MODULE I
Problem-solving exercise
Identifying Resources

To the instructor
At the end of the lecture, have the large group form smaller groups of 4-6 individuals for the problem-solving exercise. Depending on the size of the large group, the small groups may be working on the same or different scenarios. The groups will have 15 minutes to answer the questions. Small group members are encouraged to help one another find the necessary information but each ombudsman should record the answers on his/her own work sheet.

The instructor informs the group that each small group will be given two scenarios and asked to solve a particular problem in each. Each group should appoint a facilitator in their small group to help keep the group on task. Participants are asked to respond to the question posed at the end of each paragraph before moving on to the next. The instructor reminds the group there is never just one way to solve any problem and that each group may arrive at different solutions and different paths to the solution. The purpose of this exercise is to insure that ombudsmen know the resources and how to contact them.

Tell the group they may not have time to solve both problems. This is OK. They can take the other one home and you can review it at the next training if there are unanswered questions.

After about 10-15 minutes, the facilitator asks participants to re-group as one large group, reads the questions aloud and gives each group a chance to answer one of the questions; the facilitator makes sure the information is accurate and clarifies any inaccuracies.

Before the group disperses, the facilitator distributes the homework to prepare for the next module and reminds the group of the date and time of the next meeting.
Problem one
Resident is not receiving all the services to which s/he is entitled.

Scenario
You visit an adult care facility. You notice that many of the residents seem to just be milling about, interacting little, smoking a lot and with little to do. You notice many seem overweight. One of the residents approaches you and complains there is no swimming pool. How do you respond?

To the instructor: There are many possible responses. The ombudsman may find out the resident wants a membership at the YMCA or health club. The ombudsman may discover the resident actually doesn’t know how to swim but is talking indirectly about wanting any kind of exercise. The ombudsman may discover the resident is just bored and said the first thing that popped into his/her mind. The key point here is that the ombudsman asks a lot of questions to find out what is on the residents mind.

After talking with the resident, it becomes clearer that the resident is concerned about weight gain, possibly related to his/her new medications and wants an exercise program. S/he used to like to swim, but now is open to any form of exercise. The resident has tried talking to his/her case manager and to the one of the workers of the ACF without success. What might be the next step?

To the instructor: There are many possible responses. Ideally, the ombudsman would offer to facilitate a meeting with the resident, case manager and ACF manager to discuss a way to build exercise into the resident’s daily schedule.

In the meeting with the case manager and ACF administrator, the administrator becomes defensive and states that s/he is under no obligation to provide exercise facilities and tells the resident s/he is lucky to have a nice place to live and shouldn’t be so demanding. How do you respond?

To the instructor: There are many possible responses. The ombudsman may/may not be aware this isn’t true. The ombudsman may be struck by the rudeness of the administrator’s response. During the discussion, make sure all ombudsmen know to challenge any statement about the facilities obligation and know where to look to confirm or refute. If the ombudsman doesn’t know where to look, s/he should know whom to contact to find out.

The ombudsman has clarified for the administrator that indeed the NYS Rules and Regulations governing ACFs do require attention to exercise and gets the conversation back on track to find a way to meet this resident’s need and request. Now however, the administrator complains s/he does not have sufficient resources to either get the resident to the gym, to buy an exercise bike or to have staff facilitate exercises in the day room. In fact, no matter what solution is proposed, the administrator gives a reason s/he can’t or won’t support it. How do you respond?

To the instructor: Again there are many possible responses. The ombudsman will likely discuss this with his/her supervisor and may decide this represents a neglect situation and contact adult protective services. Or the ombudsman may see this as an issue that the mental health case manager needs to address more vigorously and work through the local community mental health center and if results are not forthcoming, to contact the county mental health authority.
Problem 2
You regularly visit adult care facilities. In one particular adult care facility, you notice that most of the residents seem to have little energy, while others pace restlessly; some have tremors; many appear overweight. Many just mill about, interact little, smoke a lot and have little to do. Sometimes you arrive when medications are being dispensed and you notice the following: the med cart is often left unattended; there is little interaction with the residents when being given their pills, i.e., no inquiry about side effects. All of this makes you wonder about the medication practice in the facility. What do you do?

To the instructor: The key learning point here is that the ombudsman know the state resources and authorities charged with oversight. You should prepare an organizational chart in advance of this training showing the reporting relationships among the various entities. This should include the CQC, Department of Health, Adult Protective Services, NYS Office of Mental Health, NYSOFA, NYS LTCOP and county mental health authorities and/or other local entities in your region.