

Welcome
to the
Volunteer Ombudsman Program
Initial Training
Resident Directed Advocacy

Dane, Rock, Columbia and
Sauk Counties

Presenters:

Julia Pierstorff, Coordinator Volunteer Ombudsman
Program

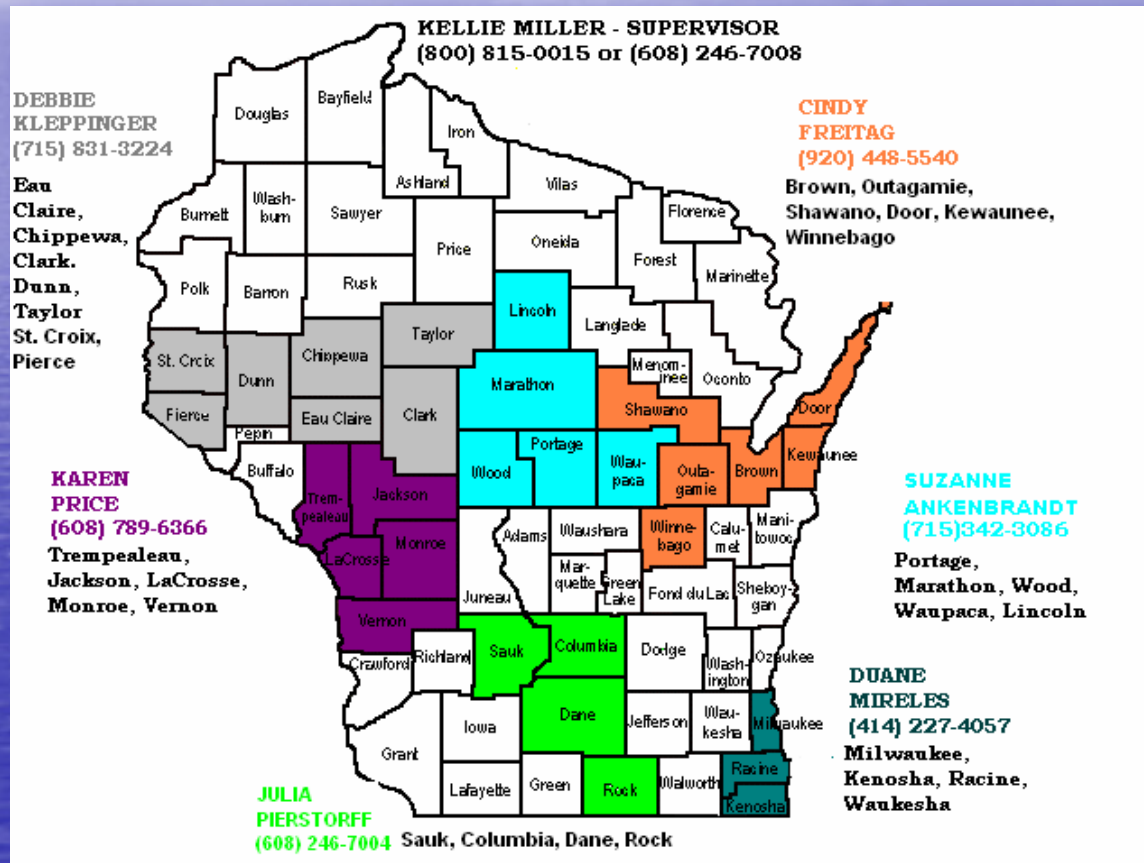
&

Matt Rohloff, Regional Ombudsman
State of Wisconsin
Board on Aging and Long Term Care

