Division of Management Support (DMS)- performs the following functions- (1) A-76 program management; (2) regulations processing; (3) Federal Register notice processing; (4) organizational changes; (5) delegations of authority; (6) NIH manual issuances; (7) Privacy Act Officer function; (8) Records Management Officer function; (9) forms

management; and (10) Employee Suggestion Program. In addition, DMS performs other special functions, such as providing the chair of the Management Analyst Working Group (MAWG), and maintaining the OMA Web site.

b. Division of Outside Review and Liaison (DORL)- performs the following functions: (1) GAO/OIG audit liaison, and (2) GAO/OIG/DPI audit follow up. In addition, under the overall direction of the Director, OMA, DORL has the lead responsibility for the Classified Security Officer (CSO) function. DORL staff also perform other selected tasks, such as tracking IC compliance with the requirements of the NIH Employee Orientation Program, and special projects.

c. Division of Quality Management (DQM)- performs the following functions: (1) conduct of management control reviews and risk assessments; (2) conduct of management improvement reviews, usually at the request of the NIH organization; and (3) benchmarking studies. Under the overall direction of the Director, OMA, DQM has the lead responsibility for OMA's support to the Administrative Restructuring Advisory Committee (ARAC), and performs other special projects.

d. Division of Program Integrity (DPI)- conducts reviews of allegations of employee misconduct and mismanagement and misuse of grant and contract funds. DPI staff also lead and participate in selected management control and management improvement reviews, such as the review of the National Center on Minority Health and Health Disparities (NCMHD).

OMA's Office of the Director (OD) provides staff support to the Director, OMA and the operating divisions, including administrative management, information technology (IT) support, and reports editing.

3. OMA currently has 39 FTEs (including vacancies) and seven on-site contractors. The staffing by organizational unit is:

a. DMS- 11 FTEs (including one vacancy), two on-site contractors.

b. DORL- five FTEs. (One of the FTEs is shared with DQM.)

c. DQM- five FTEs (including two vacancies), one on-site contractor.

d. DPI- 14 FTEs (including one vacancy), three on-site contractors.

e. OD- four FTEs, one on-site contractor.

4. The following OMA services were rated in the electronic customer survey:

a. DPI Program Integrity Reviews.
b. DQM Management Control and Improvement Reviews.
c. Continuous Improvement (Benchmarking, Best Practices).
d. OIG/GAO Audit Liaison.
e. OIG/GAO/DPI Audit Follow Up.
f. Classified Security Officer (CSO) Function.
g. A-76 Program Management.
h. Regulations Processing.
i. Federal Register Notice Processing.
j. Organizational Changes.
k. Delegations of Authority.
l. NIH Manual Issuance.
m. Privacy Act Officer Function.
n. Records Management.
o. Forms Management.
p. Employee Suggestion Program.

B. Findings- Overall OMA Performance

1. Overall, the usefulness and quality of OMA services are judged by its customers to be fairly high.

   a. The average mean rating for the usefulness of OMA services, based on customer ratings of 16 services in the electronic survey, was 3.93. (Rating scale was 5- excellent, 4- very good, 3-good, 2- fair, 1- poor.) Of the 16 OMA services, eight had a mean rating of 4.0 or higher; 13 had a mean rating of 3.5 or higher. All services were rated good or better in usefulness (range was 3.13- 4.35). In terms of median ratings of usefulness, 12 of 16 services were rated very good or better.

   b. The average mean rating for the quality of OMA services, based on customer ratings of 16 services in the electronic survey, was also fairly high- 3.72. Of the 16 OMA services, four had a mean rating of 4.0 or higher; 12 had a mean rating of 3.5 or higher. Fifteen of 16 services were rated good or better in quality (range was 2.86- 4.36). In terms of median ratings of quality, 11 of 16 services were rated very good or better.

   c. Comments provided by OMA customers in the electronic survey reinforced the above ratings. Examples of comments in the survey were:

      - "All OMA staff are responsive and knowledgeable and concerned to do best for NIH/Fed Govt. Great team of people at present- hope you don't lose any."

      - "My experiences have all been of the highest expertise and service."

- "All contacts very been very positive, with all NIH officials and employees displaying a solid grasp of their responsibilities and a strong desire to fulfill those responsibilities on a high-quality and timely basis."

- "This is a good group that has effective, thoughtful, leadership. To date, underutilized by the DDM, but moving in the right direction."

- "In general the services provided can be characterized as high quality and responsive to the needs of the IC's. The simple sharing of information re: Continuous Quality Improvement is not sufficient. OMA needs to take a more proactive role in encouraging IC's to share experiences and share resources."

- "A difficult job, generally carefully done."

2. Comments from OMA customers and senior NIH managers in the detailed interviews pointed to the usefulness, effectiveness and responsiveness of OMA. Comments included "extremely useful;" "top notch in all areas;" "has provided excellent support;" "has done a superb job in all cases;" "is very responsive;" "is very professional;" "is very helpful;" "has good attitude;" "if they don't know the answer, will get back to you;" "never get woe is me;" "delivers excellent service 90% of time;" "overall, rates very good- 9 out of 10;" "has positive and successful interactions with the office." (12 people)

   Ten OMA customers expressed the view that OMA needs more staff.

3. Comments during the detailed customer interviews suggest that OMA rates high in comparison with other agencies. Comments include "OMA is at the top of NIH offices in professionalism and responsiveness;" "NIH is more cooperative (regarding GAO audits) than many agencies GAO is involved with;" "NIH audit liaison is superior to other HHS audit liaison organizations." (three people)

4. Although OMA is judged to be very responsive by its customers, the timeliness of its services is considered somewhat less favorably than usefulness or quality.

   a. The average mean rating for the timeliness of OMA services, based on customer ratings of 16 services in the electronic survey, was 3.47. Of the 16 OMA services, two had a mean rating of 4.0 or higher; nine had a mean rating of 3.5 or higher. Thirteen of 16 services were rated good or better in timeliness (range was 2.76- 4.11). In terms of median ratings of timeliness, nine of 16 services were rated very good or better.

   b. Timeliness was mentioned as a significant concern in the detailed interviews of OMA customers and senior NIH managers on certain

functions, e.g., on DPI reviews. (six people) See Chapter III for a further discussion of timeliness and recommendations to address this.

5. The following table presents the range in mean and median ratings of OMA services in the electronic customer survey.

a. Range in mean ratings of services.

Mean Rating	Usefulness	Quality	Timeliness
4.0 or higher	8 services	4 services	2 services
3.5-4.0	5 services	8 services	7 services
3.0-3.5	3 services	3 services	4 services
2.5-3.0		1 service	3 services

b. Range in median ratings of services.

Median Rating	Usefulness	Quality	Timeliness
5- Excellent	3 services	1 service	1 service
4.5- Very good/Excellent		1 service	
4- Very good	9 services	9 services	8 services
3.5- Good/Very good	1 service	1 service	
3- Good	3 services	3 services	7 services

6. Appendix II presents the complete results of the electronic customer survey. Appendix III presents a summary of the comments by OMA customers and senior NIH managers in the detailed interviews.

7. Based on our interviews with OMA staff and customers, review of the results of the electronic survey, and review of OMA work products and other documentation, our view is that OMA is a customer-oriented organization that does very good quality work that is highly valued by its customers, but has a number of inefficient processes that could be improved.

C. Findings- Overall OMA Organization, Staffing and Work Processes

1. As indicated in Section A, the staffing of OMA's four divisions varies considerably. Including vacancies and on-site contractors, the staffing is DMS-13; DORL- 5; DQM-6; and DPI- 17. As indicated in NIH Manual Chapter 1121, guidance from the NIH Office of Human Resources (OHR) is that no organizational entity should have fewer than six FTEs. Other Government agencies have target supervisor-staff ratios of ten or more. Based on these factors, the staff levels of DORL and DQM may be too low to support separate divisions.

2. During the OMA staff interviews, several observations were offered about the OMA organizational structure:

   - Combine some divisions (e.g., DORL and DQM, DQM and DPI, DORL and DPI). (five staff members)

   - Provide more balance in the workload of the divisions. There is idle capacity in OMA, e.g., in DORL and DQM. (two staff members).

   - Four staff observed that DMS does not fit with the rest of the OMA organization, because its functions are more operations oriented, as opposed to analytical. A suggestion was made to move DMS to the Office of Research Services (ORS).

3. There were also observations about the OMA organization structure during the customer interviews:

   - Operational DMS services (e.g., regulations, manual issuances, delegations) do not fit in OMA and should be moved to another organization. (two people) One of these interviewees suggested that certain of these services should preferably be outsourced.

   - Move the Privacy Act function to FOIA office. The two functions are related. (two people)

   - Based on its mission, the Office of Research Services (ORS) could assume certain DMS operational services; however, there is no compelling reason to do so. (one person)

   - OMA could possibly absorb some of the Office of Strategic Management Planning (OSMP). (two people) However, one customer recommended against this, since both OMA and OSMP "have their hands full."

4. We believe that some divisions should be combined, and that the workload of the divisions could be more balanced. We believe that it is highly appropriate for a management office such as OMA to provide both analytical and operational support functions. We are familiar with similar management offices in other agencies such as EPA that provide both types of such functions.

   Our review of documentation on ORS indicates that it provides mainly technical support services to the institutes and centers (ICs). These services do not appear to be closely related to DMS services. Since OMA and OSMP both appear to have a full plate (OSMP is responsible for A-76 transition activities), we do not advocate a merger at this time.

5. OMA has recently been requested by the Deputy Director for Management (DDM) to develop an enhanced vulnerability assessment and management controls program. In addition, DQM has the lead on the ARAC support task. While the management improvement review function of DQM may be de-emphasized, it is likely that, overall, the scope and workload of DQM's functions will increase.

6. Of the four operating divisions, three- DMS, DORL, and DQM- have division directors. The Director, OMA is acting as the DPI Division Director. While the time allocations vary, we understand that the OMA Director spends about 30 % of her time on the DPI role, and about 70% in the management of OMA. The OMA Director has indicated that her time is stretched performing the two roles. Several other OMA staff have expressed a similar view. We believe this situation will continue, especially as OMA assumes additional tasks, such as support to the ARAC program.

7. As indicated above, OMA currently supplements its in-house staff with on-site contractors in three of its four divisions (DMS, DQM and DPI) as well as the OD. In addition, OMA uses off-site contractors for A-76, management reviews, information technology (IT) support, and other functions. We believe OMA should make greater use of contractors to accomplish its mission.

   - Seven OMA staff recommended greater use of contractors. OMA staff indicated that contractors could perform work in all four divisions.

   - FTE limitations make it desirable for OMA to leverage its in-house staff with contractors.

   - Three OMA customers also recommended greater use of contractors. One customer suggested that a mix of Government and contractor staff is advantageous for some functions, since (1) employees are sometimes too close to the issue; (2) contractors can provide a fresh set of eyes; and (3) contractors can benchmark with other agencies where they've done work.

   - DPI recently initiated plans to contract with a consulting firm to perform approximately 20 DPI reviews to supplement its in-house capability. This is awaiting funding.

8. OMA is currently making relatively limited use of contractors for IT support. DMS has used contractor support for Web site maintenance and work on the delegations database. OMA's internal IT specialist (in the OD), however, has not used contractors. The IT specialist indicated he currently spends about 50% of his time on database development, 40% on user help, and 10% on running special queries. However, user help and special queries were mentioned as greater priorities.

OMA staff have indicated that some IT applications have been delayed, e.g., merging of the DPI and TeamMate databases and upgrade of the DPI database for tracking follow up, and that there is a need to upgrade the audit liaison database. We believe that OMA should use a contractor to assist the IT specialist in such applications development tasks. We understand that the IT specialist has contacted the Center for Information Technology (CIT) to request assistance in the acquiring contractor support.

9. During the interviews, five OMA customers and three staff members suggested that OMA needs to do a better job of marketing, informing, and educating the ICs about its services. This could include:

- Better acquainting NIH senior managers (e.g., IC Directors and Deputy Directors) of OMA services.
- Informing people of the outcomes of OMA's work.
- Demonstrating results and successes.
- Being more visible at meetings- at selected IC staff meetings, Grants Management Officer (GMO) meetings, Extramural Programs Management Committee (EPMC) meetings, etc.

10. OMA's internal communications could be improved.

- OMA currently rarely holds office-wide meetings. DQM holds a bi-weekly meeting for its staff. DMS used to hold bi-weekly staff meetings, but has discontinued them because of the pressures of the A-76 work. DORL and DPI rarely have division-wide staff meetings. Support staff meetings, held previously and chaired by the Secretary to the Director, OMA, are no longer held.
- The Director, OMA holds bi-weekly meetings with the directors of DMS, DORL and DQM. The DPI Team Leaders do not attend these meetings.
- The Director, OMA, in her role as the acting Director, DPI, holds a quarterly meeting with each analyst and the respective Team Leader to review the analyst's cases. OMA staff indicated that this communication, as well as other individual communications within the division, is effective.
- Seven OMA staff suggested that OMA hold periodic OMA-wide meetings to share information.
- Three OMA staff suggested that OMA needed to have a clear strategic plan and vision for the future, and to make clear what is valued.

11. Project plans (indicating tasks, schedules and deliverables) have not been not developed or tracked for OMA's internal IT application development projects. We noted earlier that completion of some IT projects has been delayed. As will be discussed in Chapter III, a project plan is also needed for the CSO function; and project schedules are needed for DPI and DQM reviews. The adoption of a project management approach would increase efficiency and accountability for the work, and would improve communication and management oversight.

12. During the customer interviews and survey, there were several suggestions regarding additional OMA services, or services that should be eliminated:

    a. Two customers suggested that OMA take a more proactive role in addressing management vulnerabilities in a systematic way. One of these customers described this in the survey as "a more robust, proactive program re: high visibility ethics, program integrity issues.

    b. Nine OMA staff suggested that OMA conduct proactive organizational effectiveness and efficiency studies and program audits.

    c. Seven OMA staff suggested that OMA provide greater staff support to the DDM for NIH-wide management initiatives. Currently, the DDM has only one professional FTE in her immediate office.

    d. One OMA staff member suggested that OMA should not do staffing studies, such as that done for the Office of Extramural Research (OER), since they require more specialized expertise than OMA can provide. Such studies should be done by contractors with expertise in that area.

    e. One customer indicated that OMA has enough on its plate, and should concentrate on doing well in its existing services.

    Regarding item a, we understand that the DDM has recently directed OMA to develop a proactive vulnerability assessment and management controls program, expanding its current activities in that area. We also understand that the DDM has indicated that items b and d should be a lower priority for OMA. Concerning item c, OMA is already providing substantial staff support to the DDM, as evidenced by its role on the A-76 program and the ARAC program. The Director, OMA has indicated that OMA's direct support to the DDM and the NIH Director and Deputy Director will most likely increase.

13. Two OMA staff suggested that formal training plans be developed for other staff in the office, besides the junior DPI analysts. For the new DPI analysts, formal training plans have been developed, specifying courses to be taken. For other staff in DPI and the other divisions, written training plans are not developed, but training needs may be discussed as part of the performance appraisal process. This varies by supervisor and is not a standard process. We believe that OMA

could benefit by a more formal training and development process, although we do not suggest formal Individual Development Plans (IDPs) for all staff.

14. Twelve OMA staff recommended that OMA staff be permitted to telecommute. We note that NIH has established a formal telecommunications policy, dated October 30, 2003. Staff must submit a formal application; approval is at the discretion of management, based on eligibility guidelines and the needs of the organization.

We briefly discussed telecommuting during several of the customer interviews. There appears to be considerable variation in the ways NIH organizations are approaching this issue. For example:

- The National Heart, Lung and Blood Institute (NHLBI) had 56 people (out of 964 FTEs) telecommuting as of April 2004. Staff who telework must provide written reports (via e-mail) of what they plan to do and what they actually did on their telework day. Two NHLBI managers suggested that the number would be likely to increase.

- The National Institute of Neurological Disorders and Stroke (NINDS) put a new telework policy into place in February 2004. A few people are working at home 2 days/week.

- At the National Institute of Allergy and Infectious Diseases (NIAID), some people are already teleworking on an informal basis. The Institute was part of the NIH pilot. A NIAID manager indicated that several issues needed to be resolved, e.g., payment for high speed Internet lines, security.

- Two organizations- the Office of Legislative and Policy Analysis (OLPA) and the Office of Financial Management (OFM)- have thus far apparently elected not to approve teleworking.

Several issues would need to be considered by OMA with regard to telework:

- Nature of the work- extent to which work can be effectively performed at home.

- Development of appropriate measures or expectations regarding a proper amount of work to be accomplished during a telework day.

- Development of procedures for documenting plans and accomplishments for the telework day.

- Payment for high speed Internet lines and other computer equipment, access to required NIH databases, and ensuring security.

D. Recommendations- OMA Organization Structure

(Note: Items designated with an asterisk are high priority recommendations.)

1.* Streamline OMA's organizational structure. Options include:

- Option 1- Three divisions- Merged DMS and DORL, DQM, and DPI.
- Option 2- Three divisions- DMS, merged DORL and DQM, and DPI.
- Option 3- Two divisions- Merged DMS and DORL, and merged DQM and DPI.

For each option, the Division Director, DORL would be reassigned as the Special Assistant to the Director, OMA. In this position, he would serve as the Deputy to the OMA Director. This is discussed further under recommendation number 2.

Exhibits 1, 2 and 3 illustrate the three organizational options. Each of the three options is discussed below.

a. Option 1- Merged DMS and DORL, DQM, and DPI.

Rationale and Characteristics

- DORL would be merged into DMS. The rationale for this change is that DMS (and to some extent, DORL) have similar roles as the Office of Research Services in providing operational services to the NIH research organizations. ORS provides technical services, while DMS and DORL provide management services.
- The title of the merged division would be changed to the Division of Management Services (DMS). "Services" better captures the importance of the function than "support." The title of DQM would be changed to the Division of Management Analysis (DMA), which better captures the range of services of the division.
- DORL has only five people (one of whom is shared with DQM), one less than the recommended minimum of six for a separate division. DORL's functions are not expected to grow.
- DORL's functions are primarily operational in nature (as opposed to being primarily analytical and evaluative), as are the functions of DMS. A synergy is created by grouping operational functions in the same division.

