

State Long-term Care Ombudsman Program

Initial Certification

Training Certification Chapters and Activities	Suggested Credit Hours	Credit Obtained	Date(s) Completed	Trainee Initials
1: Long-term Care Ombudsman Program	2			
2: Aging and Residents	2			
3: Communications and Consent	2			
4: Facilities	2.5			
5: Resident Rights	2.5			
6: Resident and Family Councils	1			
▶ Facility introduction and tour	2			
7: Care Planning	2			
8: Problem-Solving	3			
8a: Program Communication	2			
8b: Resident Records	1			
9: Regulators and Resources	2			
10: Resident-directed Care	1			
11: Systems Advocacy	1			
Ombudsman Policies and Procedures	2			
▶ Other facility visits with CO *				
▶ Facility placement	2			

MINIMUM HOURS

30

Trainee - *Printed*

Trainee - *Signature*

_____ Date

Managing Local Ombudsman - *Signature*

_____ Date

* Use Guidelines to Successful Shadowing Visit

Guidelines for a Successful Shadowing Visit

Intern _____

Facility _____

Certified Ombudsman _____

Date: _____

Things to observe about the ombudsman:

1. Physical appearance
2. Items carried into each facility
3. The first actions the ombudsman takes upon entering a facility
4. Facial and verbal expressions to residents
5. Facial and verbal expressions to facility staff
6. Communication with which staff
7. Note taking
8. How the ombudsman takes direction from residents
9. Obtaining consent from residents and other complainants
10. Not taking action on any request

Things to ask the ombudsman (in a private setting):

1. Do you need to vary your attire when visiting certain types of facilities? If so, why?
2. What support documents and materials do you keep with you or in your car?

Guidelines for a Successful Shadowing Visit

3. Do you have a protocol at the start of each facility visit?
4. How many residents do you usually visit? How do you make sure all residents are visited over time?
5. How do you keep professional limits with facility staff?
6. How do you decide which staff to talk to about a complaint? How do you decide whether to "go up the chain of command" on a complaint?
7. What are the most important things to document in your notes?
8. What are some tips for staying resident-directed when you work on a case?
9. How do you get consent from a resident? What do you specifically ask?
10. I noticed you told _____ that you could not assist with a request about _____. Why is that something you did not take action on?
11. How do you keep ombudsman records secure, including print copies, email, and phone calls?
12. What strategies have you used with success in responding to clients who are:
 - ➔ Angry or attacking
 - ➔ Tearful
 - ➔ Unfocused (struggling to make or stay on point)

Guidelines for a Successful Shadowing Visit

➔ Suspicious

➔ Reluctant to talk

➔ Cognitively impaired

➔ Speech impaired

13. Other questions asked:

Shadow visit—reflective questions

Answer these questions within one week of completing your facility visit. Discuss them with your supervising staff ombudsman. Answers don't have to be lengthy, but they should be substantive and reflect your insights into the experience.

1. What made the biggest impression on you?

2. What were some words or phrases you heard the ombudsman use that you will strive to use in your work?

3. Describe something you observed and how you might have handled it differently—explain why.

4. What are some questions the experience left you wondering? Who do you need to direct those questions to?

Follow-up with managing local ombudsman

When you have reflected on the experience and discussed with your supervising staff ombudsman, contact your managing local ombudsman with any remaining questions and to share your insights.

State Long-term Care Ombudsman Program

Evaluation of Certification Training

To help us provide effective initial ombudsman training, please complete this form.

Overall, how many stars would you rate your training? 

How well did the training help you understand your role as an advocate?

Would you recommend the ombudsman program to a friend who needed help in a nursing home or assisted living facility?

very likely likely neither likely nor unlikely unlikely very unlikely

is looking for a volunteer experience?

very likely likely neither likely nor unlikely unlikely very unlikely

Chapter 1: Long-term Care Ombudsman Program

- Yes No I understand why residents need advocates.
- Yes No I know what I can and cannot do as an ombudsman intern.
- Yes No I know what I can and cannot do as a certified ombudsman.
- Yes No I will avoid any conflict of interest with my role as resident advocate who is independent of any facility.

Chapter 2: Aging and Residents

- Yes No I found many positive concepts in the Attitudes about Aging quiz.
- Yes No I realize some “truths” about aging are actually myths and stereotypes.