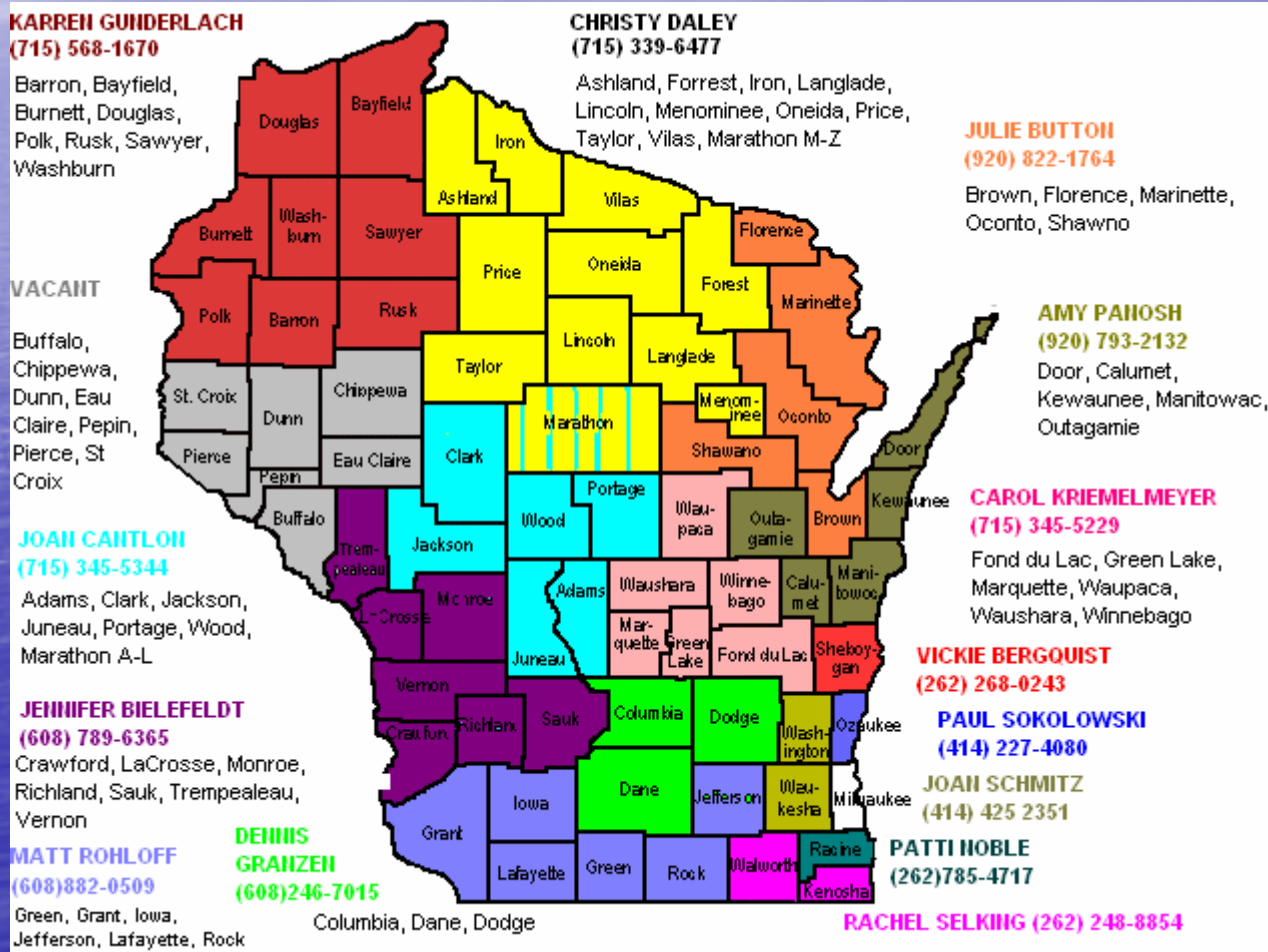
History of Ombudsman Program

- **1973:** Wisconsin pilots a nursing home ombudsman program.
- **1978:** Older Americans Act requires all states to develop an ombudsman program
- **1981:** Legislature moves the program into an independent board operated by citizens board of directors-appointed by each Governor, approved by the Senate
- **1990:** Board adds in-house counsel
- **1994:** Board establishes first volunteer component
- **2008:** Board has largest expansion; now in 30 counties

Map of VOP



Map of Ombudsman



Introduction to BOALTC

- The Board on Aging is an independent State Agency that helps protect the rights of long term care consumers as a healthcare oversight agency.
- We are guided by a policy making 7 member board appointed by the Governor confirmed by Senate.
- We have 3 programs: Ombudsman, Volunteer and Medigap helpline.
- ICR Advocate: Intake, Council & Referral
- 1-800-815-0015
- <http://longtermcare.state.wi.us>

MISSION STATEMENT

The mission of the Board on Aging and Long Term Care is to advocate for the interests of the state's citizens in need of long term care.

BOALTC serves the individual; monitors the development, implementation and outcome of long term care policy; makes recommendations, stimulates public interest and provides education regarding universal issues affecting long-term care.

What Volunteer Ombudsmen Do

- Empowering residents to speak up for themselves.
- Addressing residents concerns on not getting showers/baths as scheduled.
- Addressing residents not getting beverages, especially water.
- Getting wheelchairs repaired and returned to residents in a timely manner.
- Making sure call lights are within resident's reach and that they actually work.
- Encouraging the staff to take resident's personal requests seriously.
- Tracking resident's concerns weekly.
- Making sure call lights are answered in timely & comforting manner.
- Addressing staff on wearing name tags.
- Addressing staff on knocking on doors before entering rooms.
- Addressing issues of wheelchair, room, and bathroom cleanliness.

What Volunteer Ombudsmen Do

- Attending resident and family councils.
- Addressing mealtime concerns such as temperature, taste and timely service.
- Meeting new residents and explaining the ombudsman program services including the volunteer ombudsman program services.
- Reminding staff about common courtesy toward the residents.
- Not only continuously reporting short staffing, but what is NOT getting accomplished due to the shortage of staff.
- Making someone's day by involving them in a conversation and listening to their ideas, concerns, and thoughts.
- Communicating with Facility staff to increase problem resolution
- Addressing residents and family members concerns of stolen items.