EXHIBIT 1
ORGANIZATIONAL OPTION 1
OFFICE OF MANAGEMENT ASSESSMENT

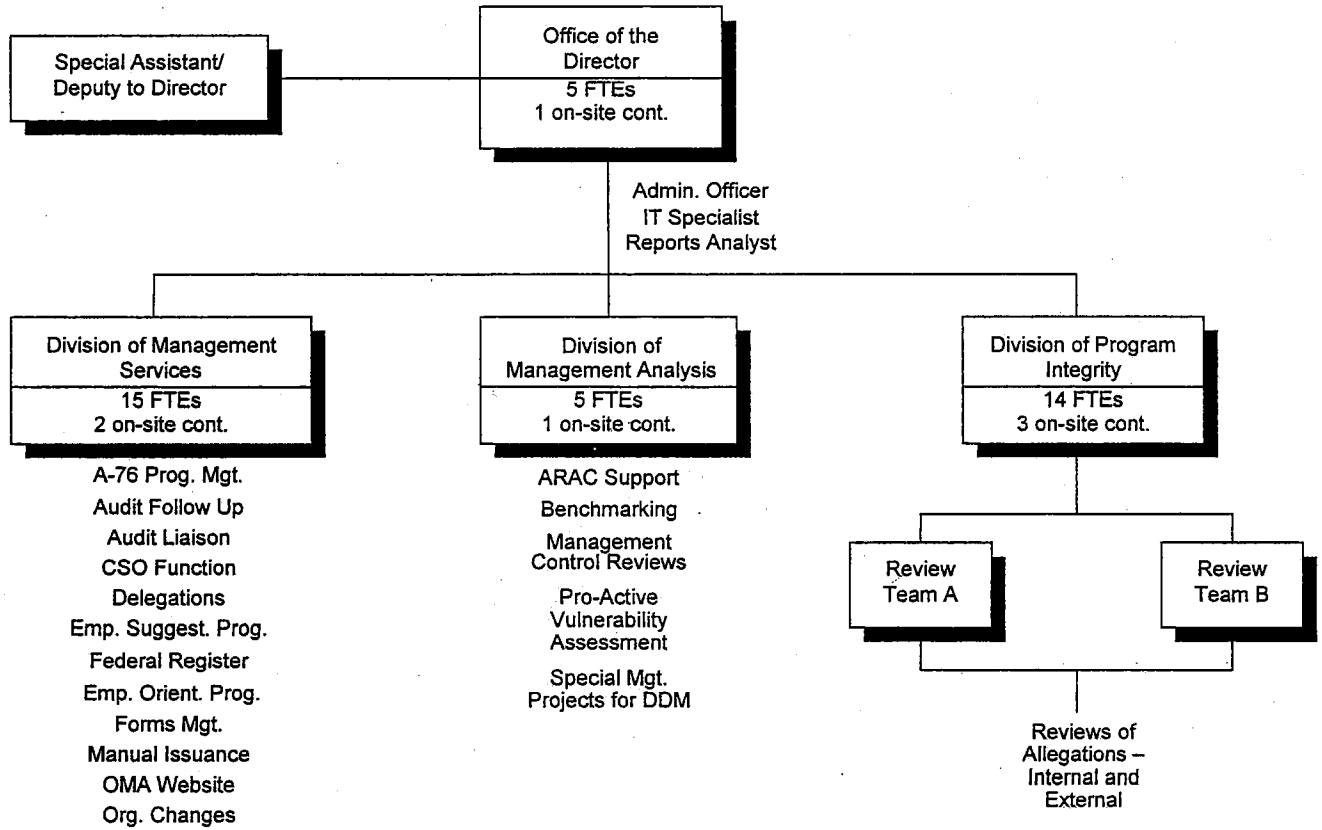


EXHIBIT 2
ORGANIZATIONAL OPTION 2
OFFICE OF MANAGEMENT ASSESSMENT

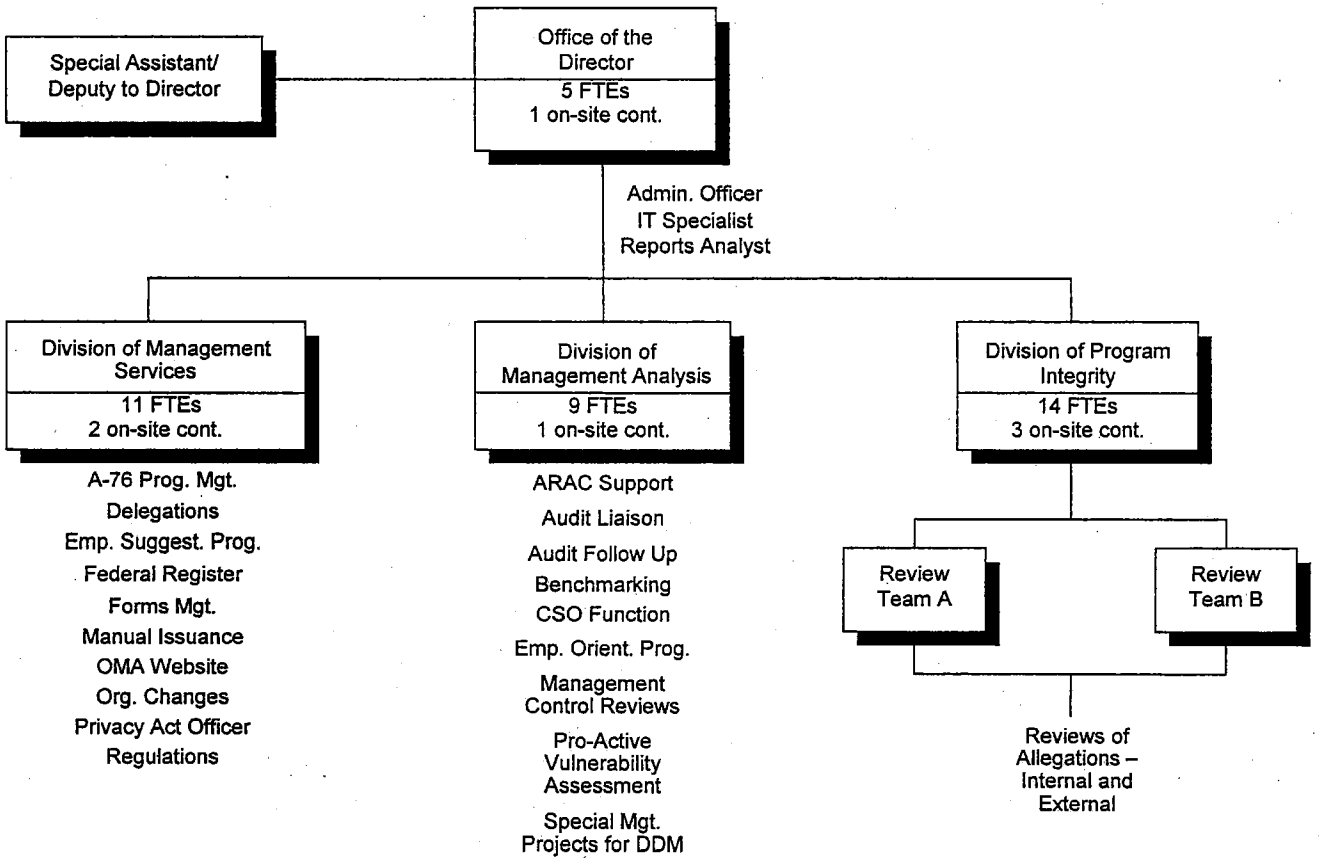
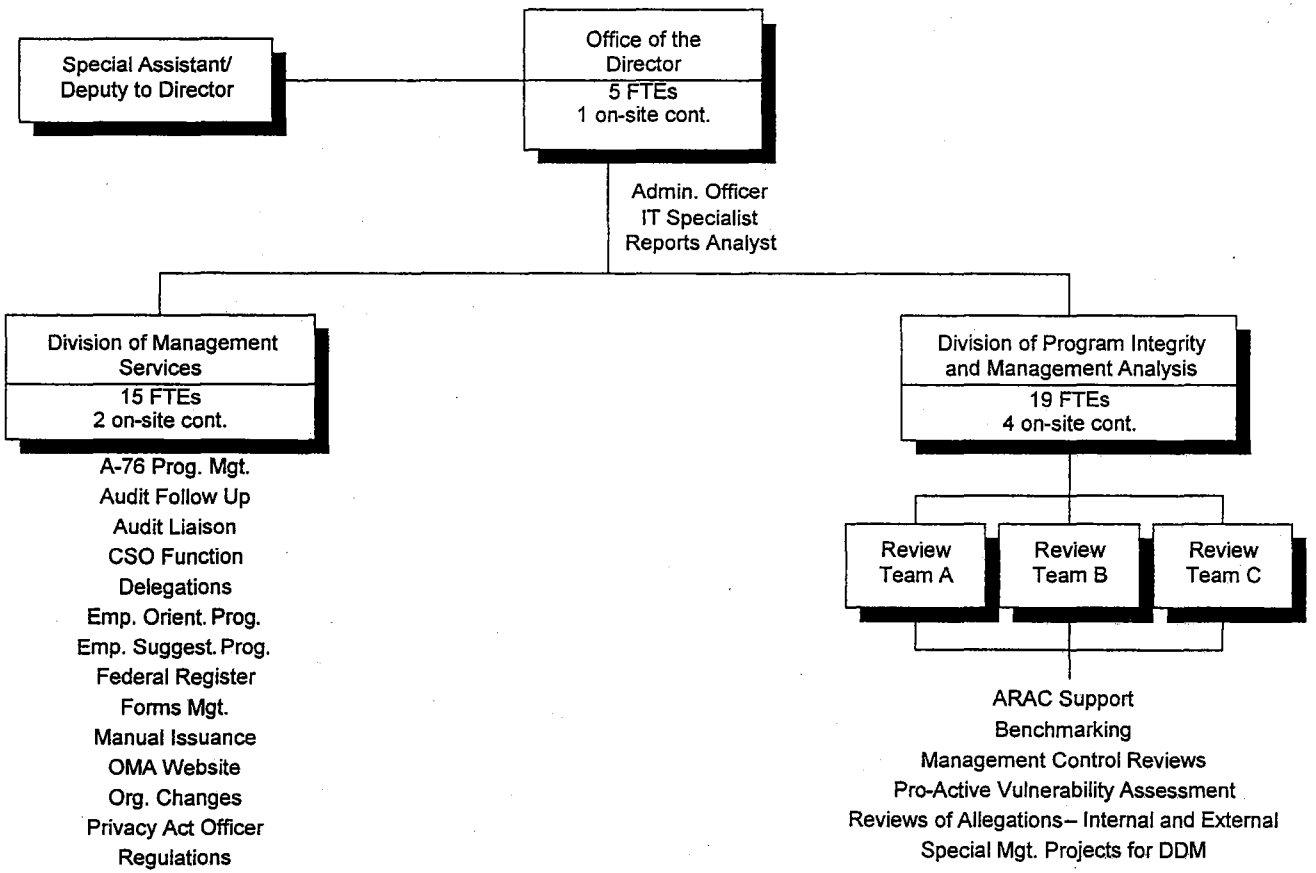


EXHIBIT 3
ORGANIZATIONAL OPTION 3
OFFICE OF MANAGEMENT ASSESSMENT



- The functions of the merged DMS-DORL division would include:

  - A-76 program management.
  - Classified Security Officer (CSO) function. (This could remain with the Special Assistant to the Director, OMA.)
  - Federal Register notice processing.
  - Forms management.
  - Delegations of Authority.
  - Employee Orientation Program.
  - Employee Suggestion Program.
  - NIH manual issuance.
  - OIG/GAO audit liaison.
  - OIG/GAO/DPI audit follow up.
  - OMA Web site maintenance.
  - Organizational changes.
  - Privacy Act Officer function.
  - Regulations processing.

- DORL Division Director would be assigned as the Special Assistant to the Director, OMA.

- The number of staff per organizational unit (including vacancies and on-site contractors) would be:

  - DMS- 17.
  - DQM- 6.
  - DPI-17.
  - OD-6.

<u>Advantages of Option 1</u>

- Streamlines the OMA organization by reducing the number of operating divisions from four to three. Eliminates one of the two divisions with fewer than the recommended minimum number of FTEs.

- Groups functions that are primarily operational in nature in the same division.

- Provides a senior resource to assist the Director, OMA in the management of the Office. As indicated previously, Director, OMA is also serving as the Acting DPI Division Director.

<u>Disadvantages of Option 1</u>

- DMS Division Director is currently over-loaded because of the demands of the management of the A-76 program. This option would increase the management responsibilities of the Division Director, and could exacerbate the problem by adding four functions and four staff to the division. This problem could be ameliorated if the former DORL Division Director continued to manage some of the former DORL functions, such as the CSO function.

- One of the remaining three divisions- DQM- would still have fewer (by one FTE)) than the recommended minimum number of FTEs, although its staff could increase based on additional responsibilities (e.g., expanded vulnerability assessment and management controls program, ARAC support, expanded benchmarking program.)

b. Option 2- DMS, merged DORL and DQM, and DPI.

Rationale and Characteristics

- DORL would be merged into DQM. The title of the merged division would be changed to the "Division of Management Analysis" (DMA). "Management analysis" better captures the range of the services of the merged division than "quality management." The title of DMS would be changed to the "Division of Management Services."

- DORL has only five FTEs (one of whom is shared with DQM), less than the recommended minimum of six for a separate division. DORL's functions are not expected to grow.

- DORL and DQM were previously combined in the same division and have established working relationships.

- The functions of the merged DORL-DQM division would include:

  - ARAC support.
  - Benchmarking program.
  - Classified Security Officer (CSO) function. (This could remain with the Special Assistant to the Director, OMA.)
  - Employee Orientation Program.
  - Management control reviews.
  - OIG/GAO audit liaison.
  - OIG/GAO/DPI audit follow up.
  - Proactive risk vulnerability assessment and management controls program.
  - Special management projects in support of the DDM.

- DORL Division Director would be assigned as the Special Assistant to the Director, OMA.

- The number of staff per organizational unit, including vacancies and on-site contractors, would be:

  - DMS- 13.
  - DQM- 10.
  - DPI-17.
  - OD- 6.

Advantages of Option 2

- Streamlines the OMA organization by reducing the number of operating divisions from four to three. Eliminates one of the two divisions with fewer than the recommended minimum number of FTEs.

- As indicated above, DORL and DQM were previously combined in the same division, and have established working relationships.

- Provides more balance than Option 1 in the number of staff per division.

- Although DORL's functions are primarily operational and DQM's are primarily analytical, there is a synergistic relationship in that the information generated from outside audits for which DORL provides liaison and follow up could be used by DQM in management control reviews.

- Provides a senior resource to assist the Director, OMA in the management of the Office.

Disadvantages of Option 2

- Since the functions of DORL are primarily operational, and those of DQM are primarily analytical and evaluative, there is not a strong similarity in the nature of the functions to support combining them in the same division.

- The balance in the number of staff per division is less than in Option 3.

c. Option 3- Merged DMS and DORL; merged DQM and DPI.

Rationale and Characteristics

- DORL and DMS would be merged. The title of the merged division would be the Division of Management Services (DMS). DQM and DPI would be merged. The title of the merged division would be the Division of Program Integrity and Management Analysis (DPIMA).

- Two divisions- DORL and DQM- have fewer than the recommended minimum number of FTEs per division. The functions of DORL are not expected to grow.

- As indicated earlier, DMS and DORL perform primarily operational functions.

- DQM and DPI both perform analytical functions; both are heavily involved in management reviews. DQM performs NIH organizational reviews related to management controls and other management issues. DPI performs investigational-type reviews of allegations of employee misconduct and misuse of grant and contract funds.

- DQM Division Director would become a Team Leader in the merged DQM-DPI division.

- DORL Division Director would be assigned as the Special Assistant to the Director, OMA.

- The number of staff per organizational unit, including vacancies and on-site contractors, would be:

  - DMS (merged DMS and DORL)- 17.
  - DPIMA (merged DQM and DPI)- 23.
  - OD- 6.

<u>Advantages of Option 3</u>

- Streamlines the OMA organization by reducing the number of operating divisions from four to two. Eliminates two divisions with fewer than the recommended minimum number of FTEs.

- Groups functions that are similar in nature, i.e., operational functions of DMS and DORL, analytical and evaluative functions of DQM and DPI.

- Provides more balance than Options 1and 2 in the number of staff per division.

- Provides a senior resource to assist the Director, OMA in the management of the Office.

Disadvantages of Option 3

- As indicated above, DMS Division Director is currently over-loaded because of the demands of the management of the A-76 program. This could increase the management responsibilities and could exacerbate the problem by adding four functions and four staff to the division. This problem could be ameliorated if the former DORL Division Director continued to manage some of the former DORL functions, such as the CSO function.

- DPI currently does not have a permanent division director (Director, OMA is acting in this capacity.) The assignment of six additional staff and five functions (some of which may be increased in scope) would place additional demands on the Director, OMA for the management of the combined division. While this problem could be reduced somewhat by the management of selected functions by the former DQM division director, and the assumption of certain OMA-wide management duties by the former DORL division director, the requirements on the Director, OMA for the management of the combined division could still be significant.

- As indicated above, it is likely that the functions and workload of DQM will increase due to an expanded vulnerability assessment and management controls program, ARAC support project, and other expanded activities. At the same time, DPI will also be undergoing significant change as a result of establishing a new priority system for conducting reviews and other changes described in Chapter III. Given these changes in both divisions, the merging of the divisions at this time, especially in the absence of a permanent DPI division director, could be difficult.

- While the nature of the analytical work performed by DQM and DPI in management reviews is similar, there are also the following differences:

  - DPI's work involves primarily reactive, investigational-type reviews, usually (though not always) involving allegations about individuals; DQM reviews are more proactive and usually deal with broader management issues.

  - DQM's functions typically involve providing greater support in implementing management improvements, e.g., ARAC support.

The different nature of the analytical work may suggest that the functions be organizationally separate to ensure the proper focus for the work.

d. Note that we briefly considered a fourth option- two divisions- DMS and a second division formed by merging DORL, DQM and DPI. We do not believe this is a viable option. Among its disadvantages is that it would create a significant imbalance in the staff per division. In this approach, the number of staff/division, including vacancies and on-site contractors, would be DMS-13, and the merged division- 27.

2.* Create the new position of Special Assistant to the Director, OMA.

a. The Special Assistant would serve as the Deputy to the Director, OMA in the management of the office, and would be authorized to act in the Director's absence.

b. The Director, OMA and the Special Assistant should review the following management functions and determine which functions might be appropriately assigned to the Special Assistant.

- Management of the immediate Office of the Director (OD), including the IT support and Administrative Officer (AO) functions. This includes ensuring that staff questions on administrative matters are promptly addressed.

- Management of selected functions of DPI (or the combined DPI and DQM division- DPIMA).

- Oversight of selected special projects, e.g.:

  - CSO function.

  - A-76 program.

  - ARAC support project.

  - Expanded vulnerability assessment and management controls program.

- Responding to information requests from the Director, NIH; Deputy Director for Management, other NIH and HHS offices, and Congress.

- Human resources management, including review of various administrative requests.

We believe that the management of the CSO function and the immediate Office of the Director, responding to information requests, and selected human resources management tasks are appropriate functions for the Special Assistant.

c. A new position description will need to be developed for the Special Assistant position.

3.* Of the three organizational restructuring options, we recommend that Option 2 (three divisions- DMS, merged DORL and DQM, and DPI) be adopted. The reasons are as follows:

a. Like the other two options, it achieves the benefits of a more streamlined organization by reducing the number of operating divisions from four to three.

b. It provides more balance in the number of staff per division than Option 1 (three divisions- merged DMS and DORL, DQM, and DPI.) As indicated above, the number of staff/organizational unit, including vacancies and on-site contractors, under Option 2 would be:

- DMS- 13.
- Merged DORL and DQM (new DMA)- 10.
- DPI- 17.
- OD- 6.

c. Unlike Options 1 and 3, it does not add to the demanding management workload of the DMS Division Director, caused by the responsibilities of the A-76 program, which are likely to continue.

d. While Option 3 provides the most streamlined organization and the best balance in staff per division, it has the negative aspects of trying to merge two divisions (DQM and DPI) in a time of significant change in both divisions, and without a permanent DPI Division Director. Implementing Option 3 at this time could complicate the implementation of changes in both DQM and DPI and add to the demands on the time of the Director, OMA.

e. DORL and DQM were previously combined in one division, and have established working relationships.

4.* Fill the DPI Director position. This may require OMA to obtain an additional FTE. The individual should preferably have strong skills and experience in Government performance auditing and program analysis, and the management of such functions.

6.* Continue to apply matrix management selectively by combining people from different divisions to (1) form teams to perform special projects; and (2) support peak workloads, e.g., large reviews. This will enhance project performance by drawing on the skills and expertise of staff in different divisions. We note that this is already being done with regard to the Scientific Review and Evaluation Awards (SREA) and NCMHD management reviews and the ARAC project.

E. Other Recommendations- Overall OMA

(Note: Items designated with an asterisk are high priority recommendations.)

1.* Increase the use of contractors selectively. Uses include:

a. To support program integrity and management control reviews. OMA should utilize existing rapid contract mechanisms (e.g., GSA/MOBIS contract) or develop a task order contract for two or three firms to perform and assist on reviews performed by DPI and DQM. A task order contract has the advantage of even more rapid contracting than MOBIS, but would, of course, take a fair amount of time to establish. OMA should consider this option only when its needs are firmly established and the availability of funding is confirmed.

b. To support NIH-wide management initiatives, such as the A-76 program, ARAC project, and expanded vulnerability assessment and management controls program.

c. To support IT projects in OMA, including applications development and maintenance across the office.

d. Contractor support for selected OMA operational functions, such as those performed by DMS and DORL, should also be considered if OMA loses FTEs. We are familiar with a similar office in the EPA which uses contractors effectively to supplement in-house staff for selected operational functions.

2.* Proactively inform and educate the NIH ICs about the range of OMA services. (We understand that OMA's role in serving as staff to the DDM is likely to increase, and that OMA will probably be receiving more assignments directly from the DDM, as well as from the NIH Director and Deputy Director. Nevertheless, we believe it its important for OMA to make the ICs more aware and knowledgeable about its services. OMA is an outstanding organization, and it should get the word out about its services and accomplishments to the NIH community.)

OMA should periodically attend and make selected presentations at Executive Officer (EO) meetings, IC staff meetings, GMO meetings, and EPMC meetings. Topics should cover:

- Range of OMA services.
- Current OMA initiatives.
- Results and successes of OMA's work.
- For program integrity and management control reviews, OMA's focus on improving operations as opposed to finding problems.

3.* Continue to make customer service and responsiveness a high priority. In support of this objective, OMA should:

a. View all customer criticisms and suggestions objectively and non-defensively, and as opportunities for improvement.

b. Review carefully all customer comments from the survey and interviews performed in this study, including those that did not result in recommendations, and consider potential improvements.

c. Repeat the electronic customer survey on a bi-annual basis.

4.* Increase internal office communications.

a. Hold periodic (bi-monthly or quarterly) OMA- wide staff meetings. Such meetings would be intended to:

- Celebrate accomplishments and successes in all divisions.
- Discuss new projects, new processes, staff changes, and key OMA and NIH-wide issues.
- Communicate management's vision (including specific directions and priorities) for OMA.

b. Operating divisions should hold regular staff meetings, e.g., bi-weekly or monthly.

c. Until a permanent division director is assigned, DPI Team Leaders should participate in bi-weekly division director meetings.

5.* Provide project plans for all IT application development projects, as well as other significant projects performed by the office, e.g., ARAC project, CSO project, and DQM and DPI reviews.

a. Project Plans should specify the tasks, schedules, products (deliverables) and responsibilities for carrying out the project.

b. Project plans should be monitored on at least a monthly basis in terms of performance of tasks and production of deliverables against the plan.

c. Provide training to OMA staff in project management principles.

6. Supervisors should review training needs with all office staff at annual performance appraisals. Develop individual development plans (IDPs) selectively for staff who request these or for whom the supervisor believes would be beneficial.

7. Review the merits of telecommuting for the office.

a. Conduct benchmarking review of telecommuting programs and policies at other NIH offices.

b. Examine key issues, e.g., performance criteria for type and amount of work to be accomplished, provision of high speed Internet lines, access to relevant databases, security.

c. Based on the above, develop telecommuting policy, including the requirement for documentation and monitoring of planned and actual accomplishments during the telework day.

e. Develop and conduct a pilot telework program.

f. Depending on the results of the pilot, make decision on implementing telework on regular basis.

III. FINDINGS AND RECOMMENDATIONS- OMA DIVISIONS

III. FINDINGS AND RECOMMENDATIONS- OMA DIVISIONS

This chapter presents findings and recommendations pertaining to each of OMA's current four operating divisions. Please note that the number of findings and recommendations concerning each division does not reflect a judgment of the relative performance or quality of each division's services.

As in Chapter II, in presenting comments offered by OMA customers and staff in the interviews and customers in the electronic survey, quotes are used where appropriate to capture specific wording. In other cases, the comments are paraphrased.

To provide a framework for the findings, we repeat the brief description of the functions of each division presented in Chapter II.

A. Findings and Recommendations- Division of Management Support (DMS)

Findings- DMS

1. As indicated in Chapter II, the primary functions of the Division of Management Support are: (1) A-76 program management; (2) regulations processing; (3) Federal Register notice processing; (4) organizational changes; (5) delegations of authority; (6) NIH manual issuances; (7) Privacy Act Officer function; (8) Records Management Officer function; (9) forms management; and (10) Employee Suggestion Program. In addition, DMS performs other special functions, such as providing the chair of the Management Analyst Working Group (MAWG), and maintaining the OMA Web site. We note that the Privacy Act function includes a new, labor intensive task to coordinate the preparation by the ICs of privacy impact assessments of information systems.

2. In presenting customer views and our own findings on DMS services, we first address DMS operational functions (i.e., those besides A-76 program management). We then address the A-76 function.

   Collectively, the performance on DMS operational functions is judged by OMA's customers to be very good.

   a. In the electronic survey, the average mean ratings for the nine DMS operational functions for usefulness, quality and timeliness were 4.03, 3.92, and 3.68 respectively. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The operational functions with mean ratings of 4.0 or higher were:

- Usefulness- Privacy Act (4.35), Federal Register (4.29), Delegations (4.14), Organizational Changes (4.10), and Regulations (4.06).

- Quality- Privacy Act (4.36).Federal Register (4.09), and Organizational Changes (4.07).

- Timeliness- Privacy Act (4.11) and Federal Register (4.09).

b. The table below presents the mean customer ratings for each of the nine DMS operational functions.

Function	Usefulness	Quality	Timeliness
Regulations	4.06	3.94	3.72
Federal Register	4.29	4.09	4.00
Organizational Changes	4.10	4.07	3.96
Delegations	4.14	3.97	3.74
NIH Manual Issuance	3.95	3.90	3.57
Privacy Act Function	4.35	4.36	4.11
Records Management	3.95	3.91	3.75
Forms Management	3.78	3.68	3.26
Employee Suggestion Program	3.63	3.38	3.00

c. Comments offered in the customer interviews and the electronic survey pointed to the high quality of the DMS operational functions. Examples of comments include: "very good and consistent;" "services are excellent;" "very responsive;" "Division Director very much on top of things;" "analyst responsible for regulations and Federal Register processing is one of my best people;" Division Director has mindset for information sharing;" "staff are very knowledgeable in providing interpretations on manual chapters and delegations."

d. Highly favorable comments were offered in the customer interviews about the following DMS operational functions: Regulations and Federal Register (three people); Organizational Changes (three people); Manual Issuances (three people); Privacy Act (two people); Delegations (two people), and Records Management (one person).

3. While the overall customer ratings and comments were very favorable, OMA customers also offered some criticisms and suggestions for improvement about certain DMS operational functions.

a. Timeliness was mentioned as a concern for the following functions:

- Organizational changes. (four people)
- Manual issuances. (two people)
- Forms management (two people)

- Delegations. (one person)
- Privacy Act inquiries. (one person)
- Regulations. (one person)

We would note that for some of the above functions, timeliness may be influenced by factors outside of OMA's control, e.g., delays in Departmental approvals. In one case (Privacy Act inquiries), the customer suggested that delays may be due to the competing A-76 demands of the DMS Division Director- the official Privacy Act Officer. In the case of forms, one of the two customers who commented on delays indicated that DMS was taking significantly longer than previously (as much as 6 weeks as opposed to a few days) to issue a form. One customer expressed concern about occasionally having to follow up and remind the DMS staff about processing organizational changes, manual issuances and forms.

Our sense about these customer concerns is that they are relatively minor problems, since (1) the customer ratings were very good in these areas; (2) overall, the customer comments were very favorable; and (3) in some cases, the causes of the delays are outside of OMA's control. Nevertheless, we believe that DMS should carefully consider these comments and determine what improvements might be made. Related to the customer comment about occasionally having to remind DMS staff about certain outstanding actions, we note that DMS staff do not universally maintain logs or other records of pending actions. This is discussed further below.

b. With regard to records management, four OMA customers indicated a need for more outreach and education on (1) what records must be maintained (e.g., e-mails as system of records, hard copy of calendars, electronic vs. paper records), and how long certain records must be maintained. One of these customers suggested using posters or sound bites to inform about records retention.