Chapter 3: Communications and Consent

- Yes No I will be aware of verbal and nonverbal messages.
- Yes No I understand some tried and true communication methods.
- Yes No I will get resident and complainant consent as required.

Chapter 4: Facilities

- Yes No I understand there are several options for long-term care.
- Yes No I found details about assisted living facilities and nursing homes helpful.

Chapter 5: Resident Rights

- Yes No I know the importance of empowering residents.
- Yes No I can use federal and state laws to help residents exercise their rights.
- Yes No I found the exercises a helpful way to understand specific rights.

Chapter 6: Resident and Family Councils

- Yes No I understand that I am a guest at any resident or family council meeting.
- Yes No I can use the supplements as tools to help build strong councils.

Chapter 7: Care Planning

- Yes No I discovered the importance of an individualized and personalized care plan.
- Yes No I see the value of helping staff to *know* each resident as a person.
- Yes No I can suggest documents to help residents specify their wishes when they might not be able to communicate.

Chapter 8: Problem Solving

- Yes No I can use the 5-step problem-solving process to track complaint resolution.
- Yes No *Walking the Fine Line* helped me understand my ombudsman role with staff, residents, and families.

Subchapter 8a: Program Communication

- Yes No I know when to consult with ombudsman staff.
- Yes No I know how to report my ombudsman activities.

Subchapter 8b: Resident Records

- Yes No I understand I must have resident consent to access records.
- Yes No I know which Medical Records can help me resolve a complaint.

Chapter 9: Regulators and Resources

- Yes No I understand why Regulatory Services surveys facilities.
- Yes No I know other resources to contact as I advocate for residents.

Chapter 10: Resident-directed Care

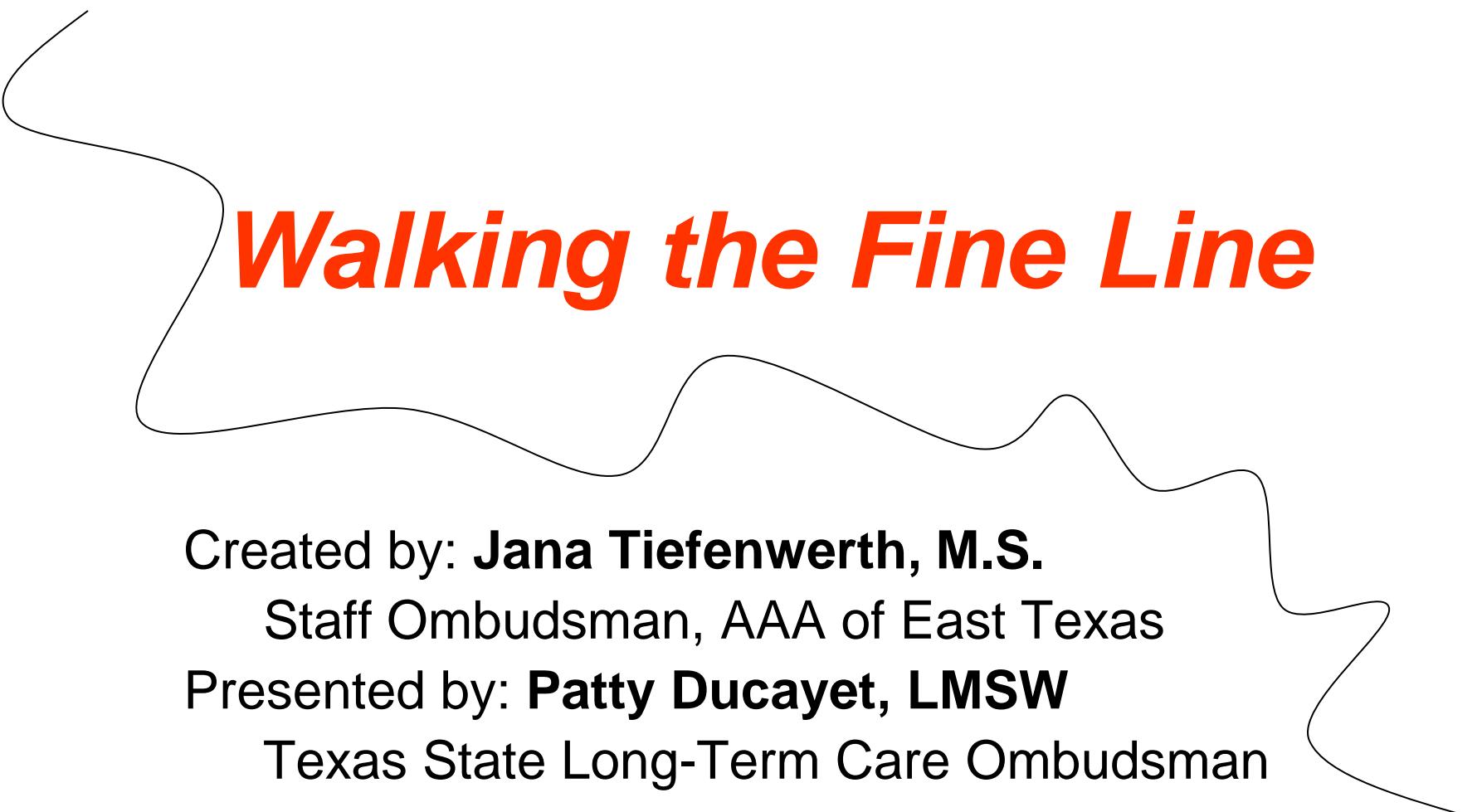
- Yes No I found comparing traditional and resident-directed models of care useful.
- Yes No I learned facilities can comply with rules and give resident-directed care.
- Yes No I see how culture change language creates a more respectful home for residents and direct-care staff.