The presence of a Volunteer Ombudsman makes a difference in the daily lives of residents in LTC facilities!

Quotes from former Volunteers

- “WOW! The Volunteer Program and training are much more than I had anticipated. What an awesome responsibility you have given each of us. The new team that you have trained consists of a fine group of people. I look forward to learning, growing, and giving under your direction.”

Barb James, Dane County

- “I have always felt joining the Wisconsin Volunteer Ombudsman Team was one of the best ideas I ever had! It truly is a dedicated group.”

Diane Stardy, Racine County

Benefits include

- Decreased relocation stress for new residents
- Resident-focused sounding board for day to day concerns
- VO's listen like it's the first time every time

The Distinction between the Volunteer Ombudsman and the Regional Ombudsman

Volunteer Ombudsmen Do:

- Always wear their name badge
- Make unannounced weekly visits to assigned LTC facility
- Speak on behalf of residents who cannot.
- Provide support, and empower residents to address own issues.
- With Resident's permission, address concerns LTC staff
- Address issues in the following areas: food & beverage, call lights, ADL's & Rec./Leisure activities.
- Follow what observation sheet indicates. (discussed later today)

Regional Ombudsmen Do:

- Do the same and...
- Investigate complaints received from:
 - Residents
 - Family members
 - Friends
 - Concerned Citizens
 - LTC Facilities
 - Legislators
 - Our Volunteers
- Investigate complaints:
 - Medical care
 - Legal issues
 - Care & Treatment
 - Financial
 - Discharge/Transfer

The Distinction between the Volunteer Ombudsman and the Regional Ombudsman

Volunteer Ombudsman Do

- Look after the comfort & quality of life of the residents.
- Discuss any concerns with Regional Ombudsman and Director/Manager of VOP
- Complete initial training session.
- Attend periodic in-services.
- Increase the visibility of the Programs.
- Promote the program and services available
- Arrange for own transportation.

Regional Ombudsman Do:

- Do the same, with exception
- Work with licensing, certification, enforcement agencies
- Educate, provide information, consult & refer sources
- Support & provide services for all LTC facilities in WI
 - Nursing Homes
 - Assisted Living
 - Community Options Program recipients
 - Resident Care Apartment Complexes, Family Care & Partnership Members
- Help train & support Volunteer Ombudsmen

The Distinction between the Volunteer Ombudsman and the Regional Ombudsman

Volunteer Ombudsmen

Do Not:

- Read charts
- Discuss issues of confidentiality
- Have regulatory authority or get involved with Survey Process
- Make medical/legal/financial recommendations
- Get involved with Power of Attorney for Health Care (POA/HC) or Finances
- Do any kind of social/recreational or leisure activity with residents
- Do any kind of cares/ treatment
- Act like "Nursing Home Police"
- Have responsibility for COP recipients
- Volunteer in other WI counties except for those designated by the Volunteer Ombudsman Program
- Receive a paycheck

Regional Ombudsman

Do Not:

- Have just one assigned facility
- Discuss issues of confidentiality
- Have regulatory authority
- Supervise Volunteers

Position Description for the Volunteer Ombudsman

Title: Volunteer Ombudsman

Purpose: To increase and supplement services provided to people who live in nursing homes and by assisting the Ombudsman Program as a Volunteer.

Supervisor: Julia Pierstorff, Volunteer
Coordinator

Training: Initial 7 hour training
Facility Orientation Tours
Continuing Education Sessions
Continuous with Supervisor

Position Description

Responsibilities:

- Observe, listen to, and interact with the people living in the nursing home.
- (No hands-on activities/escorting or facility pet interaction)
- Observe general conditions about the facility
- Introduce yourself to staff
- Keep a log of the above observations.
- These can be good/positive things as well.
- Discuss the above during Exit Interview with established exit contact (Social Worker)

Position Description

- Problem solve...provide support...Communicate with the facility staff to improve the quality of life for the residents. Help and empower the residents in resolving concerns and complaints
- Provide general information to the residents and their families about services available from the Ombudsman Program
- Attend and participate in resident and family councils
- Refer urgent problems to the Regional Professional Ombudsman...communicate with regional ombudsman
- Submit completed monthly report to Julia Pierstorff, Volunteer Manager.

Position Description

Scheduling:

Weekly (unannounced and varied) visits of 2-3 hours for a 6 month period. Any day between 8:00AM -8:00PM only.
(6 month minimum requirement)

Facility Site:

A facility will be assigned to meet the program and volunteer's need.