We understand that OMA gives periodic seminars on records management. We also observe that the records retention schedules, which are maintained on the OMA Web site, are fairly cumbersome to use. There are a large number of schedules that pertain to different types of NIH records, and it may not always be readily apparent as to which schedules apply to certain types of records. We understand that DMS recently presented a summary chart to a number of Administrative Officers (AOs) on various records retention schedules. Also, OMA is working with the NIH Office of the Director to develop a contract for the evaluation of records management practices in the various OD offices.

c. Concerning manual issuances, one customer commented that, in some cases, other organizations, e.g., OHR and CIT, maintain their own

policies, separate from OMA. The customer suggested that OMA should be the central repository for all NIH-wide polices.

d. In the electronic survey, one customer expressed a need to update outdated manual chapters. There is an NIH requirement to review all manual chapters for possible updating at least every 5 years. We understand that OMA typically sends out a reminder every year regarding manual chapters that have not been updated in 4-5 years and more than 5 years. However, because of other priorities, this reminder may not go out every year.

e. Other customer suggestions for improvements about DMS operational services offered in the survey and interviews are presented in Appendices I and II.

4. DMS has the following employee staffing for the major functions:

- A-76- five FTEs (including one vacancy), plus the Division Director has been spending 60%- 90% on this function.
- Regulations, Federal Register- one FTE.
- Organizational Changes, Forms Management- one FTE.
- NIH Manual Issuance, OMA Web Site Maintenance- one FTE. (This individual actually works 60 %.)
- Records Management- one FTE.
- Delegations, Privacy Act, Employee Suggestion Program- one FTE. The Division Director is the actual Privacy Act Officer.

5. DMS functions are diverse and specialized. Although some staff have been asked to cover for selected functions when the staff member normally responsible for the functions is away (e.g., recently for the regulations and Federal Register functions), back-ups have not been formally designated. In fact, the Division Director serves as the unofficial back-up for most of the functions- although his ability to do this is limited by his heavy commitment to the A-76 function. The absence of back-ups puts DMS at risk for timely performance of required functions when a staff member is away or leaves the organization. Four OMA staff commented on the need for back-ups.

6. In an effort to support job performance when staff members are away, DMS has developed written procedures for three of the functions- regulations, Federal Register, and records management. These represent a very good start in providing

a useful job aid to assist performance of the functions when the responsible staff member is away. Based on our review, these have certain needs for improvement:

- The procedures include attachments, e.g., examples of forms, but do not refer to them specifically in relevant parts of the text. Providing a link to attachments would improve understanding of the function.

- The procedures do not provide an overview of the function and document, e.g., purpose of the function, major tasks, organization and contents of the procedures, etc. Inclusion of this would improve understanding and readability.

- Some of the procedures do not use numbering. The use of numbering would enhance readability and understanding.

- The records management procedures do not appear to cover all the activities of the function. Only the processing of Records Transmittal Requests and Destruction Notices is covered.

- The procedures on processing regulations could explain more clearly the differences between the three types of possible response- concur, concur with comments, and non-concur; as well as the procedures for synthesizing and "negotiating" comments.

7. Some of the DMS staff performing the operational functions do not maintain a log or other record of incoming tasks, e.g., organizational changes, delegations, and forms issuances. We understand that regulations, manual issuances, and certain records management actions are tracked via automated systems. While this may not be practical- or useful- in the case of very high volume functions, such as the processing of Federal Register notices, it would be useful for other functions as a means of (1) tracking the time to respond to requests; (2) reminding staff of actions that need to be taken; (3) responding to inquiries about the status of an action; and (4) preparing DMS reports of activities.

8. The A-76 program management function was rated less highly than the DMS operational functions. We would note that both the customer ratings in the electronic survey and the comments in the survey and customer interviews may have been influenced to some extent by views toward the A-76 program in general.

   a. In the electronic survey, the mean ratings for usefulness, quality and timeliness for the A-76 program management function were 3.46, 3.15, and 2.76 respectively. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The median ratings were good for usefulness, quality, and timeliness.

b. Comments in the customer interviews were very favorable about the efforts of the DMS Division Director (the A-76 project leader) and other staff in what was stated to be a "difficult" position. (eight people) Examples of comments include:

- Division Director has done excellent job in a difficult position. Advice has been responsive and quite good. Division Director has done extraordinary job in managing the process, and has been very good in diffusing situations, resolving concerns, and responding to hostile questions.

- An absolutely outstanding job.

- A-76 staff are very knowledgeable.

- Staff has done a tremendous amount of work.

c. There were also a fair amount of criticism and suggestions for improvement on the A-76 function. (nine people) As indicated above, most of these appear to be directed at the program in general, as opposed to the OMA role in managing it. One interviewee stated that, in offering her concerns, it was difficult to separate the OMA role in managing the process from the overall program. Examples of customer comments include:

- A-76 contractor could have been more effective, e.g., in providing more experienced staff, in performing more work themselves on the Performance Work Statement (PWS) and the Most Efficient Organization (MEO) Study, and in providing more expertise in organizational redesign. (four people)

- Division Director is not in a position to make strategic decisions, e.g., number and selection of positions to classify as commercial and be subject to A-76. No one is looking at the big picture, i.e., whether NIH is or should be bearing more than its fair share of positions subject to A-76. (one person)

- Communications regarding the implementation (e.g., timing) of the MEO could have been more effective. (one person)

d. Six OMA customers suggested that OMA needs more staff for the A-76 function. (We understand that DMS is in the process of filling two positions.)

e. Our contract did not include an OMA-wide staffing analysis; as such, we cannot comment on the expressed need for more A-76 staff. However,

based on these and other comments, it appears that there is a need for OMA to strengthen its in-house and contractor capabilities for this difficult program, including the provision of more expertise in organizational redesign. We understand that OMA is planning to retain a second contractor to assist in the implementation of the MEO.

Recommendations- DMS

(Note: Items designated with an asterisk are high priority recommendations.)

1.* Designate formal back-ups for each DMS function, i.e., one person to serve as back-up for each function when the primary staff member is away. This would involve:

   a. The back-up staff member would receive training and practice in the other function(s) by (1) sitting with the primary staff member initially for 2-3 hours to learn the basics of the job; (2) reviewing the procedures for the function once they are developed; (3) reading the bi-weekly reports on the function prepared by the primary staff member; and (4) sitting with the primary staff member and actually performing the secondary function on a periodic basis, e.g., 1 day every 3 or 4 months.

   b. Each staff member would serve as back-up for no more than two functions.

   c. DMS should inform other NIH offices of the primary and back-up staff for each function.

   d. DMS should consider job rotations for those staff that show interest to supplement the above in ensuring adequate back-up for each function.

2.* Develop written procedures for each DMS function. These should include:

   a. 2-5 pages of text.

   b. Use of numbering scheme.

   c. Overview, indicating purpose of the function, major tasks, and organization of the document (topics covered).

   d. Step by step procedures, organized by major task or type of task, indicating the step, timing, conditions on performing, use of forms, communications with other OMA staff or other NIH offices, etc.

   e. Attachments (e.g., examples of forms) linked to text.

f. Contacts (who to contact with questions) and references.

3.* Develop automated logs and/or tickler files for all operational functions requiring actions, other than very high volume functions such as the processing of Federal Register notices. Such logs would record the date and source of the request, requirement, or inquiry; date of response or completion of the action; and any notes regarding special issues. For those functions that do have automated tracking systems, revise them as appropriate to include the above information. There are various As indicated above, we believe this will help in (1) tracking the time to respond to requests; (2) reminding staff of actions that need to be taken; (3) responding to inquiries about the status of an action; and (4) preparing DMS activity reports.

Both Microsoft Access and Microsoft Outlook could support this feature. Outlook may be superior because it can generate automated reminders of when certain actions are due.

4.* Develop streamlined presentation of records retention schedules.

a. Review and resolve any special records retention issues, such as those relating to calendars, e-mails and other electronic records.

b. Develop streamlined presentation of records retention requirements for different types of records.

c. Disseminate the streamlined presentation of records retention requirements to the ICs.

d. Use a contractor with expertise in records management to assist in the above, as appropriate.

5.* Ensure that OMA is the repository for all NIH-wide policies, including those maintained by OHR and CIT that OMA may not have. Request that the DDM remind the ICs and OD offices about this requirement.

6. Ensure that the reminders regarding manual chapters requiring review and update are sent out every year.

7.* Perform a staffing analysis of the A-76 program management function (internal and contractor). Based on the results, adjust staff as appropriate.

8. Review all customer comments regarding the DMS operational functions and the A-76 function from the electronic survey and the interviews, and determine appropriate actions.

B. Findings and Recommendations- Division of Outside Review and Liaison (DORL)

Findings- DORL

1. As indicated in Chapter II, the primary functions of the Division of Outside Review and Liaison are: (1) GAO/OIG audit liaison, and (2) GAO/OIG/DPI audit follow up. In addition, under the overall direction of the Director, OMA, DORL has the lead responsibility for the Classified Security Officer (CSO) function. DORL staff also perform other selected tasks, such as tracking IC compliance with the requirements of the NIH Employee Orientation Program, and special projects.

2. The audit liaison function is judged to be very good-excellent by OMA's customers.

   a. In the electronic survey, the mean ratings for usefulness, quality and timeliness for audit liaison were 4.29, 4.07, and 3.92 respectively. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The median ratings were usefulness- excellent, quality- excellent, and timeliness- very good. Audit liaison was one of the highest-rated OMA services.

   b. Comments offered in the customer interviews indicated that OMA is very useful and effective in identifying interviewees, identifying needed financial inputs, arranging meetings, getting the right people to the table, and coordinating Agency responses to draft audit reports. OMA audit liaison staff were said to be very knowledgeable and very good. (six people) Two customers commented about the usefulness of the monthly summary of GAO reports issued by DORL as part of the audit liaison function. In the electronic survey, a respondent commented that "The quality of OMA's assistance regarding GAO reviews has been very high, timely, and appreciated."

   c. As indicated in Chapter II, two customers commented that OMA rates very well in comparison to other audit liaison organizations.

   d. Suggestions made about audit liaison in the customer interviews included providing documentation on the audit liaison process, providing more information about the context for preparing comments to draft audit reports (e.g., results of similar reviews), ensuring that all staff making comments on the draft reports receive a copy of the final response, and providing more assistance in structuring and following up on the data collection plans of the audit agencies- GAO and the OIG. Each of the suggestions was made by a single interviewee.

3. The level of staffing of the audit liaison function was identified as an issue by OMA management at the start of the study. As indicated above, this function is judged by OMA's customers to be to be very useful and of high quality, and and has highly experienced staff. Our review suggests that this function is overstaffed.

   a. While there was variation in the allocations provided by the three audit liaison staff, the staffing assigned to this function appears to range from 2-2.5 FTEs.

   b. Two of the three audit liaison staff indicated that the function is overstaffed, and that they could be busier.

   c. Our own independent analysis (based on estimates provided by one staff member of the approximate time for 13 separate audit liaison tasks) indicated about 32 person-hours per audit. Based upon an estimate of 50 audits per year, and additional time of 4 hours/month for preparation of the summary of GAO audit reports, this amounts to about 1,650 hours-about one FTE. (Note that the estimate of 50 audits per year reflects about 50 active cases for which audit liaison work is being conducted at any one time. This represents a combination of (1) "old" cases started in the previous year and completed in the current year; and (2) "new" cases started in the current year and completed in the next year.) Although this analysis is rough, it tends to confirm that the function is overstaffed.

4. The audit follow up function is also judged positively by OMA's customers, although not as highly as the audit liaison function. This function involves following up on the status of recommendations made in GAO, OIG and DPI audit and review reports.

   a. In the electronic survey, the mean ratings for usefulness, quality and timeliness for audit follow up were 4.09, 3.83, and 3.70 respectively. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The median ratings were very good for usefulness, quality, and timeliness.

   b. In the customer interviews, one individual commented that the analyst recently assigned to the audit follow up function was very thorough and persistent and had done an excellent job. However, one customer expressed a need for OMA to inform the ICs about the status of implementation of the recommendations in the audit reports. Particularly if recommendations dealt with systemic problems, the interviewee stated that ICs would like to know if the recommendations were implemented and the outcomes, i.e., if the problems were corrected. This is especially desired on recommendations dealing with management controls and

grants. Another customer indicated that audit follow up was a problem in the past, but appeared to be getting better.

5. While the DORL staff member assigned to the audit follow up function has been busy over the past several months following up on "old" DPI cases related to a Congressional inquiry, and following up on new cases, the workload does not seem sufficient to support one FTE. Our own analysis (based on estimates provided by one staff member of the approximate time for ten separate follow-up tasks) indicated about 10 hours per audit. Based upon an estimate of 50 GAO/OIG audit reports, 25 DPI reports (with recommendations) and five DQM management control reports per year, this amounts to about 800 hours. According to DORL staff, the Employee Orientation Program tracking task accounts for another 2 hours/month.

6. DORL staff have expressed a desire to develop written procedures for both the audit liaison and audit follow up functions. We concur with this - as a means of orienting new staff and supporting performance of the functions if the primary staff member is away. As indicated above, one customer indicated a need for documentation on the audit liaison function, including expectations for IC responses to draft audit reports. A rough draft of the procedures for the audit liaison function has been developed. Our review suggests that considerable editing of this document is required.

7. The CSO function was created a little over 1 year ago. Key tasks have included informing NIH staff about the new function and security requirements, developing security procedures, setting up training for NIH staff, etc. Two DORL staff and one DPI staff member are working part time on the function. The DORL Division Director is serving as the Project Leader, under the overall direction of the Director, OMA.

8. Probably because of the newness and specialized nature of the CSO function, the number of customers who rated this service in the electronic survey was small (six respondents), and less than for any of the other 15 functions. The customer ratings were fairly good, and the comments in the customer interviews were very favorable.

   a. In the electronic survey, the mean ratings for usefulness, quality and timeliness for the CSO function were 4.33, 3.50, and 3.20 respectively. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The median ratings were usefulness- very good-excellent; quality- good-very good; and timeliness- good.

   b. In the customer interviews, one interviewee (representing the IC which has been the biggest user of this service) commented that OMA has been "great" in the CSO function. This customer indicated that OMA staff performing this function have been very responsive, and that NIH has

been struggling to get the CSO program up in running with very few resources.

c. One customer indicated the following needs for the CSO function:

- Agency needs to establish a process for making decisions on what documents should be classified, and who can classify documents.

- NIH needs to establish a clearer link between the CSO function and the NIH Security office, which is responsible for physical security. There may be information aspects related to physical security that should be classified, e.g., physical drawings that show secure facilities.

9. Substantial progress has been made on the CSO function. However, a detailed project plan listing the tasks, products, schedules and responsibilities for this function has not been completed and is not being monitored. Such a plan would be very useful in ensuring that all required tasks are performed in a timely manner.

10. DORL staff members commented on the need to upgrade the audit liaison database (one staff member) and the DPI database for tracking follow-up (one staff member). We understand that OMA has held discussions with the CIT regarding work on the audit follow up database, and has requested funds for this effort.

Recommendations- DORL

(Note: Items designated with an asterisk are high priority recommendations.)

1.* Streamline the staffing of the audit liaison function to the equivalent of one FTE. Assign other tasks (e.g., assistance on DPI or DQM reviews) to DORL staff involved in this function.

2.* Determine the best way to staff the audit liaison function, e.g., one person performing the function full time or two people half time. Toward this end, OMA should conduct benchmarking visits to other DHHS offices with centralized audit liaison offices, such as FDA and CDC, to determine how the audit liaison function is performed and staffed. (Two OMA staff also suggested this.) We believe that the use of two part time people would be preferable than one full time person, since this would better enable OMA to respond to peak demands and to provide a back-up for the function.

3.* After the audit follow up function is fully developed, assign another task to the individual responsible for this function to fill out the workload. This could include developing summary reports (with support from an automated system) on the status of implementation of recommendations, as indicated in item 5 below.

4.* Add management control review reports to the audit follow up function.

5.* Provide information to the ICs on the status of recommendations included in GAO, OIG, DPI and DQM (management control) audit/review reports.

a. Prepare and issue a semi-annual report to the ICs, briefly indicating the audit/review issues, results and status of recommendations. This would be supported by the audit follow up database, as indicated below. (Note that this report would not include specifics on individuals as frequently presented in DPI "internal" case reports, but would focus on organizational recommendations.)

b. Include the above information in the audit follow up database. This could have "read only" access for the ICs.

6.* Complete the development of the procedures for the audit liaison and audit follow up functions. Assign one of the senior DORL staff members to assist in this task. Use the OMA Reports Analyst to assist as appropriate. Set up a project plan for this task and monitor it.

7. Ensure that the final NIH response to the review of draft GAO and OIG audit reports is sent to all individuals who prepared comments.

8.* Complete the development of a project plan for the CSO function, detailing tasks, products, schedules and responsibilities. Monitor the plan on at least a monthly basis.

9.* Complete the implementation of the updated audit liaison and audit follow up databases. Set up a project plan for each task and monitor it.

10. In conjunction with the Office of Research Services (ORS), develop procedures for coordinating the security-related responsibilities of OMA and ORS.

C. Findings and Recommendations- Division of Quality Management (DQM)

Findings- DQM

1. As indicated in Chapter II, the primary functions of the Division of Quality Management (DQM) are (1) conduct of management control reviews and risk assessments; (2) conduct of management improvement reviews, usually at the request of the NIH organization; and (3) benchmarking studies. As part of its management control function, DQM develops the annual Management Control Plan and coordinates the NIH annual report for the Federal Managers Financial Integrity Act (FMFIA). Under the overall direction of the Director, OMA, DQM

has the lead responsibility for OMA's support to the Administrative Restructuring Advisory Committee (ARAC), and performs other special projects.

2. DQM's management control and management improvement reviews are judged by OMA's customers to be good-very good, and to provide useful information.

   a. In the electronic survey, the mean ratings for usefulness, quality and timeliness for management control and management improvement reviews were 3.48, 3.29, and 3.21 respectively. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The median ratings were good for usefulness, quality and timeliness.

   b. In the customer interviews, six interviewees commented favorably about the usefulness and quality of DQM's management control and management improvement reviews.

      - DQM's benchmarking comparisons of staffing and other parameters, performed as part of the reviews, were reported to be particularly useful.

      - Other positive comments were made about DQM's reviews of the SREA program (done jointly with DPI); administrative services branch in the National Heart, Lung and Blood Institute (NHLBI); Office of Research on Women's Health, and extramural activities in the National Institute of General Medical Sciences (NIGMS).

      Three customer comments on the management control and improvement reviews were less favorable, suggesting that the reviews could have been more rigorous and (in one case) more practical. One of these interviewees commented that the reviews had recently improved.

   c. Several interviewees commented favorably on working relationships with DQM staff, e.g., in terms of responsiveness, a collegial relationship on the SREA project, and as a useful resource on where to get information.

3. The annual FMFIA report compiled by DQM was judged by two customers to be very good and "very easy to understand." Comments on the annual Management Control Plan were mixed. One customer indicated that OMA does a very good job on the plan, while another customer indicted it would be more useful for OMA to propose candidate areas for management control reviews, along with the rationale, including reported problems in prior reviews.

4. DQM's work in developing or assisting ICs in developing Self-Assessment Checklists for reviewing an IC's management controls in various functional areas was judged to be very useful. (four people)

5. DQM's continuous improvement function (benchmarking, dissemination of best practices) was rated less favorably by OMA's customers than its primary function of management control and management improvement reviews.

   a. In the electronic survey, the mean ratings for usefulness, quality and timeliness for this function were 3.13, 2.86 and 2.87 respectively. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The median ratings were good for usefulness, quality and timeliness. We note that it is possible that some survey respondents may not have fully understood what this function meant. Also, DQM discontinued the maintenance of a best practices database and the monthly dissemination of best practices information several months ago.

   b. As indicated above, when performed as part of a management review, DQM's benchmarking activities are considered quite useful by its customers. However, as a stand-alone activity, two customers indicated the dissemination of best practices is not as useful, because the information may not be applicable to the ICs. One of these interviewees indicated that ICs have limited time to read such information and need direction and focus on what is important.

6. As indicated above, DQM management control and management improvement reports provide very useful information to OMA customers. With the assistance of the OMA Reports Analyst and a DQM on-site contractor, DQM is in the process of improving the quality of both the reviews and the reports. Based on our review of four DQM reports and discussions with several OMA staff, we believe the content and structure of DQM reports could be improved further. Areas for improvement include:

   - Recommendations are sometimes presented which do not relate to the findings.

   - Best practices presented sometimes do not appear to have been analyzed for effectiveness and applicability to the particular issues being studied. In some cases, the best practices appear to not relate directly to the findings, but to have been included as a separate objective of the study.

   - The reports often do not include a numbering scheme and a table of contents (TOC). The use of numbering and a TOC would improve readability.

   - The Executive Summary (ES) appears to be included in the body of the report, instead of as a separate summary. For maximum effectiveness, the ES should be clearly separate from the rest of the report.

   - The format of the reports is not consistent. A standard format would improve the quality of the reports and efficiency in preparing them.

7. In recent reviews, DQM has prepared "Review Plans" for its reviews. These are essentially protocols for conducting the reviews and include items such as review objectives, information required, information sources, analysis methods, etc. This appears to have considerable value, especially for management control reviews. However, one key missing item is a project schedule, listing the required tasks, products, and start and end dates for each task. The lack of a project schedule makes it difficult to adequately track review progress.

8. The review and editing process for DQM reports appears to be very useful in improving the quality of the reports. However, the total review time appears to be excessive.

   - Three OMA staff commented on the long review times for DQM reports, e.g., sometimes 2 months or more from the time a draft is prepared until the reviews are completed and the report is approved for issuance. (Eleven OMA staff mentioned a similar concern for DPI reports.) One report we examined indicated an elapsed time of 7 weeks for the OMA Director's review.

   - Reports prepared by a DQM analyst are reviewed by the DQM Director, the Reports Analyst and the OMA Director. Comments of OMA staff and our own review of the edits suggest that these reviews are very useful in flagging content and format issues and improving the quality of the reports. We note, however, that there are many preferential type changes. Preferential changes are those which (1) do not pertain to significant content issues or to grammatical or punctuation errors; (2) are more reflective of stylistic preferences of the reviewer; and (3) add little to the quality or usefulness of the report.

     While such changes may improve the reports slightly, we question the value of these in light of the review delays, since they may increase the number of times the report goes through the review cycle.

9. DQM staff have received guidance from the OMA Reports Analyst and OMA on-site contractors on effective review approaches, including the use GAO Yellow Book auditing standards. DQM staff have indicated that this has generally been very helpful. Two OMA staff, however, expressed concern of the rigid application of some of the auditing standards (such as requiring the presentation of the five elements of a finding on every finding) to the reviews, especially to management improvement reviews.

   We strongly encourage the use of the GAO auditing standards for DQM and DPI reviews. However, while we believe that the analyst should consider the five elements of a finding (condition, criteria, cause, effect and recommendation), the analyst should not be constrained to present every finding in terms of all of the elements. For example, in many reviews, the "criteria" for many findings is

primarily good management practice. The "cause" may be lack of knowledge or bureaucracy. Documentation of such factors would often not be very useful in developing recommendations. Thus, it could be awkward and unproductive to try and present every finding in terms of all five elements.

10. As indicated above, in the past, DQM requested best practices information from NIH organizations, maintained an on-line database of best practices, and sent out periodic reports of best practices. However, DQM did not evaluate the best practices included for their effectiveness or their applicability to particular NIH management issues. We believe this reduced the usefulness of the information. Two OMA customers made a similar observation.

    To have significant impact, best practices information should be assessed for applicability and effectiveness and should typically be tied in with another broader function, such as a plan to improve a management process.

11. DQM has encouraged its analysts to obtain training and certification in management analysis and project management. We strongly support this activity.

12. During the OMA customer and staff interviews, there were several suggestions for enhancements in DQM services- both improvements and additional services. Among the more significant suggestions were:

    - Two customers (including the NIH Deputy Director) recommended that OMA take a more proactive role in addressing management vulnerabilities in a systematic way (e.g., ethics, use of certain authorities and titles). One of these interviewees also recommended in the electronic survey "a more robust, proactive program re: high visibility ethics, program integrity issues."