Chapter 11: Systems Advocacy

- Yes No I know the importance of helping one person.
- Yes No I am aware that I can advocate for changes in a “system.”

Ombudsman Policies and Procedures

- Yes No The Getting Acquainted questions helped me learn key points about ombudsman policies and procedures.



Walking the Fine Line

Created by: **Jana Tiefenwerth, M.S.**

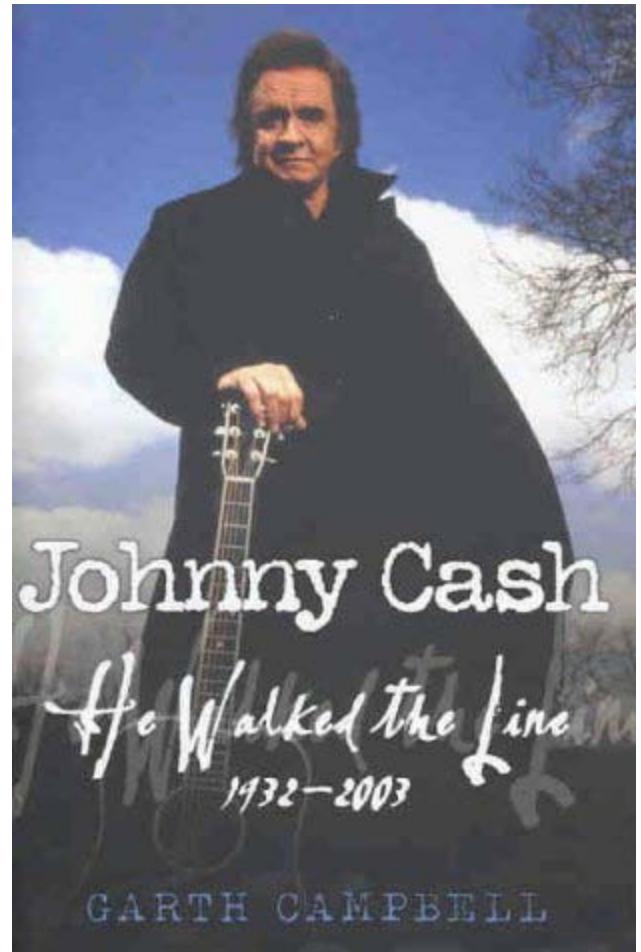
Staff Ombudsman, AAA of East Texas

Presented by: **Patty Ducayet, LMSW**

Texas State Long-Term Care Ombudsman

“I Walk the Line.”

I keep a close watch
on this heart of mine.
I keep my eyes wide
open all the time.
I keep the ends out for
the tie that binds
Because you're mine, I
walk the line.