Qualifications:

Interest in long term care needs
Absence of conflict of interest in responsibility area, assigned facility and BOALTC

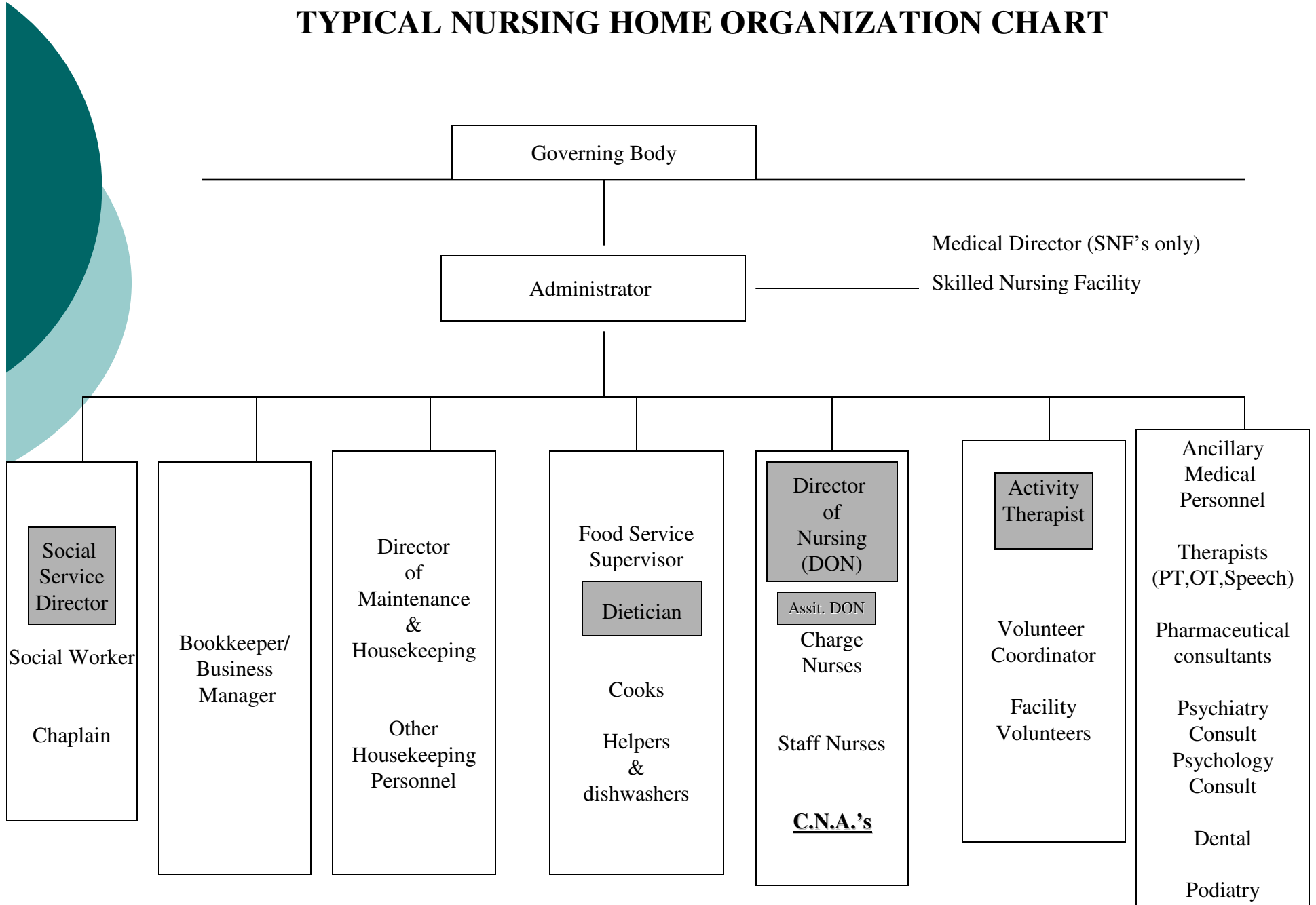
Benefits:

Making a difference in the lives of Elders...and much more!