    - One customer suggested that NIH, with support by OMA, should have a regular benchmarking program. Comparisons should be made annually on a range of benchmarking attributes. OMA should develop a benchmarking strategy.

    - One customer suggested that OMA should take more proactive role in encouraging the ICs to share experiences and resources re: best management practices and how ICs addressed certain management problems.

    - One customer suggested that OMA should provide results to the ICs of management control reviews performed by OMA and other offices, such as OFM.

    - Three OMA staff suggested that DQM should conduct more management improvement (i.e., organizational effectiveness and efficiency) reviews. Six other OMA staff (for a total of nine) suggested this as an "additional function" for OMA, although they did not specifically mention DQM.

- Two OMA staff suggested that DQM should support NIH-wide management initiatives, such as providing project management support to the ARAC program. Five other OMA staff (for a total of seven) suggested this as an additional function for OMA, although they did not specifically mention DQM.

13. As indicated earlier, the DDM has directed OMA to develop an expanded, proactive vulnerability assessment and management controls program. This is consistent with the first item under finding number 12.

At the same time, the conduct of organizational effectiveness and efficiency (management improvement) studies, requested by the ICs, has apparently been given a lower priority by the DDM. However, we would note that there are often commonalities in management control and improvement reviews. Many management control reviews contain recommendations for organizational, process, policy and procedural improvements. The joint DQM/DPI reviews of the SREA program and the NCMHD could be considered either control or improvement reviews. We expect that OMA will continue to perform such reviews; however, these more likely will be at the request of the NIH Director or the DDM, as opposed to the ICs.

Recommendations- DQM

(Note: Items designated with an asterisk are high priority recommendations.)

1.* DQM should perform the following priority activities:

a. Development and conduct of a proactive vulnerability assessment and management controls program. (See recommendation 3 below for more detail on this program.)

b. Conduct of vulnerability assessments and management control reviews.

c. Support to the Deputy Director for Management on NIH-wide management initiatives, such as the ARAC program.

d. Development and implementation of a focused benchmarking program. (See recommendation 4 below for more detail on this program.)

2. Assign a lower priority to, but retain the capability to conduct management improvement reviews, and provide limited assistance to the ICs in such reviews.

a. As indicated above, based on the direction of the DDM, a lower priority for DQM is the conduct of management improvement reviews. However,

there is clearly overlap in the features of management control (a priority function) and management improvement reviews.

b. OMA's customers, in general, rated the usefulness and quality of the DQM's management improvement reviews fairly high. A large number of OMA staff suggested that OMA perform more of these studies.

c. It is possible that some studies of this type could be requested directly by the Director, NIH or the DDM.

d. Accordingly, we recommend that DQM play a limited role in this function- by assisting the ICs in identifying contractor support and serving on project review teams for such studies. Should the priority for this function change, or should such reviews be requested by the NIH Director or the DDM, OMA should be prepared to perform such studies, using contractor support as appropriate.

3.* Develop and implement a proactive vulnerability assessment and management controls program. This would include a process to identify and prioritize areas of management vulnerabilities. We note that under the overall direction of the Director, OMA, DQM has begun working on this activity. To carry out this program, OMA should:

a. Conduct a benchmarking review of the ICs and other Federal and private sector organizations to identify comparable risk assessment programs. We have earlier reported one such program to OMA- that conducted by NINDS. This program was set up with the assistance of a risk assessment consultant and involves the following:

- Six risk assessment groups meet semi-annually to review and identify risks. Groups include clinical research, information (including IT), financial management, ethics, workplace issues, and political and public support. About six-eight people are on each group. Based on the deliberations of these groups, management control reviews and other studies may be undertaken to assist in determining and prioritizing risks.

- A Risk Management group, composed of the Institute Director, Deputy Director, EO and others, reviews the recommendations of the risk assessment groups and decides on what risk mitigation projects will be undertaken.

b. Review the activities and results of NIH committees and panels established to review various ethical issues. Certain ethical issues may more appropriately be reviewed by these organizations as opposed to OMA. OMA needs to identify such issues to avoid duplication. However,

there may be processes used by these groups that could be useful for OMA to adapt.

c. Based on the above, establish a program to identify and prioritize areas of management vulnerabilities.

d. Integrate into the program the following current OMA activities:

- Development of annual Management Control Plan. If OMA continues to solicit IC suggestions on management control reviews to perform, we recommend that OMA propose a number of candidate reviews for consideration by the ICs. It is often easier for organizations to react to suggestions than to identify areas themselves.

- Preparation of annual FMFIA report.

- Assistance to the ICs in developing self-assessment checklists and review guides for performing internal reviews of their management controls. Based on our own review of these tools and comments from OMA customers, these appear to be very useful, and DQM should continue to assist in their development.

- Conduct of vulnerability assessments and management control reviews.

4.* Develop and implement a focused benchmarking program. This would involve the conduct of selected benchmarking studies across NIH and other Federal agencies on such issues as staffing for selected functions, methods of performing functions, and organizational designs. To carry out this program, OMA should:

a. Survey the ICs (including EOs and GMOs) on their benchmarking needs.

b. Review the activities and results of the best practices program conducted by the Extramural Management Programs Committee (EPC).

c. Develop a benchmarking plan of studies to be conducted.

d. Conduct benchmarking studies consistent with the benchmarking plan.

e. Review the results of management control reviews, and identify systemic findings and recommendations that would be of interest to organizations NIH-wide.

f Disseminate (through presentations and brief reports) to the ICs (including EOs and GMOs) the results of the benchmarking studies as well as the results of management control reviews that are applicable NIH-wide.

The OMA Director has suggested that a benchmarking program might more appropriately be the responsibility of the Office of Strategic Management Planning (OSMP). In reviewing the OSMP Web site, we did not see benchmarking specified as an OSMP function. However, we are aware that OSMP has performed one or more benchmarking studies, e.g., in developing staffing indicators for various administrative functions. Although their focus appears to be in human capital planning, we believe an expanded benchmarking program is plausible for OSMP.

OMA's benchmarking work, when performed as part of a management review, has been well received by OMA's customers. It is highly likely that OMA will continue to perform selected benchmarking as part of broader initiatives, such as the ARAC program and vulnerability assessment and management controls program. Since focused benchmarking (including the identification of best practices) is valued by some OMA customers, OMA should consider this as a priority function.

5.* Revise the structure of DQM reports.

a. Include a 1-2 page Executive Summary (ES) for larger reports, e.g., ten pages or more. It should be separate from the body of the report, and include a brief statement of the purpose of the review, a brief statement (one sentence) of the methodology, and a summary of key findings and recommendations. For large reports, e.g., 40 pages or more, the ES can be longer. However, few DQM reports will be that large.

b. Include the following topics in the body of the report:

- Introduction- background and purpose of the review and the methodology.
- Findings.
- Recommendations (may be combined with findings or presented in a separate section).
- Supporting appendices.

c. If recommendations generally apply to single findings, the recommendations should follow after each finding, and the findings and recommendations should be presented in the same section. If, as is the case in this report or the SREA report (and most management improvement reports), there is not a one to one relationship of the findings and recommendations and individual recommendations generally apply to

multiple findings, the recommendations should be in a separate section or chapter.

d. The above topics can be formatted as sections or, for larger reports (e.g., ten pages or more), as chapters. Chapters should start on a new page.

e. Use a numbering scheme, e.g.:

- For chapter format- I., A., 1., etc.
- For section format- A., 1. a., etc.

f. Include a table of contents for larger reports, e.g., ten pages or more.

g. Use a single type font in the main text.

h. Include best practices only if they (1) are specifically related to a finding; and (2) have been reviewed for effectiveness and applicability. Best practices should typically be supportive of a recommendation, as opposed to a stand-a-lone recommendation unrelated to a finding.

i. Ensure that all recommendations relate to at least one finding. Ensure that all findings on improvement needs have a related recommendation.

6.* Continue to develop Review Plans for Management Control Reviews. Supplement the Review Plans with a Project Schedule (1-2 pages).

a. Project Schedule should contain:

- List of major review tasks (e.g., kick-off meeting, document review, interviews, analysis, and report preparation).
- Schedule (start and end dates, or completion dates for each task).
- Products (deliverables) (may be included in tasks).
- Staff responsibilities.

b. Monitor review progress regularly (e.g., on a bi-weekly or monthly basis) against the project schedule.

7.* Continue to follow the GAO Yellow Book standards in conducting reviews, but apply certain features selectively, depending on the nature of a review. For example, while it is useful to consider findings in terms of the five elements included in the GAO Yellow Book, not all of these elements may be applicable to

every review and every finding. Accordingly, it may not necessary to document every finding in terms of all five elements.

8.* Streamline the report review process:

a. Reduce preferential changes in the review and editing of report drafts.

b. Establish a target maximum time of individual reviews of draft reports of 2 weeks- or preferably 1 week.

D. Findings and Recommendations – DPI

Findings- DPI

1. As indicated in Chapter II, the primary function of the Division of Program Integrity (DPI) is to conduct reviews of allegations of employee misconduct and mismanagement and misuse of grant and contract funds. DPI staff also participate in management control and management improvement reviews, such as the reviews of the NCMHD and the SREA program.

2. DPI has the largest staffing of all of the OMA divisions. DPI currently has 16 staff members, including two Team Leaders, 13 analysts, and a Management Assistant. Three of the analysts are on-site contractors. As indicated earlier, the Director, OMA is the Acting Division Director, DPI.

3. The usefulness and quality of DPI reviews are judged by OMA's customers to be very good.

a. In the electronic survey, the mean ratings for usefulness and quality were 3.88 and 3.56 respectively. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The median ratings for usefulness and quality were very good.

b. Comments in the customer interviews referred to the high value and quality of DPI reviews. Comments included: "an incredible resource;" "value is high and quality is excellent;" "reports are very good;" "analyst was very efficient and very much on top of things;" "reports are straightforward and thorough; "quality is excellent; "generally a good job." (six people)

c. Seven DPI staff were mentioned specifically in the customer interviews for the high quality of their work. These included the Acting DPI Division Director, the two Team Leaders, and four analysts.

d. While acknowledging the overall very good quality of DPI reports, two customers indicated that the "quality varies." One of these interviewees

indicated that reports from new DPI staff are not as good as others, i.e., are not as substantive or well-written. However, this customer commented that DPI review reports have improved under the OMA Director, and that the Director holds OMA staff to a "higher standard."

e. Two OMA customers (one in the electronic survey and one in the interviews) suggested that DPI could improve the value of its reviews by providing more subject matter expertise as needed.

- In the electronic survey, one customer commented about DPI: "needs more subject matter experts, or staff need to be better informed of details of areas being reviewed and written up. Believe that main points and/or abuse/misuse may be occurring and due to lack of knowledge, not caught."

- In the customer interviews, one customer suggested that because DPI did not have subject matter expertise in the "culture of the peer review process," it added little value to a review it performed of a conflict of interest for someone on the IC's Board of Scientific Counselors. However, DPI was "very responsive" to the IC in the review.

We would observe that DPI staff provide primarily auditing/management analysis, and (for external cases) grants management expertise. Auditors and management analysts should normally be able to acquire the necessary knowledge about the subject matter of the review through review of documentation and interviews with program staff. However, we believe that DPI could benefit on some reviews by making greater use of internal NIH experts to provide selected subject matter knowledge. This could include additional program staff in the IC where the review is being conducted, or contacts with experts in other ICs.

5. The timeliness of DPI reviews was rated lower than usefulness and quality by OMA's customers.

a. In the electronic survey, the mean rating for timeliness was 2.80. (Rating scale was 5- excellent, 4- very good, 3- good, 2- fair, 1- poor.) The median rating for timeliness was good.

b. Six customers in the interviews and two other customers in the survey indicated that timeliness of DPI reviews was a significant concern. One of these customers indicated, however, that timeliness had improved.

c. DPI staff have been working on improving the timeliness of their reviews. In fact, the average time for DPI to close cases has been reduced in the last 2 years. For example, as of April 30, 2004, the average number of months per case was 14.4 months. This was down from 15.4 months as of

November 25, 2003; 17.6 months as of October 28, 2003; and 19.1 months as of January 28, 2003. (Note that the time per case had actually declined further- to 12.0 months as of February 20, 2003.) The Director, OMA has cited the increase in DPI staffing as a major factor in the reduction of average time per case. While this reduction is appreciable, we believe that DPI should work to move the average time per case to 8-9 months.

d. Besides delays in receiving information, we believe that there are several factors contributing to the problems in the timeliness of DPI reviews:

- The large caseload of DPI, including a large number of relatively minor, low priority reviews that do not result in recommendations. (This is the most significant factor.).
- The lack of a standard report structure and format.
- A somewhat cumbersome and inefficient report review and editing process.
- The time demands on the Director, OMA resulting from performing the dual roles as the Office Director and the Acting DPI. Division Director. This may occasionally cause delays in the OMA Director beginning the report review.
- Other factors, e.g., the practice of issuing two drafts of a Final Advisory report, which are reviewed separately by the subject of the review and the IC, instead of one draft.

Recommendations to address the time demands of the Director, OMA were presented in Chapter II. The other factors are discussed further below.

6. The DPI review priority ranking scheme needs to be revised.

a. DPI uses a criteria ranking scheme to set priorities for its reviews. Based upon the number of "yes" answers to five questions, DPI assigns a priority (1, 2 or 3) to the review. The five questions are:

- Does the review require extensive investigative expertise?
- Does the allegation involve senior level NIH officials and/or imply the possibility of a major embarrassment to the NIH (media or Congressional attention)?
- Are the dollars at risk or actually lost more than $10,000?

- Is there an immediate priority to conduct review? (need to immediately stop someone from taking resources: a current and continuing problem)

- Is there a possible criminal violation?

Priority 1 reviews are given the highest priority. However, DPI's policy has been to review all cases, except those involving criminal violations. Note that some cases, primarily those with a priority 3, are referred to the IC or NIH Office of the Director for review. However, the number of lower priority cases under review by DPI is substantial. The table below indicates the priority breakdown for open cases at two different dates.

Case Priority	**December 1, 2003**	**March 30, 2004**
Priority 1	27 cases (26.7%)	21 cases (27.2%)
Priority 2	35 cases (34.7%)	26 cases (33.8%)
Priority 3	39 cases (38.6%)	30 cases (39.0%)
Total Open Cases	101 cases	77 cases

b. Nine OMA staff suggested that DPI should do a better job of prioritizing cases "up front" and "weed out unproductive cases." Examples of staff comments were:

- "80% of the cases are bogus. Half of the remaining 20% are appropriate to review."

- "DPI should get approval from the DDM not to review certain cases, e.g., those involving small dollar amounts, SBIR grants, etc."

- "Differences between priority 1's and 2's are unclear. Priority 3's shouldn't be reviewed at all."

- "Perhaps the priority scheme should be changed to reflect "cost-benefits."

- "Criteria should be established, and only those cases to which DPI's limited resources can make a difference should be retained. The remainder, if they deserve doing, should be given to the NIH IC or the grantee to investigate. DPI could then ask for periodic status reports, a copy of the final report, and associated work papers."

c. Five OMA staff said they do not pay attention to the priority ranking, especially between priorities 2 or 3.

d. Our own analysis also suggests there is a need to revise the priority scheme. For example, the current scheme indicates if there is one yes

answer to the five questions, the review is assigned a priority 3. Yet, each of the five factors by itself may constitute an urgent need to conduct the review, and thus warrant a high priority.

e. The issue of whether DPI could choose not to conduct a review of all cases (or not a full review) was raised during the customer interviews. Two customers stated that there is "no requirement" for OMA to review all cases. Fourteen customers indicated that OMA could prioritize and triage its cases, decide not to review some, and refer some back to the ICs- under certain conditions. Some of the conditions stated were:

- Certain sensitive cases, including cases involving IC managers at division director and above, would still need to be reviewed by OMA. (three people)

- There is a real need for independence on some reviews, which only OMA can provide. ICs may not have the proper perspective to review such cases. (two people)

- Smaller ICs may not have staffing to do their own reviews. OMA would need to provide training and guidance to smaller ICs to perform reviews. (two people)

- There would need to be an explicit policy, including written criteria, regarding cases that OMA would not review and/or refer back to the ICs. (three people)

- Criteria in selecting cases not to review or refer back to the ICs should include: (1) risk to NIH; (2) dollar amount; and (3) perception in NIH, i.e., what issues are "hot" currently. (five people)

- Maybe give ICs the option. Ask them if this is something they want to pursue, or want OMA to pursue. OMA could negotiate with the ICs on case by case basis, considering the complexity of the issue and other criteria. (two people)

- Simple, lower priority cases could be referred to the ICs. (three people)

- ICs could review certain cases and report back to OMA. OMA should perform quality control of reviews done by the ICs. (two people)

- Some cases may not need to be reviewed at all- by either OMA or the ICs, e.g., a non-monetary issue where the grant is ending. If there is no materiality, case should not be reviewed. (two people)

- If there is insufficient information, OMA should close out the case. Three days of gathering information to identify the grantee (subject of the allegation) is excessive and wasteful. (one person)

f. We believe that, of all of the issues on DPI services raised by DPI staff and OMA customers, improving the prioritization of cases, including eliminating many of the unproductive cases, represents the greatest potential for improving the efficiency of the division. Based on our staff interviews, we also believe that working on an appreciable number of what may be considered "unproductive cases" has a negative impact on staff morale.

Notwithstanding these factors, DPI must have a sound basis for prioritizing cases, determining not to review certain cases, or referring certain cases to the ICs- that can withstand the scrutiny of NIH management and outside review organizations.

7. As indicated above, DPI reports are considered very useful by OMA's customers. The quality of the reports is also considered to be fairly high. Several DPI staff commented that the OMA Reports Analyst has made a significant positive difference in the quality of the reports. Our review of eight DPI reports indicates that they are, in general, well organized and well-written. Based on our review, we believe that further improvements can be made in the report structure.

a. The Executive Summary (ES) is typically included in the body of the report, instead of as a separate summary. For maximum effectiveness, the ES should be clearly separate from the rest of the report.

b. In some cases, the ES contains more information on the allegations than the "Statement of Allegations" in the body of the report. In one case, the ES referred to an appendix of the report. As a summary, the ES should present highlights of the report, rather than extensive detail. Appendices should be introduced in the body of the report, not the ES.

c. The reports typically do not include a numbering scheme and a table of contents (TOC). The use of numbering and, for longer reports (e.g., ten pages or more), a TOC would improve readability.

d. Some of the reports are internally inconsistent in their use of bullets, dashes and, where used, numbers. Internal consistency would improve the readability of the reports.

e. The reports vary in their presentation of applicable criteria:

- In some cases, the text of the applicable regulation or policy was presented in full in the body of the report, including parts that were not relevant to the case.

- In other cases, the relevant part(s) of the applicable regulation or policy were presented in the body of the report, with the full text in an Appendix.

- In one case, the applicable regulations and policies were presented only in an appendix, which was referred to in the body of the report.

We believe that readability would be enhanced by including only the relevant parts of the applicable criteria in the body of the report. Including the full text in an appendix is optional and appropriate only if its inclusion would enhance credibility and support for the findings.

One OMA staff member raised the issue of whether the criteria presented should include only the lowest level applicable policy or regulation. For example, if there were a NIH policy and OMB regulation pertaining to an issue, only the NIH policy would be stated. While we recognize that this idea has merit, we believe that including the higher level criteria adds to the credibility of the finding, and thus both the higher and lower level criteria should be provided.

f. While there is some variation, the reports typically include the following sections:

- Executive Summary.

- Statement of Allegations.

- Scope and Methodology.

- Discussion of Issues. For each issue (i.e., allegation):

  - Restatement of issue.
  - Conclusion.
  - Applicable regulations, policies or procedures.
  - Evidence supporting the conclusion.
  - Recommendation(s).

- Appendices.

While the above are all appropriate and useful sections, we believe improvements can be made in their organization. We believe that

improvements in the report structure would improve both the quality and timeliness of the reports.

7. The DPI report review process involves a sequential review cycle involving the analyst, Team Leader, Reports Analyst, Secretary to the OMA Director, and OMA Director. While there is variation, the sequence for review and revision appears to be the analyst, Team Leader, analyst, Reports Analyst, analyst, Team Leader, Secretary to the OMA Director, OMA Director, Team Leader, analyst, Management Assistant, and "Yellow Box" review (Reports Analyst, analyst, Team Leader, OMA Director). Often the Reports Analyst reviews changes made based on the OMA Director's review. Occasionally, the OMA Director may review and make changes more than once, which frequently causes the sequential review process to be repeated.

   While acknowledging that the review process improves the quality of the reports, many DPI staff believe that the process is cumbersome, unnecessarily complex, and a contributing factor to the lengthy time to issue reports. We agree that it is a factor, though no means the only factor.

   a. Twelve OMA staff mentioned the need to streamline the report review process, including reducing the number of hand-offs. Among the staff comments and suggestions were:

      - Reduce layers of review. Some changes can be made without going back through the entire review process.
      - Reduce preferential changes.
      - Allow certain documents to be signed off by the Team Leader, instead of the OMA Director (see below).
      - Instead of going back through the report with changes multiple times, conduct a 30-minute meeting to resolve the differences.
      - Although the Reports Analyst's changes are useful, basically the Reports Analyst and Director, OMA are doing the same thing in their edits. (We note that the Reports Analyst is involved in the review process at a much earlier stage. Changes made by the Reports Analyst are both content and editorial in nature, and are usually more detailed than changes identified and made by the OMA Director. The OMA Director also makes content and editorial edits.)
      - Have the analyst make all changes- to better understand the nature of he changes and to ensure that the changes are appropriate.

- Have certain editorial changes made by the Management Assistant or Secretary to the OMA Director, as opposed to the analyst. Examples include inserting spaces and putting in the proper office name.

b. OMA staff indicated the turnaround time for the Reports Analyst in report review is 2-3 days. The time for the Team Leader can take 1 week or more, and the time for the Director, OMA can take 2 weeks or more. As indicated above, that the dual roles of the OMA Director can affect the time it takes to start and complete a report review.

c. Our review of DPI report edits on several reports suggests that there are some preferential changes that add limited value and could be reduced. Note that these are in the minority of changes made. (As indicated above, preferential changes are those which (1) do not pertain to significant content issues or to grammatical or punctuation errors; (2) are more reflective of stylistic preferences of the reviewer; and (3) add little to the quality or usefulness of the report.) On the other hand, changes reflecting errors in grammar, punctuation or editing conventions are important and should be made.)

d. Without commenting on each of the DPI staff suggestions, we would suggest that the report editing and review cycle should be examined further and revised to improve efficiency.

8. The requirement for the Director, OMA to review certain documents needs to be changed. Three OMA staff suggested that the Team Leader (instead of the Director, OMA) could sign off on certain documents, such as Administrative Closure reports and Information Collection Requests (ICRs). We agree with this idea for ICRs; however, steps may need to be taken to ensure the quality of these documents. For example, one OMA staff member commented that, occasionally, ICRs are not tailored and contain information extraneous to the case at hand.

   One OMA staff member commented that certain documents such as Administrative Closure reports and ICRs could be issued without going through the Reports Analyst.

9. The preparation of Final Advisory reports involves a Preliminary Draft report and a Final Draft report before the final report is issued. The Preliminary Draft is issued only to the subject of the allegation (grantee or IC employee) for comment. Comments and any resulting changes are reflected in the Final Draft, which is issued to the IC for comment, with a copy to the subject of the allegation. Comments and resulting changes based on the IC's review are incorporated in the Final Advisory report. While the subject of the review can also comment on the Final Draft, they rarely do.

a. We do not believe that two draft reports are required. Both the IC and the subject of the review should be able to comment on the report at the same time. The elimination of one draft would save approximately 30 days in the schedule (15 days for review and 15 days for revision based on the extra review).

b. Both the GAO and OIG use only one draft for review, although occasionally multiple drafts may be prepared if the review comments are extensive.

c. Five OMA staff commented that only one draft report should be issued. DPI has been testing the use of only one draft report.

d. In the OMA customer interviews, four (of four) individuals who were posed the question supported OMA issuing only one draft of a Final Advisory report. These included two GMOs and two people from the Office of Extramural Research (OER)- one a former GMO.