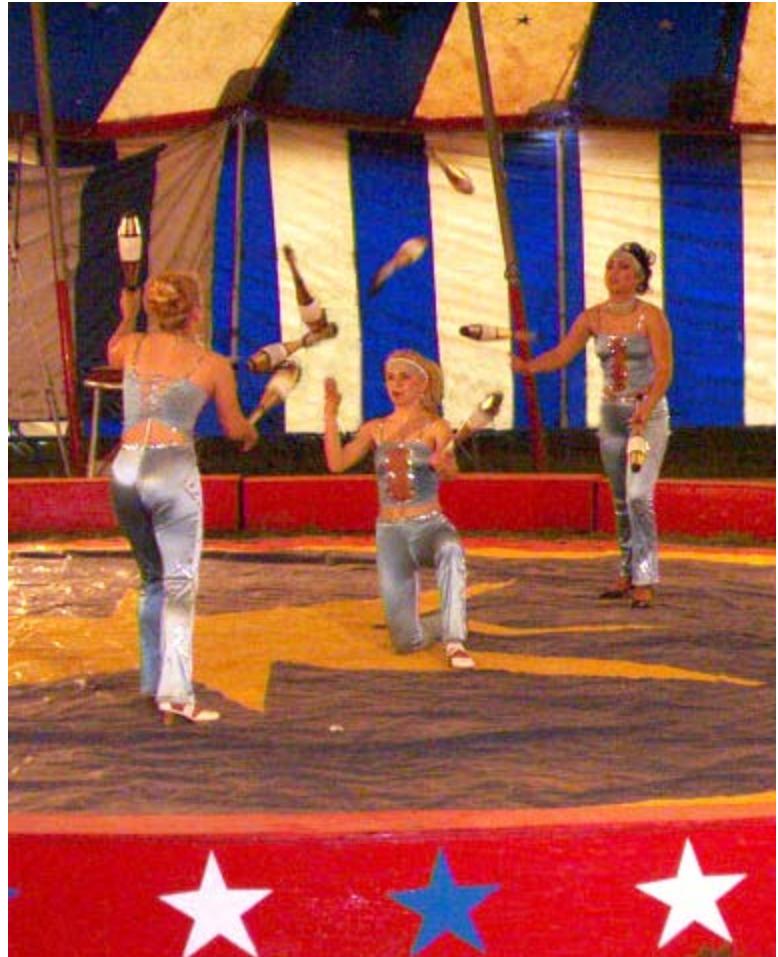
Walking the Fine Line

Between...

Residents & Staff



At times you must feel like...



THE QUESTION IS:

In my role as ombudsman,
how do I stay resident-
centered and try to create a
win/win situation for all?

How do I...

- Walk the fine line between residents and staff in a way that increases their trust in an ombudsman?
- Present myself, so residents understand I am here to advocate on their behalf?
- Develop relationships with staff that leads to improvement in the quality of life and care for residents without crossing a boundary.



It is our challenge not only to talk the talk,
but to walk the walk...

With *residents*, it is our charge to be:

- Courteous and respectful
- A good listener
- Patient and understanding
- Trustworthy with confidential information
- Helpful

Not only with residents,
but with staff as well...

With *staff*, it is our charge to be:

- Courteous and respectful
- A good listener
- Patient and understanding
- Trustworthy with confidential information
- Helpful

A large, hand-drawn style question mark is positioned at the top left of the slide, pointing towards the text.

How do we do this?

By Developing Appropriate Relationships with...

- The Administrator
- Staff: Department Heads and Direct Care Workers
- Residents & Family Members