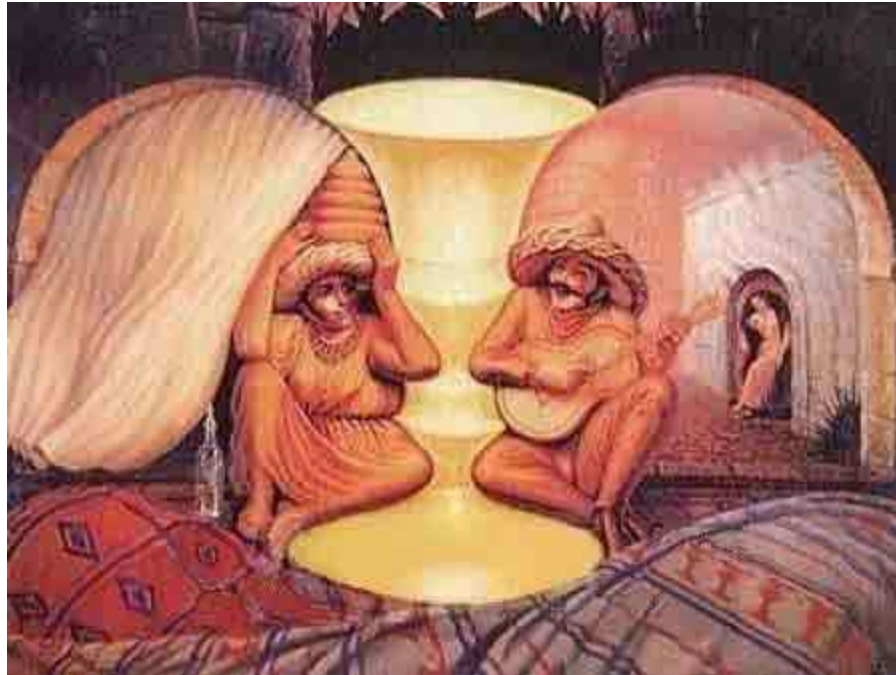
Success Stories

- Residents with dementia often seem to recognize the Volunteer Ombudsman
- New residents will often share personal fears & needs that may not feel comfortable sharing with staff initially
- Can serve as a “constant” during times of change in a facility (renovation, ownership, staffing, family issues)

TYPICAL NURSING HOME ORGANIZATION CHART



How observant are you?



Nursing Home Observations

PHYSICAL APPEARANCE:

- Is clothing appropriate for time of day, time of year, temperature
- Is clothing clean, in good repair, and fits properly
- Is hair clean, combed, and age/culturally appropriate
- Are fingernails clean, groomed
- Are eyeglasses clean, intact and available
- Are dentures clean, no mouth odor, dentures available
- Is there noticeable body odor
- Are residents positioned properly in chairs, beds; not slouched/slumped
- Are there any visible marks; i.e. bruises, scratches, bandages
- Are restraints used; how many
- Are residents restrained from making voluntary movements

Nursing Home Observations

RESIDENT ROOM:

- Is room clean, well lit, odor free, safe
- Is room personalized, decorated
- Is "call" button accessible
- Is room temperature comfortable for resident
- Are liquid refreshments easily accessible (especially water)
- If eating in room, is it by resident's choice, food easy to reach
- Does resident have activity schedule, know activities available, participate
- Is bathroom clean, odor free, safe
- Is personal information out in the open (charts, weight, etc)



Nursing Home Observations

PRIVACY/RESPECT:

- Does staff:
 - knock before entering room
 - Identify themselves (are they wearing nametags)
 - Respond to calls for assistance in timely manner (under 10 minutes)
- Is staff courteous and respectful to residents
 - Do they use condescending speech, baby talk
 - Do they display anger
 - Are they demanding
 - Do they talk about residents in front of them
 - Do they interact in general



Nursing Home Observations

Privacy/Respect

- Does staff communicate with residents who are:
 - Hearing impaired
 - Visually impaired
 - Non-English speaking
- Are cubicle curtains or doors closed when cares are given
- Does administrator appear to know and interact with residents
 - Do residents appear to know administrator
 - Do you observe interaction in general

Nursing Home Observations

FOOD:

- Do residents:
 - Appear to enjoy meals
 - Leave portions untouched
 - Have a choice of where to eat
 - Complain about the food, i.e. amount, taste, temperature
- Is the current menu posted
- Is there an alternate menu
 - Is alternate choice made available to residents
- Is food served as menu states
 - Are hot foods hot, cold foods cold
- Does facility allow choice of where to eat; follow thru with request
- Is dining room a relaxing place
- Are meals, snacks served at appropriate times

Nursing Home Observations

FACILITY:

- Are hallways free of obstacles (chairs, laundry carts, equipment)
- At least one side free of obstacles
 - Are EXITS blocked
- Are floors clean
 - If wet, are floors clearly marked
- Are there noticeable odors (cleaning supplies, cover-ups)
- Is temperature comfortable throughout facility
- Is there a telephone accessible to residents (for private use)
- Are personal charts/information left out in public areas
- Is facility decorated
 - Decorations secured to walls
 - Decorated for seasons or holidays
- Is "TODAY" clearly identified

Nursing Home Observations

Facility

- Are activities:
 - Posted and legibly/clearly written
 - Appropriate
 - Actually happening
 - Scheduled for daytime, evenings- scheduled for groups, individual
- Are notifications visibly posted for:
 - Resident council meetings
 - Family council meetings
- Is current State survey:
 - Properly identified
 - Available to residents and public
- Is Ombudsman poster:
 - Current
 - Posted on each floor



Infection Prevention & Control

- Wash your hands before and after visiting the nursing home
- Pay close attention to any infection procedure signs on resident's room doors
- Use and check hand-gel sanitizers
- Advocate for residents to be able to wash their hands
- Read hand-out on your own

● Break Time

Community/Family

Vol
Ombudsman
Mgr

Resident
Rights

Nursing
Facility

Volunteer
Ombudsman

Regional
Ombudsman

ALL WORKING TOWARDS THE SAME GOAL

Resident's Rights

Simple Quiz

- On your own

Residents' Rights

- Residents have rights guaranteed to them by state and federal laws.
- Facilities are required to protect and promote residents' rights.
- Each resident has the right to exercise all of their rights free from interference, coercion, discrimination or reprisal.