10. One of the DPI Team Leaders has proposed a process of meeting with the analyst(s) to present and discuss all- or the great majority- of the findings and recommendations before the actual report writing is begun. The purpose is to (1) identify factors that need to be researched and developed further as well as additional factors that may need to be considered; (2) avoid misdirected efforts; and (3) improve the efficiency of the report writing process by ensuring that the substantive content is outlined and agreed to before the report is too far along. We support this approach. We believe this will improve both the quality and timeliness of the reports. Under this approach, the analyst can focus on fitting the content into the structure of the report, as opposed to developing all of the original content as the report is being written.

11. One OMA staff member suggested, as a way of reducing review times, conducting site visits in some cases instead of issuing Information Collection Requests and waiting for the grantee to respond. In the customer interviews, one person supported this idea; two customers opposed it. The two DPI Team Leaders opposed this approach as a routine procedure, largely because of the cost involved, preferring to make site visits only when required. The consensus view seems to be against this approach. Clearly, this can sometimes be a significant factor in review delays. We have no recommendation to address this issue, other than to ensure that periodic follow up phone contacts are made with the grantees.

12. DPI analysts typically prepare Review Plans for most, but not all, of their reviews. Such plans contain protocols (methods) for conducting the reviews, but typically do not include schedules for the various review tasks.

a. Five OMA staff members suggested there should be schedules (target end dates) for each review.

b. The GAO and OIG establish schedules for each review they conduct.

c. While some things affecting schedules may be beyond the analyst's control, such as the time to acquire certain documents, we believe establishing schedules would improve the timeliness, efficiency and accountability for the reviews.

13. During the customer interviews, three OMA customers suggested that DPI should do "streamlined" or "smaller stage" reviews in some cases. One of these customers indicated this could involve consulting on a collegial basis with IC managers on how to resolve sensitive management issues that may not require a full review.

a. Interviewees indicated that such a process could involve some aspects of the following:

- Abbreviated data requests.
- Telephone or in-person consultation with the IC, discussing experience on similar cases.
- Targeted review of management controls.
- Quick turnaround to the IC to support a key decision, such as whether to award a grant.

b. Another OMA customer reported frequently consulting with one of the DPI Team Leaders in a similar manner.

We believe that this type of "management consultation" is an appropriate function for DPI to perform. DPI would need to (1) better define the nature of this process; and (2) establish a measure for tracking the number of such interventions.

14. DPI is in the process of transitioning to the use of TeamMate- audit management software. While several DPI analysts are using TeamMate, many are not. DPI staff have received training in the use of TeamMate.

a. Three OMA staff suggested that DPI staff should use TeamMate more.

b. OMA is in the process of merging the DPI and TeamMate databases. Once this is completed, the use of TeamMate may increase. However, we believe that some analysts may not be comfortable with the use of audit management software- or understand or agree with its advantages.

15. One OMA staff member suggested that the DPI handbook be updated. Although we have not reviewed the currency of all the sections, the handbook appears to be outdated, especially with regard to report formats. If the handbook is updated, we believe it should be substantially shorter than the current version, and include (1) all changes made in the review process, including changes in the report structure; and (2) the use of TeamMate.

16. Three DPI staff members suggested that there be additional auditing training for DPI analysts. One of these staff members recommended that DPI staff be encouraged to pursue relevant certifications, e.g., CPA, CFGM, CIA, etc.

    We note that most, if not all, DPI staff have received considerable training in auditing activities. We understand that DPI spent a considerable amount of money in FY 2003- nearly $49,000- for training for analysts. This amounts to about $3,700/per analyst for DPI's employee analysts. We believe additional training for experienced staff should be refresher training, including training in report writing. We concur in the suggestion for pursuing certifications.

17. As indicated above, DPI currently has three full-time, on-site contractors, who supplement DPI staff in conducting reviews. The contractors have substantial auditing experience, and frequently are involved in the more complex cases. Two DPI analysts (including one of the contractors) suggested that DPI should strive to get employee analysts more involved in the more complex grantee cases in order to build institutional capability.

    While there may be a natural inclination to assign the most experienced and qualified staff to particular reviews, DPI should recognize the importance of developing the skills of its employee analysts by pairing employees with more experienced staff (contractors or employees) as appropriate.

18. Other suggestions offered by DPI staff include:

    a. Provide cross training, i.e., provide opportunities for analysts to work in both DPI teams. (two staff members)

    b. Provide greater opportunities for analysts to work on review teams involving two or more staff members. (two staff members). Two DQM staff made a similar suggestion. Note that most GAO and OIG reviews use more than one analyst.

    c. DPI should strive for more collegiality by greater sharing of information on approaches to cases, e.g., interpretations on criteria, required information, etc. Meeting should be held every week or two by the two teams, and division wide meetings should be held every month or so. (one analyst)

- DPI should conduct the review- priority 2.

- IC or grantee should conduct the review, with review of the results by DPI.

- Review should not be conducted.

d. We expect that the above changes in the priority ranking scheme would result in a significant reduction in the number of cases for which DPI performs a full review.

e. Once the details of the revised priority ranking scheme are developed, DPI should document this and present it to the ICs.

f. DPI should provide guidance to ICs as required in the performance of smaller, lower priority reviews.

2.* Establish a work group to flesh out the details of the revised priority ranking factors and process.

3.* Revise the structure of DPI reports.

a. Include a 1-2 page Executive Summary (ES) for larger reports, e.g., 10 pages or more. It should be separate from the body of the report, and include a brief statement of the purpose of the review (nature of allegations), a brief statement (one sentence) of the methodology, and a summary of the major findings and recommendations. Note that a discussion of the review of the draft report and consideration of comments should be provided in the transmittal letter, not the ES. For large reports, e.g., 40 pages or more, the ES can be longer. However, few DPI reports will be that large.

b. Include the following topics in the body of the report:

- Introduction- statement of the allegations, description of the methodology.

- Findings- conclusions, applicable criteria, and findings (evidence) supporting conclusions for each allegation (issue).

- Recommendations (may be combined with findings or presented in a separate section).

- Supporting appendices.

c. For the majority of DPI reports, the recommendations will typically be associated with the findings for single allegations. In such cases, the findings and recommendations should be combined in the same section, under the allegation (issue) to which they apply. If individual recommendations apply to the findings for multiple issues, they should be presented in a section separate from the findings.

In some cases, it is possible that although individual recommendations are associated with the findings of individual allegations, the large number of allegations and recommendations may suggest that the recommendations be presented in s separate section. This should be infrequent, and is a judgment call of the analyst and the editor.

d. The above topics can be formatted as sections or (for larger reports, e.g., ten pages or more) as chapters. Chapters should start on a new page.

e. Use a numbering scheme, e.g.:

- For chapter format- I., A., 1., etc.
- For section format- A., 1. a., etc.

f. Include a table of contents for larger reports, e.g., ten pages or more.

g. Use a single type font in the main text.

h. Include only the relevant parts of a regulation, policy or procedure (applicable criteria) in the body of the text. Inclusion of the full text in an appendix is optional, e.g., if it would add to the credibility and support of the findings. Include both the "higher level" (e.g., OMB regulation) and "lower level" criteria (e.g., NIH policy.)

i. As an example, an illustrative report format using sections would be:

Cover Page.

Table of Contents.

Executive Summary.

A. Introduction- Statement of Allegations.

B. Scope and Methodology.

C. Findings and Recommendations.

1. Issue 1

a. Conclusions.
b. Applicable Criteria.
c. Supporting Findings.
d. Recommendations.

2. Issue 2 (etc.)

3. Issue 3 (etc.)

Appendices.

j. An illustrative report format using chapters would be:

Cover Page.

Table of Contents.

Executive Summary.

I. Introduction- Statement of Allegations.

II. Scope and Methodology.

III. Findings and Recommendations.

A. Issue 1

1. Conclusions.
2. Applicable Criteria.
3. Supporting Findings.
4. Recommendations.

B. Issue 2 (etc.)

C. Issue 3 (etc.)

Appendices.

4.* Provide report writing guidance for the DPI analysts.

a. Develop a tailored report writing guide incorporating the revised report structure.

b. Provide training to DPI analysts in using the revised report structure, and other principles contained in the report writing guide.

5.* Streamline the report review process.

a. Allow the Team Leaders to sign off on selected documents, e.g., Information Collection Requests (ICRs). Team Leaders should ensure that that all ICRs are tailored to the particular case.

b. Reduce preferential changes in the review and editing of the reports.

c. For reports requiring extensive changes, hold meeting with analyst(s) to discuss changes in lieu of going through multiple drafts.

d. Director, OMA; Reports Analyst; and Team Leaders should indicate common errors in content or format to each other and to analysts. Develop brief (e.g., 1-2 pages) summary of "common errors."

e. Strive to reduce the number of times draft reports go back through the editing chain to two. Allow small changes to be made by the support staff (Management Assistant or Secretary to OMA Director) without going back through the editing cycle.

f. Establish a target maximum time for individual reviews of report drafts of 2 weeks- or preferably 1 week.

g. Establish a work group to develop additional changes, as needed, to streamline the report review process. This should be done after the development of the revised priority ranking scheme and could involve the same work group.

6.* Issue only one draft of a Final Advisory report. Comments would be sought from the subject of the review and the IC at the same time. This can be implemented via a simple memorandum from the Director, OMA.

7* Develop a Project Schedule (1-2 pages) for each review.

a. Project Schedule would contain:

- List of major review tasks (e.g., kick-off meeting, document review, interviews, analysis, and report preparation).
- Schedule (start and end dates, or completion dates for each task).
- Products (may be included in tasks).

- Responsibilities.

b. Monitor progress against the project schedule on a bi-weekly or monthly basis.

8. Institute the process of having Team Leaders meet with the analyst(s) to review, in outline form, all or the great majority of the findings and recommendations of a review before the actual report writing begins.

9.* Develop and implement a process for conducting streamlined reviews and providing management consultation to IC managers on sensitive management issues without conducting a formal review.

a. Define the types of issues for which such streamlined reviews and management consultations would be appropriate.

b. Develop the process for conducting streamlined reviews and providing management consultation. Consider the customer suggestions offered in the previous section.

c. Develop performance indicators for measuring this type of consultative activity. This could include separate indicators for telephone consultation, and consultation involving data collection and report preparation.

10 Encourage DPI analysts to make greater use of TeamMate. Provide additional training as needed in the use of Teammate.

11. Provide additional encouragement to DPI staff to pursue certifications in relevant fields.

12. Revise the DPI handbook for conducting reviews. Incorporate all the changes in review process, including the revised report structure, as well as the use of Teammate.

13. Strive to engage DPI employee analysts in more complex reviews, in order to further develop their capabilities.

FINAL REPORT

Volume II- APPENDICES

Order No. 263-FD-321009

Evaluation of the Office of Management Assessment

Prepared for:

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May 31, 2004

APPENDICES

Volume II of the Draft Final Report of the Evaluation of the Office of Management Assessment (OMA) includes three appendices:

- Appendix I- Draft OMA Performance Indicators- Presents draft organizational performance indicators for OMA as a whole and each of the OMA divisions. It is intended that these would be finalized in Phase 2.

- Appendix II - Results of Electronic Customer Survey- Presents a summary of the results of the electronic customer survey, including the ratings of OMA performance and comments on OMA services.

- Appendix III- Results of OMA Customer Interviews- Presents a summary of the comments provided by OMA customers and senior NIH managers on OMA services during the detailed interviews.

APPENDIX I – DRAFT OMA PERFORMANCE INDICATORS

DRAFT OMA PERFORMANCE INDICATORS

(May 30, 2004)

A. INTRODUCTION

1. Following a balanced scorecard approach, there are several types of performance indicators:

   - Activity indicators.
   - Timeliness indicators.
   - Learning/growth indicators.
   - Customer satisfaction.
   - Achievement of goals.

2. The number of candidate indicators presented below is considerably greater than an appropriate number for OMA. In some cases, options are presented. We expect that the final number of indicators for OMA as a whole and its divisions would not exceed 25. We have presented the candidates below (and details on some) to facilitate review and selection of the most useful indicators.

3. We expect the performance indicators would be explored further and finalized in Phase 2 of the study.

B. CANDIDATE DPI INDICATORS

1. Frequency distribution and average time to close cases.

   - Frequency distribution, e.g., 0-6 months, 6-12 months, 12-18 months, greater than 18 months.
   - Average time in months to close cases.
   - Measured for all cases, grant cases, and internal cases.
   - By Team Leader.
   - Should reflect 12 months of history, i.e., all cases that closed in the last 12 months. (Currently is compiled by fiscal year of when the case closed.)
   - Measurement monthly or bi-monthly.

2. As an option to indicator no. 1, frequency distribution and average length of time of open cases. This reflects a snapshot of all open cases, i.e., how long they've been open.

   - Frequency distribution, e.g., 0-6 months, 6-12 months, 12-18 months, greater than 18 months.
   - Average time in months of open cases.
   - Measured for all cases, grant cases, and internal cases.
   - By Team Leader.

- Measurement monthly or bi-monthly.

(Note: Measuring the time of open cases provides similar, though not identical, information as the time to close. While the time to close is more useful for evaluation, the time for open cases is more useful for program management- for seeing where you are currently and making adjustments. It tells you the status of all current cases.)

3. As an option, frequency distribution and average time to close cases/FTE.

   - FTEs reflect the number of analyst FTEs (including Team Leaders and on-site Contractors.)

   - FTEs could be measured at (1) time when measurement was taken; (2) average of time when measurement was taken and 12 moths prior; or (3) time when case closed; or (4) average of when case was initiated and when case was closed. Option 2 is more accurate and preferable to Option 1. Options 3 and 4 are probably too complicated.

4. As an option, frequency distribution and average length of time of open cases/FTEs. Measurement of FTEs would be similar to that for indicator no. 3.

5. As an option, frequency distribution and average time to close cases/person-hours worked on case.

   - Person-hours worked would be determined by analysts' recording of time worked by case. This would require analysts to allocate their time by case in hours on a daily basis. An issue is whether TeamMate would support this.

6. Customer satisfaction with DPI services.

   - Measured by bi-annual customer surveys.

   - Measured by report quality surveys.

     - Measured on a quarterly, semi-annual, or annual basis.
     - Total cases, internal cases, grant cases.
     - By Team Leader.

7. Results from DPI reviews, e.g:

   - Dollars recovered (or identified for recovery) from reviews.

     - As an option, dollars recovered from reviews/case.
     - As an option, dollars recovered from reviews/FTE.
     - As an option, dollars recovered from reviews/hours worked.

- Management improvements recommended in reviews.

(These may be difficult to measure and interpret.)

- % of recommendations implemented.

8. Number of DPI staff with professional certifications.

9. Number of streamlined reviews and management consultations.

   - Number of streamlined reviews involving data collection and report preparation.

   - Number of telephone or in-person management consultations not involving data collection and report preparation.

10. Extent of achievement of DPI goals.

    - DPI would need to establish goals.
    - Examples of goals:

      – Reduction in average time to close cases to 9 or 10 months or lower.
      – Customer satisfaction on DPI services rated at 3.5 or 4 (3= good; 4= very good) or better on usefulness, quality and timeliness.
      – Customer satisfaction on DPI reports rated at 4 or better (4= somewhat agree) on each of the five rating factors.
      – Revised priority ranking scheme is implemented.
      – Revised structure of DPI reports is implemented.
      – Streamlining of report review process is implemented.
      – One draft for Final Advisory reports is implemented.
      – Project schedules are developed and monitored for all DPI reviews.
      – TeamMate is fully operational and used by all analysts.
      – Merging of DPI and TeamMate databases is completed.

C. CANDIDATE DORL (or successor organization) INDICATORS

1. Number of GAO and OIG audits provided liaison for.

   - Number of audits would include:

     - Audits received and liaison initiated during the current fiscal year.

- Audits received and liaison started during a prior fiscal year and completed during the current fiscal year.

2. Number and % of GAO, OIG and DPI cases followed up on, with status of recommendations known and/or completed.

   - For DPI cases:

     – Number and % of cases for which requirement for 30-day action plan was followed up on. Base % on number of open cases (cases with open recommendations) at beginning of fiscal year.

     – Number and % of cases for which status of recommendations was tracked at 6 month and 12 month intervals. Base % on number of open cases (cases with open recommendations) at beginning of fiscal year.

     – Number and % of cases for which implementation of recommendations is complete. Base % on number of open cases (cases with open recommendations) at beginning of year.

   - For GAO and OIG cases:

     – Number and % of cases for which requirement for 60-day action plan was followed up on. Base % on number of open cases (cases with open recommendations) at beginning of fiscal year.

     – Number and % of cases for which status of recommendations was tracked at 6 month and 1 year intervals. Base % on number of open cases (cases with open recommendations) at beginning of fiscal year.

     – Number and % of cases for which implementation of recommendations is complete. Base % on number of open cases (cases with open recommendations) at beginning of fiscal year.

3. Customer satisfaction with DORL services.

   - Measured by bi-annual customer surveys.

   - Audit liaison, audit follow up, and CSO function would be measured.

4. Extent of achievement of DORL goals.

   - DORL (or successor organization) would need to establish goals.
   - Examples of goals:

- Increase in number and % of DPI cases for which initial 30-day action plans are tracked.
- Increase in number and % of DPI cases for which status of recommendations is tracked at 6 month and 12 month intervals.
- Increase in number and % of DPI cases for which implementation of recommendations is determined to be complete.
- Increase in number and % of GAO and OIG cases for which initial 60-day action plans are tracked.
- Increase in number and % of GAO and OIG cases for which status of recommendations is tracked at 6 month and 1 year intervals.
- Increase in number and % of GAO and OIG cases for which implementation of recommendations is complete.
- Customer satisfaction on DORL services is rated at 3.5 or 4 or better on usefulness, quality and timeliness.
- Procedures for audit liaison and audit follow up are complete.
- Restructuring of audit liaison function (staffing) is complete.
- Project plan is developed and monitored for CSO function.
- Procedures for CSO function are complete.
- Implementation of updated audit liaison and audit follow-up databases is complete.
- Information on the status of recommendations in GAO, OIG, DPI, and DQM (management control) review reports is included in audit follow-up database and transmitted to ICs.

D. CANDIDATE DQM INDICATORS

1. Number of management control reviews performed.

2. Number of separate benchmarking studies conducted.

3. Results of DQM reviews, e.g:

   - Dollar and/or FTE savings resulting (or identified) from reviews.

     - As an option, dollar and/or FTE savings resulting from reviews/review.
     - As an option, dollar and/or FTE savings resulting from reviews/FTE.

   - Management improvements recommended in reviews.

   - Management improvements from DQM services related to NIH management initiatives.

   (These may be difficult to measure and interpret.)

   - % of recommendations implemented.

4. Customer satisfaction with DQM services.

   - Measured by bi-annual customer surveys.
   - Includes management control reviews and other DQM services, such as benchmarking and support for NIH management initiatives.

5. Number of DQM staff with professional certifications.

6. Extent of achievement of DQM goals.

   - DQM would need to establish goals.
   - Examples of goals:
     - Customer satisfaction on DQM services is rated at 3.5 or 4 or better on usefulness, quality and timeliness.
     - Process for proactive vulnerability assessment and management controls program is implemented.
     - Focused benchmarking program is implemented.
     - Revised structure of DQM reports is implemented.
     - Streamlining of report review process is implemented.
     - Project schedules are developed and monitored for all DQM reviews.

E. CANDIDATE DMS INDICATORS

1. Workload for DMS Operational Services.

   - Number of regulations processed (O-regs and NIH regs).
   - Number of Federal Register notices processed.
   - Number of delegations of authority processed (new, rescinded, amended).
   - Number of Privacy Act submissions processed.
   - Number of Employee Suggestions processed.
   - Number of Manual Chapters processed (new and revised).
     - As an option, number of complex Manual Chapters processed (new and revised). Would need to define "complex."
   - Number of organizational changes processed.
     - As an option, number of major organizational changes processed. Would need to define "major."
   - Number of forms processed.
   - Number of records management notices (SF 135s) processed (temporary and permanent records).
   - Number of seminars conducted and number of NIH employees provided records management training.

- Number of seminars conducted and number of NIH employees provided Privacy Act training.

2. A-76 workload.

- Number of A-76 competitions completed.
- Number of positions in completed A-76 competitions.
- Completion of A-76 required products, e.g., annual A-76 inventory.

3. Timeliness of DMS services.

- Average time to respond to process selected actions, e.g., organizational changes, manual issuances, delegations, regulations, Privacy Act inquiries.
- Would need to take into account external factors influencing times.

4. Customer satisfaction with DMS services.

- Measured by bi-annual customer surveys.
- Covers A-76 and all operational services.

5. Extent of achievement of DMS goals.

- DQM would need to establish goals.
- Examples of goals:
  - Customer satisfaction on DMS services is rated at 3.5 or 4 or better on usefulness, quality and timeliness.
  - Backups are established for all DMS services.
  - Procedures are developed for all DMS services.
  - A-76 staffing is complete, i.e., all postions are filled.
  - Records retention schedules are streamlined. Summary is developed and presented to ICs.
  - OMA Web site re-designed.
  - Implementation of delegations database is complete.
  - NIH organizational handbook is completed.

F. CANDIDATE OMA-WIDE INDICATORS

1. Customer satisfaction with OMA services.

- Measured by bi-annual customer surveys.

2. Extent of achievement of OMA-wide goals.

- OMA would need to establish goals.

- Examples of goals:

  - Customer satisfaction on all OMA services is rated at 3.5 or 4 or better on usefulness, quality and timeliness.

  - Project management approach is implemented for all OMA IT projects, DPI and DQM reviews, CSO function, and OMA special projects.

  - Restructuring of OMA is completed. New mission statements and position descriptions are developed.

  - Strategic plan and performance indicators are established for OMA.

  - Contractor support is established for DPI and DQM reviews and IT services.

  - Regular OMA-wide meetings are conducted.

  - Proactive outreach program to inform and educate ICs about OMA services is implemented.

APPENDIX II - RESULTS OF ELECTRONIC CUSTOMER SURVEY

APPENDIX II - RESULTS OF ELECTRONIC CUSTOMER SURVEY

An electronic customer survey was developed and sent out to 108 OMA customers in January 2004. An on-line survey tool- SurveyMonkey- was used. The survey requested the customers to rate the usefulness, quality and timeliness of 16 separate OMA services on a five point scale. In addition, respondents were permitted to provide comments on the following: (1) improvements in OMA services; (2) additional services that OMA should provide; (3) OMA services that should be eliminated, moved to another organization, or contracted; and (4) any other comments about OMA services.

A total of 54 customers responded to the survey- a 50% response rate.

The following documents, submitted earlier to OMA, present the results of the customer survey and comprise Appendix 1:

- Summary of Results of Electronic Customer Survey, January 29, 2004- a three page summary of the survey participation, uses, customer ratings, and customer comments.

- Detailed Presentation of Survey Results- presents the complete survey results in the SurveyMonkey format.

- Respondent Comments- Customer Survey, January 30, 2004- presents all of the customer responses to the open ended questions, organized by OMA division and OMA as a whole.

SUMMARY OF RESULTS OF NIH/OMA ELECTRONIC CUSTOMER SURVEY

(E.H. Pechan & Associates, Inc.)

(January 29, 2004)

A. Participation

1. 54 of 108 target respondents completed surveys- 50% response rate.

2. 50 of 54 respondents rated OMA services; four respondents completed only the question on use of services.

3. Range in number of respondents who used and who rated services:

   a. Use of Service- 5 (CSO Function)- 40 (NIH Manual Issuance)
   b. Usefulness of Service- 6 (CSO Function)- 37 (NIH Manual Issuance)
   c. Quality of Service- 6 (CSO Function)- 39 (NIH Manual Issuance)
   d. Timeliness of Service- 5 (CSO Function)- 37 (NIH Manual Issuance)

4. 27 of 54 respondents submitted one or more comments on the open-ended questions.