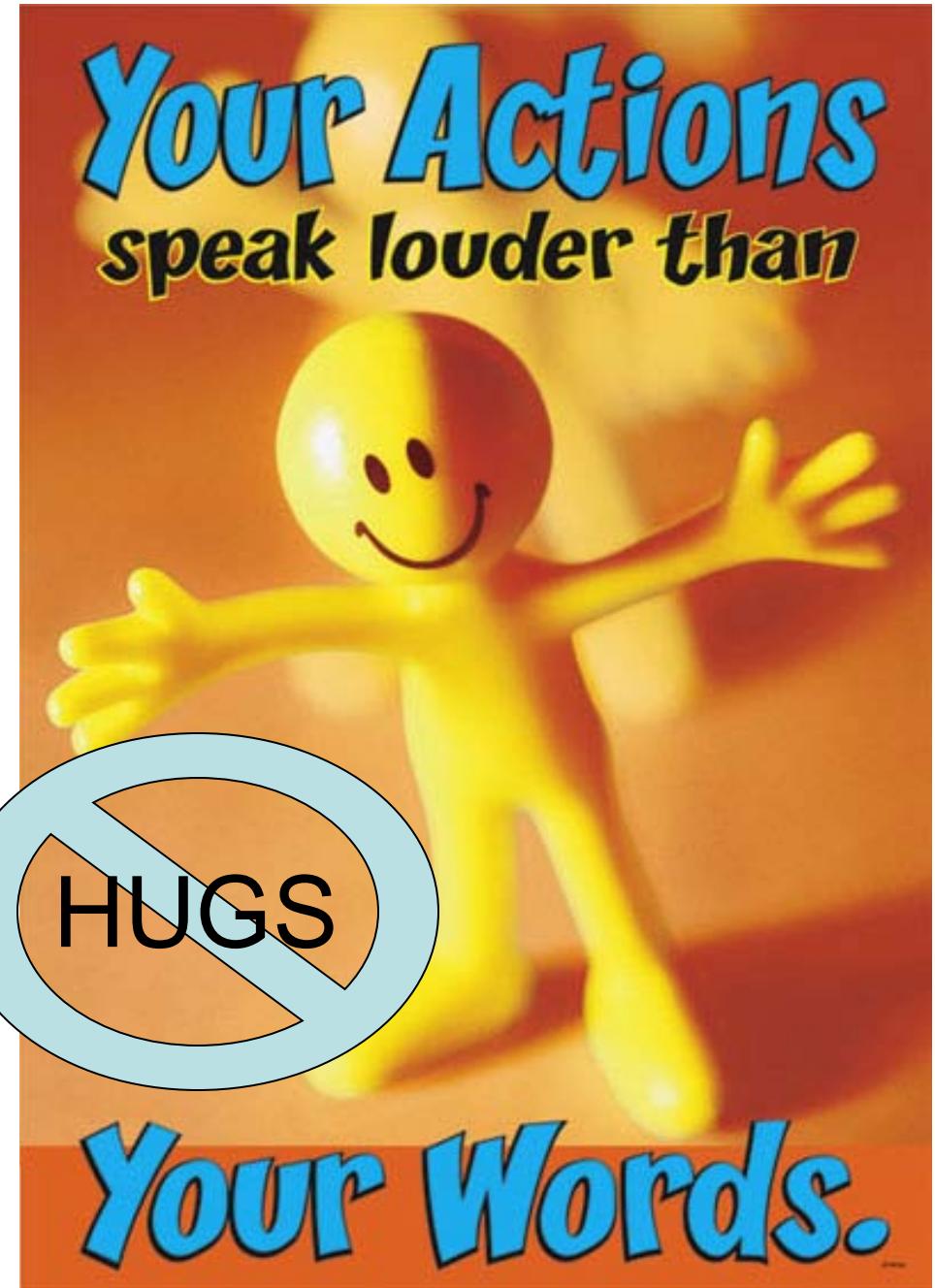
The Bottom Line...

Good relationships help us succeed in promoting resident rights, quality of life and quality of care.

**BE CAREFUL Not
To
Become**

PRO-FACILTY

**Residents
are
watching**



If you become Pro-Facility it diminishes...

- Trust in relationships with residents and family members
- Objectivity in identifying problems
- Effectiveness
- Goals of the ombudsman program

On the other hand... be careful
not to bulldoze your way in. It may:



- Limit your capacity to achieve results.
- Put others on the defensive.
- Create a power struggle and go nowhere.

To find the right balance...

Leave the
“I’m going to get you
for something!”
attitude at the door.

At the same time,
don’t
get
desensitized
to issues that are
present.



It's a Fine Line to Walk with...

- The Administrator
- Staff: Department Heads and Direct Care Workers
- Residents & Family Members



Developing a Relationship with the Administrator



To develop an
“ombudsman appropriate”
relationship with the
administrator...

Maintain your appropriate position!