Residents' Rights

Every Resident Has the Right To:

- Be treated as an individual with dignity, courtesy and respect
- Receive good quality care and quality of life
- Be free from abuse and neglect
- Be free from chemical and physical restraints
- Be fully informed and make decisions about care and daily routine
- Personal privacy during care and treatment
- Confidentiality concerning personal and medical information
- Private and unrestricted visits with any person of your choice
- Not be involuntarily discharged without due process
- Establish and freely participate in Resident and Family Councils
- Talk privately in person or on the phone
- Receive unopened mail
- Voice grievances without fear of retaliation and expect the facility to promptly investigate and resolve concerns
- Contact the Ombudsmen to advocate on their behalf
- Be fully informed both orally and in writing, of your rights and the facility's policies



Resident's Rights

Every Resident Has The Right To

- Be fully informed and to receive assistance in accessing all your benefits through Medicare or Medicaid
- Equal access to quality of care
- Look at (no charge) and get copies of their medical records at a reasonable cost
- Have reasonable access to any personal funds held by the facility
- Retain and use personal possessions
- Receive advance notice of any plans to change your room or roommate
- Participate in social, religious, and community activities
- Vote
- Read the results of the most recent State survey
- Be offered a bed hold
- Self administer medications
- Accept or refuse care and treatment
- Choose your health care providers
- Refuse to perform work or services for the facility

Case Scenario: Charlie

Charlie had a CVA (cerebrovascular Accident- stroke) leaving him with left-sided weakness and aphasic. (loss of ability to use or comprehend words)

Charlie was competent and able to use his call light.

It was Ash Wednesday morning...

Charlie was suffering from constipation and earlier in the week, was given prune juice with every meal and along with that a fiber laxative. Still no relief...So the night nurse gave Charlie a suppository right before her shift ended (Tuesday). Charlie was starting to feel some "action" , and so he put his call light on, praying that someone would come into the room and help him soon.

45 minutes later a CNA came into the room, however, it was too late, as the suppository worked

Charlie was literally covered with B.M. The CNA came into the room and said "Oh does it stink in here!", She pulled off his sheet leaving him totally exposed to the hallway. She did not pull the privacy curtain, and the door to his room was wide open

She turned off his call light, said, "I will be right back, I have to get some help"

Charlie

The CNA, however, did not get help, she began picking up breakfast trays before dietary got on her back...

Charlie was beside himself...he went to put his call light back on and it was not within his reach after the CNA turned it off.

Now Charlie was really mad...He started to thrash around in his bed moaning, hoping to get staff's attention.

Many people were walking past his room, looking in, but no one stopped to help him.

Charlie was horrified, angry and crying, and continued to thrash about all covered with B.M. when in walked the Priest who conducted the weekly church services. The Priest walked up to Charlie, did not say a word, put ashes on his forehead, and proceeded to go onto the next room.

FYI: The ombudsman was in doing an investigation and the facility was currently in survey.

Case Scenario: Daniel

Daniel is in his 80's and he has had a stroke which left him with impaired swallowing ability and he has aphasia.

Daniel drools incessantly, he cannot help this condition.

Daniel is competent and has no problems understanding.

Daniel eats in the main dining room where most of the residents are able to eat independently with minimal assistance.

Daniel is able to feed himself, and while he eats he continues to drool. The saliva is thick, slimy and literally hangs from his mouth even more so during the course of the meal.

Occasionally, visitors would comment on the sight of Daniel during mealtimes, however, none of the other residents said anything or were even subtly affected (for example no changes in appetite leaving the table, eating in their rooms because of him, etc...)

That is until new resident Noreen started complaining quite vocally and to anyone who would listen about the "disgusting sight" of Daniel.