B. Caveats and Uses of Results

1. Differences in ratings across services **may** be suggestive, but **are not** definitive by themselves with regard to improvement needs.

   a. Survey represents only one set of ratings. Preferably, survey would be repeated in 1 or 2 years to identify trends.

   b. Quantitative ratings should be analyzed along with respondent comments and results of OMA staff and customer interviews.

   c. Service categories vary in resource levels and complexity. For example, DPI Program Integrity Reviews was the only service rated for DPI and uses approximately 17 FTEs (staff and contractors), while some other services use less than one FTE.

   d. Customer ratings of certain services may be influenced by external factors. For example, the ratings of the A-76 Program Management function may reflect, in part, views toward the A-76 program in general.

2. The ratings should be used as follows:

a. As indicators of improvement opportunities, along with respondent comments and customer interviews. OMA may wish to focus improvement efforts on services with ratings below a certain level, e.g., 3.5. This should, however, be considered along with other information.

b. As a baseline for comparison with future surveys.

C. Highlights of Quantitative Results

1. Average mean ratings of all 16 services (5- excellent, 4- very good, 3-good, 2-fair, 1-poor)

   a. Usefulness of Services- 3.93
   b. Quality of Services- 3.72
   c. Timeliness of Services- 3.47

2. Range in mean ratings of services

Mean Rating	Usefulness	Quality	Timeliness
4.0 or higher	8 services	4 services	2 services
3.5-4.0	5 services	8 services	7 services
3.0-3.5	3 services	3 services	4 services
2.5-3.0		1 service	3 services

3. Range in median ratings of services

Median Rating	Usefulness	Quality	Timeliness
5- Excellent	3 services	1 service	1 service
4.5- Very good/Excellent		1 service	
4- Very good	9 services	9 services	8 services
3.5- Good/Very good	1 service	1 service	
3- Good	3 services	3 services	7 services

4. Five highest mean ratings of services

Usefulness	Quality	Timeliness
Privacy Act- 4.35	Privacy Act- 4.36	Privacy Act- 4.11
CSO Function- 4.33	Federal Register- 4.09	Federal Register- 4.00
Audit Liaison- 4.29	Audit Liaison- 4.07	Org. Changes- 3.96
Federal Register- 4.29	Org. Changes- 4.07	Audit Liaison- 3.92
Delegations- 4.14	Delegations- 3.97	Records Management- 3.75

C. Respondent Comments and Consultant Observations

1. All of the respondent comments are presented in the detailed report.

2. Consultant general observations, based on comments and ratings:

   a. OMA is viewed quite favorably by its customers- both in terms of the value and quality of its work.

   b. Respondent comments include many constructive suggestions for improvement or enhancement of services for OMA's consideration.

3. Some examples of respondent comments:

"All OMA staff are responsive & knowledgeable & concerned to do best for NIH/Fed Govt. Great team of people at present--hope you don't lose any."

"All contacts very been very positive, with all NIH officials and employees displaying a solid grasp of their responsibilities and a strong desire to fulfill those responsibilities on a high-quality and timely basis."

"This is a good group that has effective, thoughtful, leadership. To date, underutilized by the DDM, but moving in the right direction."

"In general the services provided can be characterized as high quality and responsive to the needs of the IC's. The simple sharing of information re: Continuous Quality Improvement is not sufficient. OMA needs to take a more pro-active role in encouraging IC's to share experiences and share resources."

"The OMA has been very helpful for whatever services were needed."

"I'm not sure all of your customers are aware of the services you provide. Some additional outreach regarding the services you provide would be helpful, particularly in your management studies and benchmarking areas. "

"My experiences have all been of the highest expertise and service."

"Since my experiences have been very positive, I do not see any improvements needed. I have found the personnel to be extremely knowledgeable with great customer service skills."

"A difficult job, generally carefully done."

Results Summary

Show All Pages and Questions

Export... Vie

Filter Results
To analyze a subset of your data, you can create one or more filters.

Add Filter... **Total:** 54
Visible: 54

Share Results
Your results can be shared with others, without giving access to your account.

Configure... **Status:** Enabled
Reports: Summary Only

2. Use of OMA Services

1. Which OMA services do you currently use or have you used in the past 2 years? (Check all that apply. If you don't use the service, check N/A or leave blank.)

	Check if used	N/A	Response Total
DPI Program Integrity Reviews of Allegations of Employee Misconduct and Misuse of Grant or Contract Funds	45% (17)	**55% (21)**	**38**
DQM Management Improvement and Management Control Reviews	**57% (24)**	43% (18)	**42**
Continuous Quality Improvement (Benchmarking, Best Practices Dissemination)	45% (14)	**55% (17)**	**31**
OIG/GAO Audit Liaison	**71% (27)**	29% (11)	**38**
OIG/GAO/DPI Follow-up of Audit Results	**69% (25)**	31% (11)	**36**
Classified Security Officer (CSO) Function	17% (5)	**83% (25)**	**30**
A-76 Program Management and Coordination	**70% (28)**	30% (12)	**40**
Regulations Processing	**54% (19)**	46% (16)	**35**
Federal Register Notice Processing	**51% (18)**	49% (17)	**35**
Organizational Changes	**76% (31)**	24% (10)	**41**
Delegations of Authority	**70% (31)**	30% (13)	**44**
NIH Manual Issuance	**83% (40)**	17% (8)	**48**
Privacy Act Officer Function	**59% (22)**	41% (15)	**37**
Records Management Officer Function	**59% (23)**	41% (16)	**39**
Forms Issuance	49% (19)	**51% (20)**	**39**
Employee Suggestion Program	20% (6)	**80% (24)**	**30**
		Total Respondents	**54**
		(skipped this question)	**0**

3. Usefulness of Services

2. What is your opinion of the USEFULNESS of the following OMA services? (If you don't use the service, check N/A or leave blank.)

	Poor	Fair	Good	Very Good	Excellent	N/A	Response Average
DPI Program Integrity Reviews of Allegations of Employee Misconduct and Misuse of Grant or Contract Funds	0% (0)	3% (1)	9% (3)	27% (9)	9% (3)	**52% (17)**	**3.88**
DQM Management Control and Management Improvement Reviews	3% (1)	8% (3)	26% (10)	13% (5)	16% (6)	**34% (13)**	**3.48**
Continuous Quality Improvement (Benchmarking, Best Practices Dissemination)	3% (1)	17% (5)	10% (3)	10% (3)	10% (3)	**50% (15)**	**3.13**
OIG/GAO Audit Liaison	0% (0)	3% (1)	13% (5)	18% (7)	**39% (15)**	26% (10)	**4.29**
OIG/GAO/DPI Follow-up of Audit Results	3% (1)	6% (2)	6% (2)	19% (7)	31% (11)	**36% (13)**	**4.09**
Classified Security Officer (CSO) Function	0% (0)	0% (0)	3% (1)	7% (2)	10% (3)	**79% (23)**	**4.33**
A-76 Program Management and Coordination	5% (2)	8% (3)	24% (9)	14% (5)	19% (7)	**30% (11)**	**3.46**
Regulations Processing	0% (0)	3% (1)	12% (4)	16% (5)	22% (7)	**47% (15)**	**4.06**
Federal Register Notice Processing	0% (0)	3% (1)	9% (3)	18% (6)	33% (11)	**36% (12)**	**4.29**
Organizational Changes	3% (1)	3% (1)	16% (6)	19% (7)	**38% (14)**	22% (8)	**4.10**
Delegations of Authority	0% (0)	5% (2)	13% (5)	23% (9)	**33% (13)**	26% (10)	**4.14**
NIH Manual Issuance	2% (1)	11% (5)	13% (6)	17% (8)	**37% (17)**	20% (9)	**3.95**
Privacy Act Officer Function	0% (0)	3% (1)	6% (2)	18% (6)	33% (11)	**39% (13)**	**4.35**
Records Management Officer Function	0% (0)	6% (2)	11% (4)	23% (8)	20% (7)	**40% (14)**	**3.95**
Forms Issuance	3% (1)	3% (1)	15% (5)	15% (5)	18% (6)	**45% (15)**	**3.78**
Employee Suggestion Program	4% (1)	0% (0)	7% (2)	11% (3)	7% (2)	**70% (19)**	**3.63**
						Total Respondents	**50**
						(skipped this question)	4

3. What is your opinion of the QUALITY of the following OMA services? (If you don't use the service, check N/A or leave blank.)

	Poor	Fair	Good	Very Good	Excellent	N/A	Response Average
DPI Program Integrity Reviews of Allegations of Employee Misconduct and Misuse of Grant or Contract Funds	0% (0)	13% (4)	10% (3)	16% (5)	13% (4)	**48% (15)**	**3.56**
DQM Management Control and Management Improvement Reviews	3% (1)	14% (5)	20% (7)	9% (3)	14% (5)	**40% (14)**	**3.29**
Continuous Quality Improvement (Benchmarking, Best Practices Dissemination)	4% (1)	19% (5)	19% (5)	4% (1)	7% (2)	**48% (13)**	**2.86**
OIG/GAO Audit Liaison	0% (0)	9% (3)	17% (6)	11% (4)	**40% (14)**	23% (8)	**4.07**
OIG/GAO/DPI Follow-up of Audit Results	0% (0)	15% (5)	12% (4)	15% (5)	**29% (10)**	**29% (10)**	**3.83**
Classified Security Officer (CSO) Function	0% (0)	4% (1)	8% (2)	8% (2)	4% (1)	**77% (20)**	**3.50**

A-76 Program Management and Coordination	9% (3)	12% (4)	21% (7)	**29% (10)**	6% (2)	24% (8)	**3.15**
Regulations Processing	0% (0)	7% (2)	10% (3)	23% (7)	20% (6)	**40% (12)**	**3.94**
Federal Register Notice Processing	0% (0)	3% (1)	9% (3)	**34% (11)**	22% (7)	31% (10)	**4.09**
Organizational Changes	3% (1)	3% (1)	14% (5)	28% (10)	**33% (12)**	19% (7)	**4.07**
Delegations of Authority	0% (0)	11% (4)	11% (4)	27% (10)	**30% (11)**	22% (8)	**3.97**
NIH Manual Issuance	2% (1)	13% (6)	9% (4)	29% (13)	**33% (15)**	13% (6)	**3.90**
Privacy Act Officer Function	0% (0)	3% (1)	3% (1)	28% (9)	**34% (11)**	31% (10)	**4.36**
Records Management Officer Function	0% (0)	3% (1)	15% (5)	32% (11)	15% (5)	**35% (12)**	**3.91**
Forms Issuance	3% (1)	3% (1)	19% (6)	19% (6)	16% (5)	**41% (13)**	**3.68**
Employee Suggestion Program	4% (1)	0% (0)	12% (3)	12% (3)	4% (1)	**68% (17)**	**3.38**
					Total Respondents		**50**
					(skipped this question)		4

4. What is your opinion of the TIMELINESS of the following OMA services? (If you don't use the service, check N/A or leave blank.)

	Poor	Fair	Good	Very Good	Excellent	N/A	Response Average
DPI Program Integrity Reviews of Allegations of Employee Misconduct and Misuse of Grant or Contract Funds	3% (1)	20% (6)	13% (4)	10% (3)	3% (1)	**50% (15)**	**2.80**
DQM Management Control and Management Improvement Reviews	3% (1)	12% (4)	21% (7)	12% (4)	9% (3)	**42% (14)**	**3.21**
Continuous Quality Improvement (Benchmarking, Best Practices Dissemination)	0% (0)	19% (5)	27% (7)	12% (3)	0% (0)	**42% (11)**	**2.87**
OIG/GAO Audit Liaison	0% (0)	14% (5)	11% (4)	14% (5)	**34% (12)**	26% (9)	**3.92**
OIG/GAO/DPI Follow-up of Audit Results	3% (1)	12% (4)	12% (4)	19% (6)	25% (8)	**28% (9)**	**3.70**
Classified Security Officer (CSO) Function	0% (0)	8% (2)	4% (1)	4% (1)	4% (1)	**80% (20)**	**3.20**
A-76 Program Management and Coordination	12% (4)	19% (6)	**25% (8)**	19% (6)	3% (1)	22% (7)	**2.76**
Regulations Review and Processing	0% (0)	11% (3)	11% (3)	29% (8)	14% (4)	**36% (10)**	**3.72**
Federal Register Notice Processing	0% (0)	6% (2)	16% (5)	19% (6)	28% (9)	**31% (10)**	**4.00**
Organizational Changes	0% (0)	12% (4)	12% (4)	26% (9)	**32% (11)**	18% (6)	**3.96**
Delegations of Authority	0% (0)	9% (3)	17% (6)	**37% (13)**	14% (5)	23% (8)	**3.74**
NIH Manual Issuance	2% (1)	16% (7)	23% (10)	19% (8)	**26% (11)**	14% (6)	**3.57**
Privacy Act Officer Function	0% (0)	10% (3)	7% (2)	14% (4)	**34% (10)**	**34% (10)**	**4.11**
Records Management Officer Function	0% (0)	6% (2)	23% (7)	16% (5)	19% (6)	**35% (11)**	**3.75**
Forms Issuance	3% (1)	3% (1)	35% (11)	13% (4)	6% (2)	**39% (12)**	**3.26**
Employee Suggestion Program	4% (1)	8% (2)	12% (3)	8% (2)	4% (1)	**65%**	**3.00**

(17)	
Total Respondents	**49**
(skipped this question)	5

4. Potential Improvements

5. What improvements do you feel could be made in OMA services? Please explain as appropriate.

View **Total Respondents**	**26**
(skipped this question)	28

6. What additional services, if any, do you feel OMA should provide? Please explain as appropriate.

View **Total Respondents**	**15**
(skipped this question)	39

7. What OMA services, if any, do you feel should be eliminated, moved to another organization, or contracted? Please explain as appropriate.

View **Total Respondents**	**13**
(skipped this question)	41

8. What other comments about OMA services do you have?

View **Total Respondents**	**18**
(skipped this question)	36

5. Optional Information

9. Thank you for your valuable time in responding to this survey. Optional Information: The information below is optional. If you would like to remain anonymous, leave any or all of the fields blank. Regardless, all information will remain confidenti

		Response Percent	Response Total
View	Name and Position	94.4%	17
View	**Organization**	**100%**	**18**
View	Email Address	88.9%	16
View	Phone Number	83.3%	15
	Total Respondents		**18**
	(skipped this question)		36

Tuesday, April 27, 2004

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What improvements do you feel could be made in OMA services? Please explain as appropriate.

1. More timely reviews and resolution of issues.
2. A-76 inventory process needs to be modified to enable updating on the NIH HR system so that an individual's a-76 code and their level of effort associated with other codes becomes added data elements in the official HR system. This would improve the accuracy of the inventory update process and work related to identifying the level of effort for areas under consideration for competition and for meo implementation purposes Overall - OMA seems disconnected from NIH management issues and has little presence in the Institutes. The NIH Office of the Director should consider seeking the services of an outside review group to look at NIH managment overall and the implementation of current managment initiatives (presidential and departmental) to ensure that these are being addressed in a way that best serves our ability to reach Roadmap and GPRA goals and other goals critical to the missions of the collective ICs and NIH overall.
3. keep personal views and opinions out of business.
4. I would really like to see an area on the records management website that specifically points out how long we are supposed to keep certain records related to procurement, timekeeping, personnel, etc.
5. The management controls area is handled in a way that makes it more of a hinderance to the NIH functional processes. Since the management control staff do not have expert knowledge of most NIH functions, they need to rely on and trust the program managers knowledge of their functional area and provide assistance, as needed, rather than acting as process police. NIH Manual Issuance function is too cumbersome and inflexible to real time needs. ICs should be given more flexibility and ownership of their respective NIH-level policies.
6. None at this time.
7. More definitive information about the entire A-76 process and how it affects NIH employees. It is very difficult for the IC to convey information to their staff only to have it change and next day. NIH needs to establish an plan, process and procedures for A-76 and stick to it. It is very unsettling to employees when we try to explain their fate only to have it change regularly. Records Management Program is good, we should have a more proactive role and the time to establish new vital records policy or other policy that effects records should be more timely. Manual Chapter coordinator is not very useful in that when you make inquiry about policy, you a basically referred to someone else (another dept). It has been a while since utilizing services for DOAs, however, previous DOA coordinator was very helpful.
8. Investigations and audits could be more timely.
9. I would like to see the continuance of the "information sessions." The sessions are a great way to update employees on information along with sharing our concerns and opinions.(Tim Wheeles does a great job getting the information out.) The OMA has great information on their Web site and is a useful tool.
10. OMA should have authority to enforce ICs or offices to follow NIH guidance. For example, there has been a delegation of authroity outstanding for more than 2 years, and a decision memo was issued by

the Director, NIH, requiring that the DOA be in palce, and the IC involved refuses to go forward with it. OMA should play a role in ensuring the Director's decision memo is enforced.

11. Timliness of DPI reviews. I think that DPI could be a more valuable resource if it could produce a more timely product. Advertise what management services can be provided by OMA and then deliver.

12. Take a more proactive stance on strategic planning and organizational/functional performance management. Provide leadership to the NIH on strategic improvement, not just information.

13. Better oversight of the A-76 Contractor is desperately needed. There are ethical conflicts of interest we have reported to OMA.

14. Better security in the offices so folks don't find their laptops stolen.

15. Timeliness needs improvement. Often, by the time of the investigative report we have forgotten what the concern was.

16. Need more subject matter experts, or staff need to be better informed of details of areas being reviewed/written up/etc. Believe that main points and/or abuse/misuse may be occurring and due to lack of knowledge, not caught.

17. A more robust, proactive re high viz ethics, program integrity issues....

18. Some of the DPI investigators could be more professional.

19. On occasion, getting delegations of authority and forms processed on the web, take a bit longer, I believe, than they should.

20. Delegations of authority are challenging at NIH. If OMO scould be more proactive in provideing advice and guidance, and more timely in effecting actions, this would be even more helpful than they already are.

21. Update outdated manual issuances. Provide more information regarding A76 reviews, current and upcoming.

22. My experiences have all been of the highest expertise and service.

23. Need to explain more clearly (simpler language) why investigations and any information surrounding investigations is restricted--many people don't understand--needs to be explained in terms layperson can grasp & needs to sound more sympathetic or regretful in refusing to show results of investigations.

24. Augmentation of clerical support for formatting and proofing regulatory documents would be helpful in order to speed up processing of such documents.

25. Since my experiences have been very positive, I do not see any improvements needed. I have found the personnel to be extremely knowledgeable with great customer service skills

26. I'm not sure all of your customers are aware of the services you provide. Some additional outreach regarding the services you provide would be helpful, particularly in your management studies and benchmarking areas.

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What additional services, if any, do you feel OMA should provide? Please explain as appropriate.

1. Based on the above, adding functions would not be appropriate.
2. development of nih-wide contracts for easy use in tapping resources for analytical support as needed in other NIH components within the OD and ICs
3. None at this time.
4. None at this time.
5. It would be very helpful whenever DOAs or Manual Issuances are updated, a brief description or short paragraph or bolded of what's being updated would be appreciated.
6. Better information dissemination of exactly what services are available through OMA, and the mandatory need for such services. For example, many offices create forms, use them for information collection, and never receive clearance from OMA on the form, and it is not catalogued in the forms inventory for the NIH. There should be further diligence about the Privacy Act, more training, and better education about "hidden systems of records", and the implications for these undisclosed systems.
7. I think that OMA services, especially DPI services, should include consulting with management on how to resolve issues that may not require a DPI review and be avaible to provide assistance in that regard. I think it would also be useful to management if OMA could somehow develop a reliable mechanism for quick turnaround of an issue without conducting a full review.
8. More consultative services about sensitive management issues without the need for formal process.
9. More compliance reviews.... Ethic reviews on scientific collaboration
10. This depends on other NIH, OD and OM restructuring. Less needed in terms of QM, unless this qas elvated to an NIH amangemetn objective and tracked as a perfomance measure across the NIH. In this case, ONA would play a key role in planning of managemenet initiatives, oversight, and "consulting"/guidenace.
11. The various layers of policy, some within the jurisdiction of OMA, some not, make interpretation and use somewhat subjective. I don't know if this can be addressed by OMA.
12. None
13. No opinion
14. No additional services needed.
15. OMA could provide recommendations on MOBIS vendors that can help in management consulting services. Also, the MAWG meetings have been good in providing information to the management analysis community.

Open-Ended Results Detail

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Filter Results

To analyze a subset of your data, you can create one or more filters.

Add Filter... **Total:** 54
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What OMA services, if any, do you feel should be eliminated, moved to another organization, or contracted? Please explain as appropriate.

1. A-76 Program Management and Coordination NIH Manual Issuances Federal Register Notice Processing Regulations Processing
2. Competitive sourcing function needs to be more analytical and strategic and more closely aligned with the research mission. locate outside oma at a higher level under new leader ship staffed with best and brightest from private or federal sector with experience in developing the best business case for approaching this important area. The business case for areas selected for study or for changes to the nih inventory need to tie to the NIH's need to accomplish Roadmap and other GPRA initiatives. REcommend considering the addition of top level contract support to develop stardard operating/ implementation procedures (using best practices appraoch) for areas considered for consolidation or competiton when these are currently decentralized across the 27 ICs and OD. These should be developed as part of the MEO development. This will help to ensure timely implementation of MEO organizations in mission critical areas.
3. None at this time.
4. It seems like a conflict of interest to have management policy and management auditing located in the same organization. One or the other should be moved. Forms management should be contracted out.
5. None at this time.
6. None.
7. If OMA does not come up to speed/hire more in-house experts, then they should not be so actively involved in reviews. Another option would be for them to coordinate the reviews and bring on subject matter experts either from elsewhere in the agency or private consultants to help out with specific efforts.
8. See above.
9. Everything interaction I have experience with OMA is inherently governmental.
10. None
11. No opinion.
12. Leave alone..not broken
13. None at this time.

Tuesday, April 27, 2004

Open-Ended Results Detail

Back Export...

Filter Results

To analyze a subset of your data, you can create one or more filters.

Add Filter... **Total:** 54
Visible: 54

Share Results

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Configure... **Status:** Enabled
Reports: Summary Only

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What other comments about OMA services do you have?

1. OMA responsibilities are too diffuse, they should concentrate on reviews, best practices and audit liaison.
2. None at this time.
3. All contacts very been very positive, with all NIH officials and employees displaying a solid grasp of their responsibilities and a strong desire to fulfill those responsibilities on a high-quality and timely basis.
4. In general, the staff are very friendly and usually very knowledgeable and helpful when contacted for information.
5. None at this time.
6. The OMA has been very helpful for whatever services were needed.
7. OIG Liaison is great!!!
8. The quality of OMA's assistance regarding GAO reviews has been very high, timely, and appreciated.
9. none
10. A difficult job, generally carefully done.
11. OMA requires more resources for its expanding mission.
12. This is a good group that has effective, thoughtful, leadership. To date, underutilized by the DDM, but moving in the right direction.
13. In general the services provided can be characterized as high quality and responsive to the needs of the IC's. The simple sharing of information re: Continuous Quality Improvement is not sufficient. I believe OMA needs to take a more pro-active role in encouraging IC's to share experiences and share resources.
14. I'm very impressed with OMA and NIH.
15. All OMA staff are responsive & knowledgeable & concerned to do best for NIH/Fed Govt. Great team of people at present--hope you don't lose any.
16. The individual I worked with (Dr. Jerry Moore) was very helpful in explaining the process for developing regulations and in explaing the different steps in the process.
17. Joanne Eater is a real star in your organization. She provides excellent advise and timely services.
18. The phone system needs an option to return to main menu. When you call someone and get their voice mail and decide to speak to someone else, you have to redial.

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RESPONDENT COMMENTS- NIH/OMA CUSTOMER SURVEY

(E.H. Pechan & Associates, Inc.)
(January 30, 2004)

Comments offered by the respondents on the NIH/OMA electronic customer survey are presented below. To facilitate review, comments are grouped by the OMA division to which they appear to relate. Where the applicable division was not apparent or where the comments apply to OMA as a whole, the comments are listed under "'Multi-division or OMA as a whole." Comments that provided no information, e.g., "none," are not included.

A. What improvements do you feel could be made in OMA services? Please explain as appropriate.

DMS

1. "A-76 inventory process needs to be modified to enable updating on the NIH HR system so that an individual's A-76 code and their level of effort associated with other codes becomes added data elements in the official HR system. This would improve the accuracy of the inventory update process and work related to identifying the level of effort for areas under consideration for competition and for MEO implementation purposes."

2. "More definitive information about the entire A-76 process and how it affects NIH employees. It is very difficult for the IC to convey information to their staff only to have it change and next day. NIH needs to establish a plan, process and procedures for A-76 and stick to it. It is very unsettling to employees when we try to explain their fate only to have it change regularly."

3. "Provide more information regarding A-76 reviews, current and upcoming."

4. "Better oversight of the A-76 Contractor is desperately needed. There are ethical conflicts of interest we have reported to OMA."

5. "Augmentation of clerical support for formatting and proofing regulatory documents would be helpful in order to speed up processing of such documents."

6. "Delegations of authority are challenging at NIH. If OMA should be more proactive in providing advice and guidance, and more timely in effecting actions, this would be even more helpful than they already are."

7. "On occasion, getting delegations of authority and forms processed on the web, take a bit longer, I believe, than they should."

8. "OMA should have authority to enforce ICs or offices to follow NIH guidance. For example, there has been a delegation of authority outstanding for more than 2 years, and a decision memo was issued by the Director, NIH, requiring that the DOA be in place, and the IC involved refuses to go forward with it. OMA should play a role in ensuring the Director's decision memo is enforced."

9. "Manual Chapter coordinator is not very useful in that when you make inquiry about policy, you a basically referred to someone else (another dept). It has been a while since utilizing services for DOAs, however, previous DOA coordinator was very helpful."

10. "NIH Manual Issuance function is too cumbersome and inflexible to real time needs. ICs should be given more flexibility and ownership of their respective NIH-level policies."

11. "Update outdated manual issuances."

12. "I would really like to see an area on the records management website that specifically points out how long we are supposed to keep certain records related to procurement, timekeeping, personnel, etc."

13. "Records Management Program is good, we should have a more proactive role and the time to establish new vital records policy or other policy that effects records should be more timely."

14. "I would like to see the continuance of the "information sessions." The sessions are a great way to update employees on information along with sharing our concerns and opinions. (Tim Wheeles does a great job getting the information out.) The OMA has great information on their Web site and is a useful tool."

DORL

No comments appear to relate directly or only to DORL.

DQM

1. "Take a more proactive stance on strategic planning and organizational/functional performance management. Provide leadership to the NIH on strategic improvement, not just information."

2. "A more robust, proactive re high viz. ethics, program integrity issues...."

3. "The management controls area is handled in a way that makes it more of a hindrance to the NIH functional processes. Since the management control staff do

not have expert knowledge of most NIH functions, they need to rely on and trust the program managers knowledge of their functional area and provide assistance, as needed, rather than acting as process police."

DPI

1. "Investigations and audits could be more timely."

2. "Timeliness of DPI reviews. I think that DPI could be a more valuable resource if it could produce a more timely product. Advertise what management services can be provided by OMA and then deliver."

3. "Timeliness needs improvement. Often, by the time of the investigative report we have forgotten what the concern was."

4. "Need more subject matter experts, or staff need to be better informed of details of areas being reviewed/written up/etc. Believe that main points and/or abuse/misuse may be occurring and due to lack of knowledge, not caught."

5. "Some of the DPI investigators could be more professional."

6. "Need to explain more clearly (simpler language) why investigations and any information surrounding investigations is restricted--many people don't understand--needs to be explained in terms layperson can grasp & needs to sound more sympathetic or regretful in refusing to show results of investigations."

MULTI-DIVISION OR OMA AS A WHOLE

1. "Overall - OMA seems disconnected from NIH management issues and has little presence in the Institutes. The NIH Office of the Director should consider seeking the services of an outside review group to look at NIH management overall and the implementation of current management initiatives (presidential and departmental) to ensure that these are being addressed in a way that best serves our ability to reach Roadmap and GPRA goals and other goals critical to the missions of the collective ICs and NIH overall."

2. "Keep personal views and opinions out of business."

3. "Better security in the offices so folks don't find their laptops stolen."

4. "My experiences have all been of the highest expertise and service."

5. "Since my experiences have been very positive, I do not see any improvements needed. I have found the personnel to be extremely knowledgeable with great customer service skills."

6. "I'm not sure all of your customers are aware of the services you provide. Some additional outreach regarding the services you provide would be helpful, particularly in your management studies and benchmarking areas."

7. "More timely reviews and resolution of issues."

B. What additional services, if any, do you feel OMA should provide? Please explain as appropriate.

DMS

1. "It would be very helpful whenever DOAs or Manual Issuances are updated, a brief description or short paragraph or bolded of what's being updated would be appreciated."

2. "Better information dissemination of exactly what services are available through OMA, and the mandatory need for such services. For example, many offices create forms, use them for information collection, and never receive clearance from OMA on the form, and it is not catalogued in the forms inventory for the NIH. There should be further diligence about the Privacy Act, more training, and better education about "hidden systems of records", and the implications for these undisclosed systems."

.3. "Also, the MAWG meetings have been good in providing information to the management analysis community."

DORL

No comments appear to relate directly or only to DORL.

DQM

1. "Development of NIH-wide contracts for easy use in tapping resources for analytical support as needed in other NIH components within the OD and ICs."

2. "OMA could provide recommendations on MOBIS vendors that can help in management consulting services."

2. "This depends on other NIH, OD and OM restructuring. Less needed in terms of QM, unless this was elevated to a NIH management objective and tracked as a performance measure across the NIH. In this case, OMA would play a key role in planning of management initiatives, oversight, and "consulting" guidance."

4. "More consultative services about sensitive management issues without the need for formal process."

DPI

1. "I think that OMA services, especially DPI services, should include consulting with management on how to resolve issues that may not require a DPI review and be available to provide assistance in that regard. I think it would also be useful to management if OMA could somehow develop a reliable mechanism for quick turnaround of an issue without conducting a full review."

MULTI-DIVISION OR OMA AS A WHOLE

1. "Based on the above, adding functions would not be appropriate."

2. "The various layers of policy, some within the jurisdiction of OMA, some not, make interpretation and use somewhat subjective. I don't know if this can be addressed by OMA."

3. "No additional services needed."

4. "More compliance reviews.... Ethics reviews on scientific collaboration."

C. What OMA services, if any, do you feel should be eliminated, moved to another organization, or contracted? Please explain as appropriate.

DMS

1. "A-76 Program Management and Coordination, NIH Manual Issuances, Federal Register Notice Processing, Regulations Processing."

2. "Competitive sourcing function needs to be more analytical and strategic and more closely aligned with the research mission. Locate outside OMA at a higher level under new leadership staffed with best and brightest from private or federal sector with experience in developing the best business case for approaching this important area. The business case for areas selected for study or for changes to the NIH inventory needs to tie to the NIH's need to accomplish Roadmap and other GPRA initiatives. Recommend considering the addition of top level contract support to develop standard operating/ implementation procedures (using best practices approach) for areas considered for consolidation or competition when

these are currently decentralized across the 27 ICs and OD. These should be developed as part of the MEO development. This will help to ensure timely implementation of MEO organizations in mission critical areas."

3. Forms management should be contracted out."

DORL, DQM and DPI

No comments appear to relate directly or only to DORL, DQM or DPI.

MULTI-DIVISION OR OMA AS A WHOLE

1. "It seems like a conflict of interest to have management policy and management auditing located in the same organization. One or the other should be moved.

2. "If OMA does not come up to speed/hire more in-house experts, then they should not be so actively involved in reviews. Another option would be for them to coordinate the reviews and bring on subject matter experts either from elsewhere in the agency or private consultants to help out with specific efforts."

3. "Every interaction I have experience with OMA is inherently governmental."

4. "None at this time."

5. "None at this time."

6. "Leave alone. Not broken "

7. "None at this time."

D. What other comments about OMA services do you have?

DMS

1. "The individual I worked with (Dr. Jerry Moore) was very helpful in explaining the process for developing regulations and in explaining the different steps in the process."

2. "Joanne Eater is a real star in your organization. She provides excellent advise and timely services."

DORL

1. "OIG Liaison is great!!!"

2. "The quality of OMA's assistance regarding GAO reviews has been very high, timely, and appreciated."

DQM

1. "The simple sharing of information re: Continuous Quality Improvement is not sufficient. I believe OMA needs to take a more pro-active role in encouraging IC's to share experiences and share resources."

DPI

No comments appear to relate directly or only to DPI.

MULTI-DIVISION OR OMA AS A WHOLE

1. "OMA responsibilities are too diffuse, they should concentrate on reviews, best practices and audit liaison."

2. "All contacts very been very positive, with all NIH officials and employees displaying a solid grasp of their responsibilities and a strong desire to fulfill those responsibilities on a high-quality and timely basis."

3. "In general, the staff are very friendly and usually very knowledgeable and helpful when contacted for information."

4. "The OMA has been very helpful for whatever services were needed."

5. "A difficult job, generally carefully done."

6. "OMA requires more resources for its expanding mission."

7. "This is a good group that has effective, thoughtful, leadership. To date, underutilized by the DDM, but moving in the right direction."

8. "I'm very impressed with OMA and NIH."

9. "All OMA staff are responsive & knowledgeable & concerned to do best for NIH/Fed Govt. Great team of people at present--hope you don't lose any."

10. "The phone system needs an option to return to main menu. When you call someone and get their voice mail and decide to speak to someone else, you have to redial."

APPENDIX III - RESULTS OF OMA CUSTOMER INTERVIEWS

APPENDIX III - RESULTS OF OMA CUSTOMER INTERVIEWS

Interviews were conducted with 25 OMA customers and senior NIH managers in January and February 2004 to explore their views of OMA in detail. Ten of these individuals responded to the electronic survey. The interviews averaged about 1 hour; 22 were conducted in person, and three were conducted by telephone.

The following topics were covered in the interviews: (1) views on the usefulness, quality and timeliness of OMA services; (2) suggested OMA improvements; (3) additional OMA services; (4) OMA services which should be eliminated, moved to another organization, or contracted; (5) performance measures for OMA services; and (6) special issues, e.g., need for OMA's Division of Program Integrity (DPI) to review all cases, OMA serving as staff to the Deputy Director for Management.

The interviewee comments were summarized n the following document- Compilation of OMA Customer Interview Comments- March 21, 2004. This document comprises Appendix II.

Confidential

COMPILATION OF OMA CUSTOMER INTERVIEW COMMENTS

Order No. 263-FD-321009

Conduct an Evaluation of the Office of Management Assessment

Prepared for:

Office of Management Assessment
National Institutes of Health
6011 Executive Boulevard, #601
Rockville, MD 20852

Prepared by:

E.H. Pechan & Associates, Inc.
5528-B Hempstead Way
Springfield, VA 22151

March 21, 2004

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INTERVIEWEE COMMENTS
OMA CUSTOMER INTERVIEWS

(E.H. Pechan & Associates, Inc.)
(March 21, 2004)

A. INTRODUCTION

1. This document presents a compilation of the comments offered by OMA customers and senior NIH managers during the interviews conducted in the period- January 22- February 27, 2004. A total of 25 interviews were conducted, 22 in person and three by telephone.

2. The interviews were conducted as a key task in the management review of OMA.

3. This document is not a formal deliverable under the contract. We developed it for the following purposes: (1) to support the analytical work in developing findings and recommendations to improve OMA performance; and (2) to provide OMA with a complete record of customer feedback through both the electronic customer survey and the interviews.

4. As in the case of the compilation of the comments from the electronic customer survey, the summary presented below does not reflect any judgments by Pechan on the merits of the comments. We will consider these comments, along with the results of the customer survey, OMA staff interviews and review of OMA work products, in developing our final report.

5. The relative number of comments presented for various OMA services does not reflect the relative performance on the services. In many cases, it may reflect the number of interviewees who have used the services.

6. Quotes are used where appropriate to capture specific wording. In other cases, the comments are paraphrased.

B. SIGNIFICANT COMMENTS ON OMA PERFORMANCE

Multi-Division or OMA as a Whole

1. Overall, OMA is judged to be very useful, effective and responsive by its customers. Comments include "extremely useful;" "top notch in all areas;" "has provided excellent support;" "has done a superb job in all cases;" "is very responsive;" "is very professional;" "is very helpful;" "has good attitude;" "if they don't know the answer, will get back to you;" "never get woe is me;" "never

complain of not having enough staff;" "delivers excellent service 90% of time;" "overall, rates very good- 9 out of 10;" "has positive and successful interactions with the office." (12 people)

2. OMA's role has been largely preventative- "to provide an early warning of problems." (one person)

3. OMA has good credibility with outside organizations. Although it is not completely independent, it has a reputation for providing honest information. (one person)

4. OMA rates very well in comparison with other agencies. Comments include "NIH is more cooperative (regarding GAO audits) than many agencies GAO is involved with;" "OMA is at the top of NIH offices in professionalism and responsiveness;" "NIH audit liaison is superior to other HHS audit liaison organizations." (three people)

5. Three OMA services stand out- FMFIA reporting, management control and management improvement reviews, and OIG/GAO audit liaison.

6. Timeliness is a significant concern, e.g., on DPI reports. (six people) See below for comments on timeliness by division.

7. OMA is overworked and understaffed. (one person; ten people commented that OMA needs more staff)

8. OMA is to be commended for surveying and interviewing its customers. (four people)

DMS

1. Overall, DMS operational services are judged to be very good. (five people). Comments include, "very good and consistent;" "services are excellent;" "very responsive;" "Division Director very much on top of things;" "Analyst responsible for regulations and Federal Register processing is one of my best people;" Division Director has mindset for information sharing;" "staff very knowledgeable in providing interpretations on manual chapters and delegations."

2. DMS operational services are ok, staff are doing the job, but services don't stand out. There is a weakness in timeliness- in getting things approved at the Department level, e.g., organizational changes. (one person)

3. Specific highly favorable comments were made about the following services:

   a. Regulations, Federal Register processing. (three people)

b. Organizational changes. (three people)

c. Manual Issuances. (three people)

d. Privacy Act. (two people)

e. Delegations. (two people)

f. Records management. (one person)

4. There were also some criticisms about certain operational services:

a. Processing of regulations is slow. (one person)

b. Processing of organizational changes is slow. (four people) Comments include: "takes too long to get organizational codes assigned;" "can take 6-8 months to get a code;" "take forever;" "has to go all over the place;" "analyst is excellent, but is stretched thin and is not as responsive as desired;" "would like to know how long it takes for approval of different types of organizational changes." One individual commented that there was a delay in posting an approved reorganization on the Web site.

c. Documentation required for organizational changes is overly complex. (two people)

d. Manual Issuance processing is slow. (two people) Similar to the comment above for organizational changes, one interviewee commented that "Analyst does excellent work, but is stretched thin and is not as responsive as desired. On one occasion policy was done, but was never implemented."

e. There are some policies that OIT and OHR maintain on their Web sites, but are not on the OMA Web site. All NIH-wide policies should be maintained centrally by OMA.

f. Privacy Act function.

- Responses to Privacy Act questions could be more timely and accurate. The analyst performing the function frequently doesn't know the answer and has to ask the Division Director- the formally designated Privacy Act Officer. Analyst immediately e-mails the Division Director. There is often a delay (2-3 days) in getting a response, and the interviewee often has a sense the information is not accurate. Interviewee commented that A-76 duties of Division Director may be a major contributing factor in delay. (one person)

- Analyst performing Privacy Act function is very responsive, but not as knowledgeable as Division Director.

- Division Director is very responsive on issues pertaining to Privacy Act.

g. Delegations.

- Processing is slow. (one person)

- It is difficult to find formal delegations for a specific function. There is no consolidated matrix or central database of delegations of authority (DOAs) for all functions. (one person) (Note: We understand that OMA recently implemented a centralized delegations database, which should address these concerns.)

h. Records management. OMA needs to do more in informing and reminding people of what records must be maintained (two people), and how long various types of records must be maintained (two people)

i. Forms.

- Processing of forms is sometimes slow. It used to take 2-3 days; recently it has taken as much as 6 weeks. Interviewee indicated maximum turnaround time should be 2-3 weeks. (one person)

- Changes in forms should be easier to make; to change one word is difficult. It is hard to get new forms drawn up. (one person)

5. A- 76. Several people commented on the excellent efforts of the DMS staff, particularly the Division Director, in performing a "difficult job" in the A-76 function. (eight people) Examples of comments include:

a. Division Director has done great job on A-76.

b. Division Director has done excellent job in a difficult position. Advice has been responsive and quite good. Division Director has done extraordinary job in managing the process, and has been very good in diffusing situations, resolving concerns, and responding to hostile questions.

c. An absolutely outstanding job.

d. A-76 staff are very knowledgeable.

e. Staff has done a tremendous amount of work.

6. There was also a fair amount of criticism of the A-76 function. (nine people) Most of the criticisms appear to be directed at the program in general, as opposed to the OMA role in managing it. One interviewee stated that, in offering her concerns, it was difficult to "tease out" the OMA role in managing the process from the overall program. Comments in this area were more "heated" than in most of the other areas. Examples of comments are presented below. We have not tried to separate the OMA role from the overall program.

   a. NIH didn't have the expertise to handle an A-76 program. It did the right thing in getting contractor support- although the contractor could have been more effective. (one person)

   b. The program could have been managed with less impact on the ICs in the first year. The ICs were put on their own to do the initial studies, with little guidance. This was a mistake. Now the ICs have to go back and redo some studies. (two people)

   c. It was a mistake doing the two big studies in the second year. (one person)

   d. Initially, communications were not good, e.g., criteria for selecting jobs to compete, options, exceptions, how competitions would be conducted, transfer of displaced people. Issues raised in e-mails and town hall meetings weren't covered adequately. (three people)

   e. Leadership from the Department and the NIH Office of Management could have been better. (one person)

   f. NIH moved too quickly. (one person)

   g. Division Director is not in a position to make strategic decisions, e.g., number and selection of positions to classify as commercial and be subject to A-76. No one is looking at the big picture, i.e., whether NIH is or should be bearing more than its fair share of positions subject to A-76. (one person)

   h. Communications regarding the implementation (e.g., timing) of the MEO could have been more effective. (one person)

   i. ICs have a different way of reporting FTEs than the method used to determine the staffing for the MEO. This needs to be reconciled. (one person)

   j. Division Director doesn't have enough people for A-76; should have three more people. (one person)

k. Contractor could have been more effective. (four people)

- Contractor staff were junior and inexperienced, didn't know NIH, couldn't answer questions, and didn't prepare a transition plan. (one person)
- Contractor could have done more work itself on the Performance Work Statement (PWS) and the MEO. (one person)
- Quality of the work of the A-76 contractor was not strong, although they "did what they thought was needed to help the Government win." (one person)
- Maybe the contractors weren't that good. Contractors provided guidance for winning the MEO that involved staffing and grade levels that may make it difficult to implement satisfactorily. (one person)
- Contractor advised NIH to design an organization that was at least 25% cheaper than the current one in order to win the MEO. (one person)
- A-76 contractor is an expert in A-76, but not organizational redesign. (one person)

l. There is a challenge in achieving consistency across the ICs with respect to comparable jobs, including capturing all the work that's done across ICs in meaningful definitions that people understand. (one person)

m. No one figured out how to make the MEO work at a practical level. (one person)

- NIH didn't fully comprehend what would happen if it won.
- The MEO reflects only a conceptual definition of the work flow and work processes.
- No one is dealing with change management, including how to get buy-in.
- The technical people in the ICs doing the work on the MEO are not organizational redesign people. As indicated above, the contractor is an expert in A-76, not organizational redesign.

n. IC is constantly being asked for information, e.g. PDs of staff. It takes considerable time to keep up with all the requests for information. (one person)

DORL

1. Overall, audit liaison is judged to be very good-excellent. OMA staff performing this function are very knowledgeable and very good. Interviewees indicated that OMA is very useful in identifying interviewees, identifying needed financial inputs, arranging meetings, getting the right people to the table, and coordinating Agency responses to draft audit reports. OMA honestly conveys the Agency's position in compiling comments. (6 people)

2. As indicated above, OMA rates very well in comparison to other audit liaison organizations. (two people)

3. The monthly summary of GAO reports is very useful. (two people)

4. There were a few criticisms about the audit liaison function.

    a. Most of the work in responding to draft audit reports is the IC's. All OMA does is to paste comments together. OMA should provide more information about the context for preparing comments, e.g., what other NIH offices are saying, results of similar reviews. However, interviewee acknowledged that OMA is always responsive when asked for information. (one person)

    b. Does not see the final response put together by OMA until interviewee is asked to provide follow up information on response to recommendations. (one person)

    c. There is no documentation on the audit liaison process, e.g., what the expectations are for IC responses. (one person)

    d. OMA could do a better job of helping structure what GAO and OIG want, and then ensuring that they stick to the plan. Currently, GAO and OIG change their data collection needs frequently or don't articulate them clearly, so that the ICs have to spend a lot of time scrambling for data. (one person)

5. Comments on the audit follow up function were mixed.

    a, The analyst recently assigned to the audit follow up task has done an excellent job. She is very thorough and persistent. (one person)

    b. IC never hears anything more about recommendations. Particularly if recommendations dealt with systemic problems, IC would like to know if the recommendations were implemented and the outcomes, i.e., if the problems were corrected. This is especially desired on recommendations dealing with management controls and grants. (one person)

c. This has been a problem in the past, but appears to be getting better. Sense is that (in the past) no follow up was done on recommendations. Interviewee said that many of his colleagues (mainly the younger GMOs) did not feel they had to respond to or follow up on recommendations. They just filed the report. Interviewee feels that GMOs should provide a note back to OMA on the actions taken. He takes this task very seriously. (one person)

6. OMA has been "great" in the CSO function. OMA staff performing this function have been very responsive. OMA was very helpful in referring someone to provide security training to the IC. NIH has been struggling to get the CSO program up in running with very few resources. (one person)

DQM

1. FMFIA package put together by OMA is "very easy to understand." OMA does a good job of collecting information from stakeholders and putting it into a particular format. (two people)

2. Comments on the annual Management Control Plan were mixed.

   a. OMA does a "really good job" in putting together the Management Control Plan every year.

   b. The recent e-mail requesting nominations of management controls to review was not useful. It's too open-ended. It would be better for OMA to suggest candidate areas for management control reviews, along with the rationale, including reported problems in prior reviews.

3. Self-Assessment Checklists for reviewing an IC's management controls in various areas are very useful. (four people)

   a. OIR has developed a 12-page checklist, which it administers bi-annually to identify management and technical issues for potential corrective action.

   b. An IC Deputy Director used the checklist after assuming the Deputy position to get a "handle" on the IC's improvement needs.

   c. OER is currently developing an internal review checklist for grant awards, which promises to be very useful.