Case scenario: Roommates

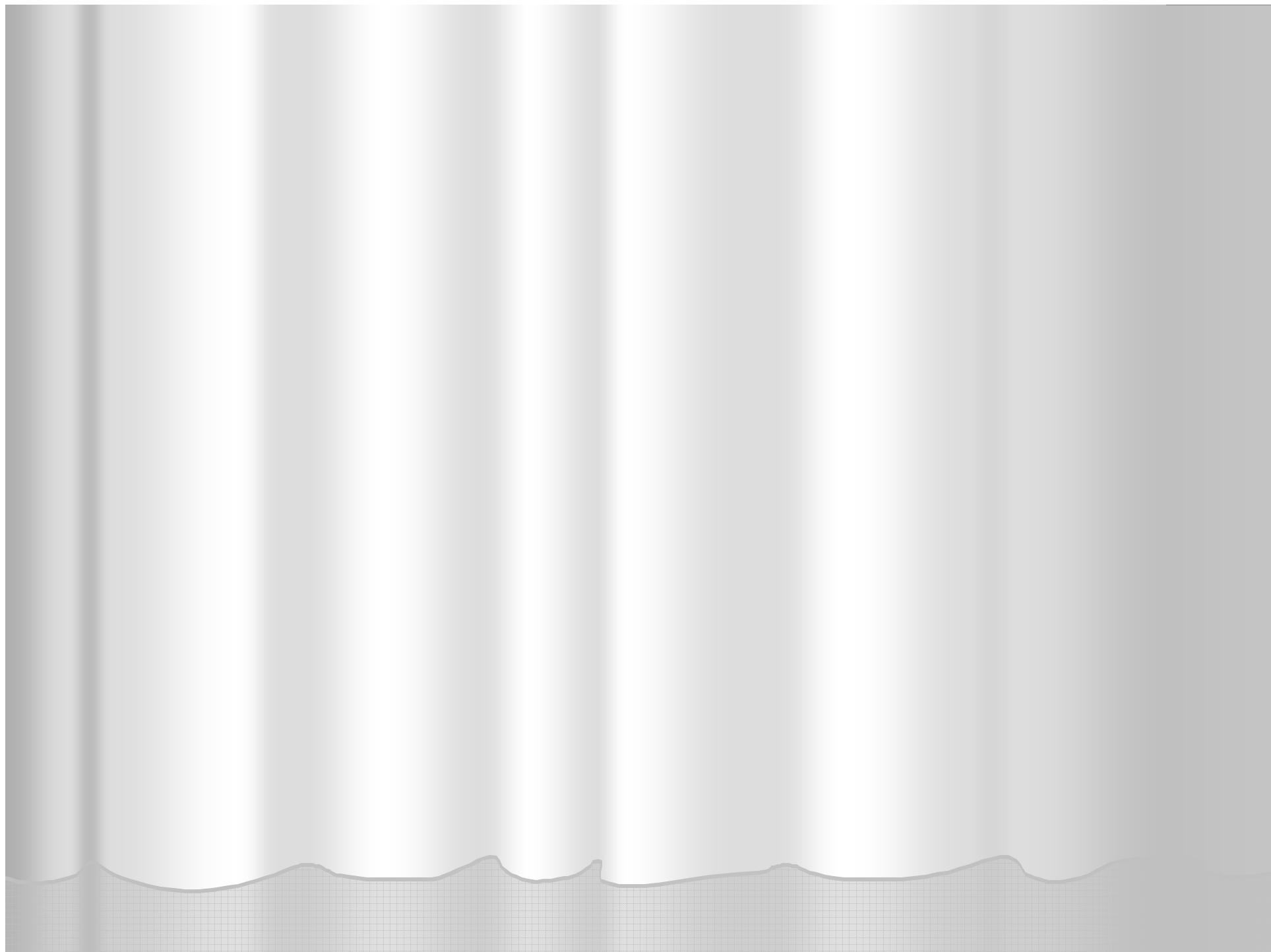
Tillie and Thelma were roommates. Tillie was president of the resident council and Thelma was the vice president. They got along very well with each other and did very few activities with out each other.

One Morning the Professional Ombudsman happened to be in the facility doing an investigation.

The Ombudsman frequently visited and knew Tillie and Thelma quite well, so as long as she was in the building decided to stop in and say "Good Morning".

The door to the room was open and before the ombudsman could "knock" Tillie saw her and waved her to come on in.

There sat Tillie and Thelma, each actually sitting on their own commode with their bedside table in front of them happily eating their breakfast.



My granddaddy once told me that “When you are trying to communicate with someone, just remember that God gave you TWO ears and ONE mouth for a very good reason”! (KP)



COMMUNICATION

- We always ask residents permission to talk with staff about their concerns
- We always empower them to speak up for themselves
- Always call your Volunteer Coordinator about issues you feel you need help with, questions you have about anything, and when you will not be able to make a visit for more than 2 weeks in a row. And to catch up...we want to hear from you...Coordinator's will direct your questions to the Professional Ombudsman

COMMUNICATION

- Always introduce yourself, speaking clearly and slowly
- Make eye contact
- Bend down to their eye level
- Smile!
- Wait for a response
- Say Hi and tell them why you are visiting today
- If you are unsure of how to communicate with a resident please ask the staff how they speak with the resident's.