4. Comments on DQM management control and management improvement reviews were generally favorable. Positive comments about usefulness and quality were

made about both management control and management improvement reviews. (six people)

a. Benchmarking comparisons of ICs in terms of staffing and other parameters were reported to be particularly useful. (four people). One interviewee (a GMO) commented that he especially likes the ability to compare his IC against others with respect to grants staffing, grants vs. program staffing, staff per grant, deployment of grants staff, etc. However, one interviewee commented that benchmarking information, while useful, was often difficult to interpret, because of the difficulty in identifying comparable organizations.

b. On the SREA review, OMA was very good in working with OFM and other ICs to identify key issues. On this and other management control reviews, OMA has worked with OFM in a collegial manner. (one person)

c. OMA's management improvement review of extramural activities in NIGMS was very thorough and comprehensive. The benchmarking comparison of staffing with other ICs was very useful. However, the report did not help in justifying staffing increases; another report was needs for this. (one person)

d. OMA's management improvement review of the Office of Research in Women's Health was useful- in encouraging the office to improve. (one person)

e. OMA's management improvement review/staffing study of an NHLBI administrative organization was "top notch." The objective was to determine the best way to staff the branch. OMA confirmed some views held by Branch management, and also identified other issues. The Branch implemented many of OMA's recommendations. (one person)

f. Management control review of the Pharmacy program was "good." (one person)

5. Three comments on OMA's management control and management improvement reviews were less favorable.

a. On the NHLBI study mentioned above, one interviewee said that the study was "ok," but that the analysis was limited and simplistic. Many of the results were based on a comparison with other administrative offices (AOs); in fact, the differences in AOs make comparison difficult.

b. The staffing study performed for OIR's immediate office several years ago was "ok," but not very practical. It showed that OIR's immediate office needed a far greater number of people than was realistic.

c. Initially, DQM management control reports (e.g., on travel and purchase card) were "kind of thin." Reports were light in "authentication and justification." Recent reports (e.g., SREA review) are better; OMA is now "moving in the right direction."

6. Comments on OMA's dissemination of best practice information (not currently being done) were mixed. (three people)

   a. Simply sending out e-mails of best practices is not useful. ICs need direction and focus on what is important. Executive Officers (who have a lot to read) won't pay attention to a simple compilation of best practices. (one person)

   b. Best practice information is sometimes useful, and sometimes not useful-when it's not applicable. (one person)

   c, Some of the best practice information is useful. However, interviewee uses DQM (especially DQM Director) more as a valuable resource on where to get information (see below). (one person)

7. Several interviewees commented favorably on working relationships with DQM staff. (four people)

   a. As indicated above, on the SREA review and other management control reviews, OMA has worked with OFM in a collegial manner. (one person) (Note: The SREA review involved a mix of DQM and DPI staff, with DQM as the lead.)

   b. As indicated above, interviewee uses DQM (especially DQM Director) for advice on where best to get information, e.g., on human resource staffing levels. (one person)

   c. DQM staff are always responsive. (one person)

   d. DQM staff are very helpful and practical. (one person)

DPI

1. Overall, the usefulness and quality of DPI services were considered to be very good. Comments included "an incredible resource;" "value is high and quality is excellent;" "reports are very good;" "analyst was very efficient and very much on top of things;" "reports are straightforward and thorough; "quality is excellent; "generally a good job." (six people)

2. Seven DPI staff were mentioned specifically for the high quality of their work. These included the Acting DPI Division Director, the two Team Leaders, and four analysts.

3. While acknowledging the overall good quality of DPI reports, two interviewees indicated that the "quality varies." (two people)

   a. Reports from new people aren't as good as others, e.g., aren't as substantive, aren't as well-written. (one person)

   b. The Director, OMA holds staff to a "higher standard." Reports have gotten better under the OMA Director. (one person)

4. Timeliness of DPI reports was mentioned as a significant concern (six people).

   a. For example, by time some reports are issued, findings may be moot; grant may no longer be active, or PI may have moved on. (two people)

   b. Sometimes it seems that analysis is stretched out. When there is lack of materiality or no significant findings, case should be closed more promptly. (one person)

   b. DPI is operating under constraints (such as delays in provision of requested information, level of workload), which affect timeliness. Also DPI tries to be very accurate, which may delay reports. "Back and forth drafts" also may delay reports. (four people)

   c. A contributing factor to delays is that some (of the younger) GMOs may not be familiar with what DPI is trying to accomplish. They hear "audit," and may think DPI is trying to uncover problems in their operations. Interviewee sees DPI reviews as "improvement opportunities," not "problem-finding opportunities." (one person)

   d. Timeliness on DPI reviews has gotten much better. (one person)

5. One interviewee commented that some DPI staff are easier to work with than others. Three DPI staff were mentioned as "intimidating," or "giving staff the feeling that they are doing something wrong," or "coming on too strong." (one person)

6. One interviewee mentioned that because it didn't have subject matter expertise in the "culture of the review process," DPI added little value to a review it performed of a conflict of interest for someone on the IC's Board of Scientific Counselors. However, DPI was very responsive to the IC in the review. (one person)

C. SUGGESTED OMA IMPROVEMENTS

Multi-Division or OMA as a Whole

1. OMA should have more staff. (10 people)

   a. More A-76 staff. (six people)

   b. More staff for DPI reviews.

   c. More staff for expanding OMA mission.

   d. Could be in-house staff or contractors.

   e. A mix of Government and contractor staff is desired, since:

      - Employees are sometimes too close to issue.
      - Contractor provides fresh set of eyes.
      - Contractor can benchmark with other agencies where they've done work.

2. OMA's image needs to be turned around. It's currently viewed as an auditing/policing organization. (one person)

3. OMA needs to do a better job of marketing its services. OMA needs a marketing arm. (five people) Also see items 4, 5 and 6 below.

4. OMA needs to:

   a. Remind people of what it is doing.

   b. Inform people of the outcomes of its work.

   c. Demonstrate results and successes.

   d. Market its services.

   e. Better acquaint NIH senior managers (e.g., IC Directors and Deputy Directors) of OMA services.
   (five people)

5. OMA needs to educate NIH staff and advertise and promote its services.

a. On purpose of DPI reviews- as opportunity for improvement- not to uncover problems and point fingers.

b. DPI should be more visible at meetings- at IC staff meetings, GMO meetings, Extramural Program Committee (EPC) meetings, etc.

c. On importance of audit follow-up. Interviewee sees this as joint OMA and IC responsibility.

d. DQM should advertise and promote its benchmarking services.

e. Interviewee feels that OMA is not well known- that OMA (or at least DPI) seems to want to keep a low profile.

f. However, if OMA does more advertising and promotion, it has to deliver. (one person)

6. Educate the ICs on what OMA is, what OMA does, and what OMA can do for ICs. OMA needs more visibility. (one person)

7. OMA should inform the ICs, in a general way, of the nature and results of this management study.

8. OMA staff need to work better together. OMA staff need to adopt view, "We are all in this together." For example DMS Division Director should be informed about best practices in A-76. (one person)

9. OMA needs to improve working relationships in the office. (one person)

10. OMA name is a misnomer. Maybe should be "Office of Management and Program Assessment." (one person)

DMS

1. Organizational changes.

   a. Provide information on level of complexity, process and amount of time to handle different types of org. changes. (one person) (Note: We understand that this is not documented, but a time estimate can be provided by OMA, based on experience, for an individual change upon request.)

   b. Need a quicker way of processing organizational changes. It can take 6-8 months. (one person)

   c. OMA could be more pro-active in facilitating Department approval of actions like organizational changes.

d. Be more responsive on certain functions like forms, manual chapters, and organizational changes. ICs shouldn't have to follow up and remind OMA staff to get things done. (one person).

2. Manual Issuances.

a. Have OMA be central repository for all NIH policies, including those of OHR and OIT. It's ok for those offices to also maintain certain policies, but OMA should be official place for all policies. (one person)

b. Be more responsive on certain functions like forms, manual chapters, and organizational changes. ICs shouldn't have to follow up and remind OMA staff to get things done. (one person).

3. Privacy Act.

a. ICs need more training, e.g., what information do ICs have to release. Maybe have ongoing regular classes available for new people, and possibly targeted at supervisors and managers. (one person)

b. Improve response time and accuracy on requests for information re: Privacy Act. (one person)

4. Delegations. Centralized delegations data base would be useful. (one person) (Note: As indicated earlier, we understand that OMA has recently developed such a system.)

5. Records Management.

a. Need concrete guidance on what information you need to keep, e.g., e-mails as system of records, hard copy of calendars. (one person)

b. Need more information on (1) what records retention requirements are; and (2) whether ICs are meeting requirements. (one person).

c. (1) Remind people of how long to keep records- paper and electronic. People tend to hang onto records longer than they should; (2) Educate about records retention. Put posters around campus, or use sound bites; (3) Take more proactive approach in informing people about records retention. (one person)

d. Do more outreach and education on responsibilities re: maintenance of electronic and paper records, in light of conversion to paper records. (one person).

e. Would be useful to have central database on records management- schedules for different types of records. (one person) (Note: We understand that this is available on the OMA Web site.)

6. Forms.

   a. Improve timeliness of forms. (2 people) Previously, it took 2-3 days; now it can take as much as 6 weeks. It should take no more than 2-3 weeks. (1 person)

   b. Be more responsive on certain functions like forms, manual chapters, and organizational changes. ICs shouldn't have to follow up and remind OMA staff to get things done. (one person).

7. A-76 Function.

   a. Improve A-76 function. Division Director should get more in-house staff or a better contractor. (two people)

   b. Have contractor who have expertise in organizational redesign in addition to the A-76 process. (one person)

   c. Consider work flow and work processes more thoroughly in designing the MEO. (one person)

   d. Address change management (the human aspects of the process) better in designing and implementing the MEO. (one person)

   e. Communicate better to those affected by the A-76 study. (one person)

   f. A possible approach to minimize disruption is that when Government people leave, they would be replaced with contractors. Whoever wins the contract would just replace Government people incrementally. (one person) (Interviewee indicated she didn't know the feasibility of this or just how it would work.)

   g. Director, OMA should be more conversant in and on top of A-76 from a strategic standpoint. (one person)

DORL

1. OIG/GAO Audit Liaison.

   a. OMA should be more active in helping structure GAO/OIG data collection. Find out exactly what GAO and OIG want, help in structuring

data collection plan, and follow up to ensure that they stick to plan. (one person)

b. Develop documentation on what the audit liaison process is, including what the ICs and offices can expect regarding OMA support, and what is expected of them. (one person)

c. Ensure that final Agency response to draft audit reports go to lower level managers in the organization. (one person) (Note: We understand that OMA has increased the distribution list to go further down in the ICs.)

2. OIG/GAO/DPI Audit Follow Up.

a. Do more follow up (e.g., semi-annually) on audit recommendations, especially those of GAO. Maybe also follow up on recommendations of OMA management control reviews. Let the NIH "community" know about the audit issues, results and status of recommendations. (one person)

b. OMA needs to do more follow up of GAO reviews. Agency disagrees with 40% of GAO recommendations. When there is disagreement, there is little incentive to follow up. (one person)

3. CSO Function. (Note: Some comments appear to relate to the classified security program as a whole, as opposed to only the OMA role.)

a. On the extramural side, OMA should go to ICs and advise them on what grantee research data is classified. On the intramural side, interviewee raised question of whether CSO function includes issues associated with the safeguarding of selected chemical agents. (one person)

b. Agency needs to establish a process for making decisions on what documents should be classified, and who can classify documents. (one person)

c. Need to establish a clearer link between CSO function and NIH Security office, which is responsible for physical security. There may be information aspects related to physical security that should be classified, e.g., physical drawings that show secure facilities. (one person)

d. Need to determine whether NIH needs a "SKIF"- the highest level type of secure room.

DQM

1. Spend more time on the "kinds of things" Rob Weymouth's group does. (one person)

2. Continuous Quality Improvement/Best Practices.

   a. Determine and indicate applicability of best practices to ICs, e.g., in 1-2 paragraphs, similar to that provided by DORL on monthly summary of GAO reports. (one person)

   b. Take more pro-active role in encouraging ICs to share experiences and resources re: best management practices. An example would be for ICs to reach consensus on what human resources (HR) data to collect and how to collect it. (two people)

3. Benchmarking.

   a. NIH, with support by OMA, should have a regular benchmarking program. Comparisons should be made annually on a range of benchmarking attributes. Get picture yearly of "where ICs stand." OMA should develop a "benchmarking strategy" for benchmarking activities. (one person)

   b. Find out who else in NIH has had problems in certain management areas and how they addressed them, and communicate this to Executive Officers. (one person)

4. Management Control Reviews.

   a. In annual letter to ICs, provide results of management control reviews conducted, and list of proposed areas for review, with rationale. It's better to react to a proposal with options than to respond to an open-ended request. (one person)

   b. Provide results to ICs of management control reviews performed by OMA and other offices, such as OFM. (one person)

   c. Follow up on recommendations in management control reviews. (one person)

DPI

1. Notification of review status.

   a. OMA could do a better job of notifying IC about the status of on-going reviews. (two people)

   b. One of the above interviewees commented that the Director, OMA should hold discussions at the management level with the Director, OER on the

status of grantee reviews. There should be standard procedures for discussions at the IC or office director level on the status of investigations.

2. Improve timeliness of reviews. (five people)

3. DPI could appropriately issue only one draft of a report (to subject of review and IC concurrently), rather than two drafts. (four people)

4. Send working draft report of preliminary findings to grantee, IC and OER to get reactions. This could save time in completing the final report. (one person)

5. Site visits instead of Information Collection Requests to save time.

   a. One person agreed; two people opposed idea.

   b. Maybe DPI should state (tactfully) in a letter to the grantee that timely compliance with the information request could- or would- obviate need for a site visit. (one person) This might speed up compliance with request.

6. DPI should close out some reviews more quickly, i.e., where it is evident that there will be no significant findings. When review is not closed out, it leaves grantee PI, PO and OER hanging, i.e., allegation hanging over their heads. (one person)

7. Provide subject matter experts (SMEs) in areas like peer review to support reviews and enhance value to ICs. SMEs could be internal or external to NIH. Potential models (or ideas) for use of experts are the NIH Ombudsman office and the IC Boards of Scientific Counselors (one person)

8. DPI should do "streamlined" or "smaller stage" reviews in some cases. (two people) See also item 9 below.

   a. This could involve limiting the analysis where the issue is not as likely to yield significant findings. (one person)

   b. Interviewee confirmed the following comment from survey: "I think that OMA services, especially DPI services, should include consulting with management on how to resolve issues that may not require a DPI review and be available to provide assistance in that regard. I think it would also be useful to management if OMA could somehow develop a reliable mechanism for quick turnaround of an issue without conducting a full review." (one person)

   c. Streamlined review might involve some aspects of the following:

      - Abbreviated data requests.

- Telephone consultation with IC or OER discussing experience on similar cases.

- Targeted review of management controls.

- Issue report without comments from institution.

- Example- There is an allegation that institution doesn't have the resources proposed in the application, and that PI absconded with the equipment. There is a need for quick turnaround, since OER and IC want to know whether to approve a grant for funding. They need to confirm that equipment is indeed gone. (one person)

9. Related to the above concept of streamlined reviews, DPI could provide consultative services about sensitive management issues without the need to do a formal review. OIR could use OMA's expertise on a collegial basis- providing advice without initiating a formal review, maybe similar to the advice provided by the Ombudsman office. (one person) (Note: Another interviewee reported that she frequently consults with a DPI Team Leader in a similar manner.)

10. OMA should be more conscious of SBIR vulnerabilities, since they are not traditional grantees. (one person)

11. Director, OMA should review reports in terms of content, high level/conceptual issues only. This is what the previous OMA Director did, based on writing course presented to DPI by GAO.

12. Make (some) DPI staff more "user friendly." Improve interviewing skills of some analysts. (Interviewee suggested that some (two or three) DPI analysts could be less strident and less threatening in their interviewing style.)

13. ICs, including GMOs, should be educated to follow up on recommendations and provide written notification to OMA on status. "Money is immaterial." Changes in policies and procedures are more important. Many DPI reports do not have recommendations for recovery of funds. (one person) (Note: There were two related recommendations for audit/review follow up listed under DORL.)

14. There should be a better process for (1) procedures and responsibilities for monitoring results of A-133 audits and compliance with integrity agreements; and (2) coordination of the entire case and the many entities involved. Involved entities are the IC Director, IC PO, IC GMO, OMA, OER, NIH and HHS audit resolution offices, OIG, and DOJ. Interviewee acknowledged this is not OMA's responsibility, but appeared to be frustrated with a lack of coordination.

D. ADDITIONAL OMA SERVICES

Multi-Division or OMA as a Whole

1. None. OMA has enough on its plate, and should concentrate on doing well in its existing services. (one person)

2. OMA needs more clout for its expanding mission. OMA should report to the Director, NIH. (one person)

3. OMA could help in (1) ensuring consistent policies across the offices in the Office of the Director (OD) and evaluating whether there are proper internal controls, e.g., in charge card purchasing; (2) developing an internal control system within the OD; and (3) developing structural flow of processes within the OD. (one person)

DMS

No comments appear to relate directly or only to DMS.

DORL

No comments appear to relate directly or only to DORL.

DQM

(Note: The comments listed below appear to relate more to DQM than to the other OMA divisions. Also note that comments 1-7 were made by the same person.)

1. Show ICs how to run "the place" better. Show how things can be run differently. (one person)

2. Sell good management practices to ICs as way of making science better. If you save money in process improvements and staff reductions, you have more money to buy equipment. (one person)

3. Help transform NIH to a "GE" type organization, i.e., strong centralized management. NIH is like GE- a conglomerate with diverse businesses. (one person)

4. Devote 1 day/week into helping determine how to "run NIH better." May require contractor support. (one person)

5. Assign 3-4 staff for 6 months full time to look at organization charts of every NIH IC to see what improvements could be made. (one person)

6. Bring in high powered management leaders to talk to ICs about management disciplines, e.g., Rudy Giuliani on leadership. OMA needs a "hook" to persuade ICs to adopt better management practices. (one person)

7. Look at issues such as (1) impact of one IC taking administrative actions such as paying higher salaries on other ICs; (2) impact of changes such as leased space on requirements for ancillary space, such as security; (3) how to better "harmonize" NIH- how to better coordinate administrative functions such as budget, finance and acquisition.

8. Take more pro-active role in addressing management vulnerabilities in a systematic way (e.g., ethics, use of certain authorities and titles). (two persons)

9. Related to above point, interviewee elaborated on the following comment from the electronic customer survey: "A more robust, pro-active program re: high visibility ethics, program integrity issues." OMA should convene a group of senior NIH managers in a retreat (similar to what was done for Roadmap), and define areas of high vulnerability for review.

   Examples of such areas include Title 42, outside activities (e.g., potential abuse of positions by employees providing consulting services to organizations that receive NIH funding), sponsored travel, use of gift funds (funds given to NIH from foundations that may have designated uses), facilities (e.g., capital vs. operational leases), functions of Ethics Officers in ICs. The issue on the latter point is whether Ethics Officers can be impartial when reviewing ethical issues of people above them. This could include a review of how ethics decisions are made/adjudicated across the ICs, and an analysis of whether decisions should be made centrally, i.e., on a "corporate basis."

   The process for the above initiative would involve:

   a. Senior managers define areas of vulnerability.

   b. Risks are assessed for each area of vulnerability.

   c. Areas are prioritized.

   d. Determination is made of how many and which areas can be addressed with existing resources, and whether outside and specialized resources are needed.

   (one person)

10. OMA should not address ethics issues. This should be responsibility of the knowledgeable and accountable agency- OHR. (one person)

11. OMA should provide staff support for IC management consulting contracts. (one person)

DPI

No comments appear to relate directly or only to DPI.

E. OMA SERVICES WHICH SHOULD BE ELIMINATED, MOVED OR CONTRACTED

Multi-Division or OMA as a Whole

1. Much of what OMA does is inherently Governmental. However, certain OMA consulting services could be contracted. Because of FTE limitations, OMA should make greater use of contractors. (three people)

2. OMA could possibly absorb some of the Office of Strategic Management Planning (OSMP). (two people)

    a. Move some parts of OSMP to OMA, other parts to OHR. OMA could analyze alternatives. (one person)

    b. OMA could possibly do strategic management planning and absorb all of OSMP. (one person)

3. However, one interviewee said OMA should not absorb or merge with OSMP. OSMP has its hands full with transition activities. OMA also has its hands full.

DMS

1. Operational DMS services don't fit in OMA and should be moved to another organization. (two people) One of these interviewees suggested that certain of these services should preferably be outsourced.

2. Maybe move the Privacy Act function to FOIA office. (two people) The two functions are related.

    a. FOIA is a separate office of five people under OCPA.

b. One interviewee said she sometimes contacts FOIA office on privacy-related questions when she can't get timely answers from OMA.

3. Based on its mission, the Office of Research Services (ORS) could assume certain DMS operational services; however, there is no compelling reason to do so. (one person)

4. Maybe the Forms and Employee Suggestion Program should be moved. (two people) However, one interviewee acknowledged there would be little benefit in this because they use relatively few resources.

5. Forms and Employee suggestion program could be contracted out. (one person)

6. Maybe put the A-76 function directly under the Deputy Director for Management (DDM). (one person)

DORL

1. Move audit liaison function to OFM. Rationale: The function deals with audits, and OFM is heavily involved with audits. OFM provides liaison for contractors hired by the OIG to perform financial audits of NIH and other HHS agencies. Audit liaison is a financial management function. (one person)

DQM

1. Maybe move Best Practices/Continuous Improvement Program to OSMP. That's what OSMP is supposed to do. (one person)

DPI

No comments appear to relate directly or only to DPI.

F. OMA SERVING AS STAFF TO THE DDM

1. OMA already does this to some extent, e.g., with A-76 program. (two people)

2. Yes, more than they do now. (three people)

3. DDM should have a larger staff. DDM should turn to OMA more. DDM should have a deputy. DDM would deal outward- to NIH Director and Deputy Director. Deputy DDM would deal downward and inward- dealing with the Executive Officers and on issues such as A-76. (one person)

4. No. Independence would be compromised. DDM should have small (3-4 people) immediate office. Management issues should be addressed by the relevant offices- OMA, OFM, OHR, etc. (two people)

G. DOES DPI HAVE TO REVIEW ALL CASES?

1. There is no "requirement" for OMA to do this. (two persons)

2. OMA could prioritize and triage its cases, decide not to review some, and refer some back to the ICs- under certain conditions. (14 people)

   a. Certain sensitive cases, including cases involving IC managers at division director and above, would still need to be reviewed by OMA. (three people)

   b. There is a real need for independence on some reviews, which only OMA can provide. ICs may not have the proper perspective to review such cases. (two people)

   c. Smaller ICs may not have staffing to do their own reviews. (two people)

   d. OMA would need to provide training and guidance to smaller ICs to perform reviews. (two people)

   e. ICs could do this, as long as they have a management analysis- or equivalent- organizational unit. (one person)

   f. IC staff are not investigators. ICs rely on OMA's auditing expertise. (two people)

   g. There would need to be an explicit policy, including written criteria, regarding cases that OMA would not review and/or refer back to the ICs. (three people)

   h. Criteria in selecting cases not to review or refer back to the ICs should include:

      - Risk to NIH.
      - Dollar amount.
      - Perception in NIH, i.e., what issues are "hot" currently?

      (five people)

   i. Maybe give ICs the option. Ask them if this is something they want to pursue, or want OMA to pursue. OMA could negotiate with the ICs on

case by case basis, considering the complexity of the issue and other criteria. (two people)

j. ICs already do their own reviews in certain cases. (four people)

k. NINDS Management Analysis group does its own management control reviews in areas like travel, timekeeping, conflict of interest, outside activities. NINDS has its own pro-active risk assessment program. (one person)

l. Simple, lower priority cases could be referred to the ICs. (three people)

m. ICs could review certain cases and report back to OMA. OMA should perform quality control of reviews done by the ICs. (two people)

n. Many cases can be resolved by discussions between the grantee and the IC and not require a review. (two people)

o. Grantees could also do their own internal reviews and report back to OMA. Many grantees have their own internal auditors. (one person)

p. Some cases may not need to be reviewed at all- by either OMA or the ICs, e.g., a non-monetary issue where the grant is ending. If there is no materiality, case should not be reviewed. (two people)

q. If there is insufficient information, OMA should close out the case. Three days of gathering information to identify the grantee (subject of the allegation) is excessive and wasteful. (one person)

r. There is nothing wrong in OMA having 80% of cases with no recommendations. The IC likes to know that a case was investigated and that there were no problems. (one person)