Communication

- Give them a genuine compliment...“ Hi Joe, it is so nice to see you today, you look nice!”
- Ask the resident a simple question...“ How are you doing today?”
- Make note of personal belongings, even their appearance: ie: “I like your Packer shirt...I am a fan of the Packers too!”
- Please be patient and Listen to what they say and how they say it.

MONTHLY REPORT

*Wisconsin State Board on Aging and Long Term Care
Suzanne Ankenbrandt-Coordinator, Volunteer Ombudsman
5424 US HWY 10 East Suite F
Stevens Point, WI 54482-8560
715/342-3086/1-800-815-0015*

Volunteer Ombudsman Monthly Report

Please! Fill out and return by the **10th day** after the close of each month. This report is a very important legal document. Thank you.

Your Name: _____ Mo./yr: _____

Phone Number: _____ Facility: _____

Email address: _____ Ombudsman: _____

Your Monthly Mileage: _____

Have you talked with your regional Ombudsman this month? YES NO

Are there issues about which you'd like to speak with your regional Ombudsman?
YES NO **If you marked an * on back please contact your Ombudsman.**

Monthly Report

DATE	TIME <i>(please fill out the times you were at the facility eg. 9:15-11:30)</i>
# of people making complaints Resident council meeting attended Y/N Date:	Family council New residents Total time Attended Y/N Date Met

More Monthly Report

- Please highlight your experiences this month. Include topics discussed with facility staff and their response, and any repeat, chronic or prolonged issues:
- Example: **I met with a new resident on Monday, she said she did not get her dinner that night until very late, and her call light was not where she could reach it...it took 60 minutes for staff to help her. I asked if I could share this with Social Worker. And Asked resident if she felt ok talking to staff about this...she said yes to both, I reported to Social Worker, will follow up next visit.**
- Issues raised by residents/families and/or at family or resident councils:
- Example: **I attended resident Council meeting, 14 residents were there. The topic was a special meal for the Labor day Holiday Picnic, and the residents wanted to have coffee available before each meal was served to them...see attached minutes.**

Back side of Monthly Report

Check every concern that you addressed this past month. Indicate a "0" next to the check if there are problems remaining for any issue. For any topic identified with an asterisk, (*) report the incident to the regional ombudsman IMMEDIATELY.

PHYSICAL APPEARANCE

-- hygiene/grooming clothing/laundry
 appliances/aids/equipment
 body odors **discomfort/pain*** **marks, bruises,**
 bandages*
 falls, injuries* **toileting/incontinence*** **restraints***

Other: (specify)

CARE/TREATMENT*

Any concerns voiced by a resident or family member regarding these problems, such as medications, therapy, bed/pressure sores, etc. should be referred immediately to the Regional Ombudsman.

III. RESIDENT ROOMS

clean/safe* personalized/decorated temperature
 call light furnishings/equipment accessibility storage
 bathrooms **roommate*** **fresh water***

Other: (specify)

Last part of Monthly Report

PRIVACY/RESPECT/STAFF INTERACTIONS

_____ knock on doors _____ close doors/pull curtains _____ staff interaction/residents
_____ staff ID _____ staff responsiveness _____ **breaking confidentiality***
_____ **abuse***

Other: (specify) _____

FOOD

_____ meal quality _____ food temp _____ menu posted _____ meal
timeliness
_____ alternate food choices _____ snacks available _____ ***hunger/thirst****

Other: (specify) _____

FACILITY

_____ **hazards*** _____ clutter _____ clean _____ odor _____ ***temp**** _____ noise
_____ homelike _____ **visitors/limitations*** _____ phone available
_____ activities posted _____ activities held/attended _____ survey report available
_____ **resident/family council notices posted*** _____ **Ombudsman poster**
posted*

Other: (specify) _____

ADMINISTRATIVE

_____ **significant administrative or building changes*** _____ **closures***
room changes* **staff ratio posting *** _____ **complaints of**
fees/charges* Other _____

Cleaning Lady

During my second month of college, our professor gave us a pop quiz. I was a conscientious student and had breezed through the questions until I read the last one:

"What is the first name of the woman who cleans the school?" Surely this was some kind of joke. I had seen the cleaning woman several times. She was tall, dark-haired and in her 50s, but how would I know her name?

I handed in my paper, leaving the last question blank. Just before class ended, one student asked if the last question would count toward our quiz grade.

"Absolutely," said the professor. "In your careers, you will meet many people. All are significant. They deserve your attention and care, even if all you do is smile and say "hello."

I've never forgotten that lesson. I also learned her name was Dorothy.



TWO MEN MET ON THE BEACH

"Good evening friend. What are you doing?"

"I'm throwing these STARFISH back in the ocean. If I don't, they'll die up here."

"There must be thousands of STARFISH on this beach. You can't possibly get to them all.

You can't possibly make a difference."

He SMILES, picked up another STARFISH and threw it into the sea.

"Made a difference to that ONE!!!"