1 – Establish--or Re-establish-- Your Role as Ombudsman

- Set a meeting if necessary
(your Regional Coordinator can assist)
- Acknowledge the difficulty of their job
- Emphasize we have some common goals
- Let them know you can:
 - Help them settle many problems before they go to regulatory, which provides a faster response and a solution for resident concerns
 - Help promote a win / win situation for one resident and the whole community of residents
 - Be a third party voice to support resident needs and rights
 - Provide feedback to help improve residents' quality of life and care

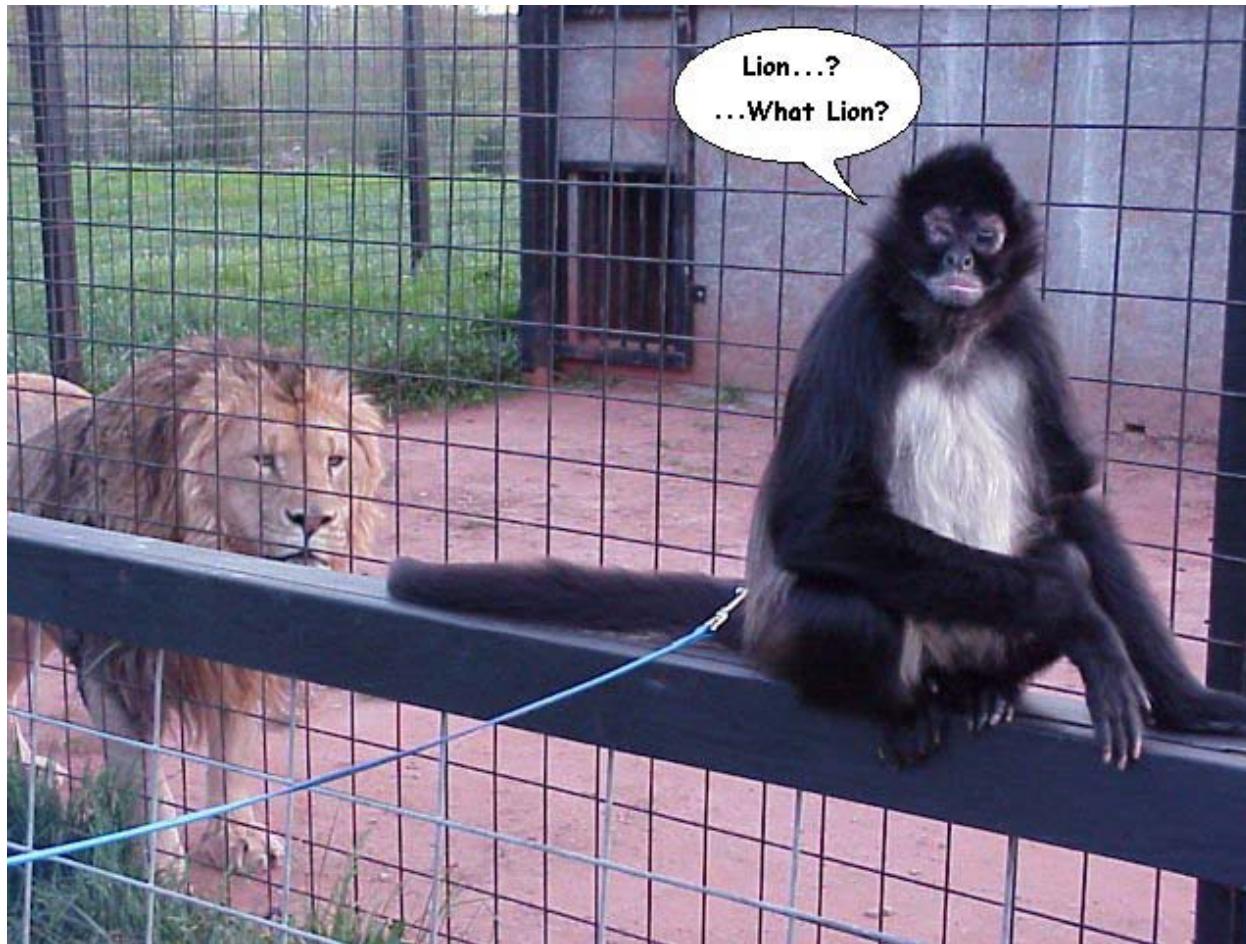
2 – Daily Protocol

- Establish—or reestablish—who your primary point of contact is in the facility
- Touch base when you arrive and before you leave — whether you have a concern or not
- **Praise their “positives!”**
- Remind you are available to attend care plans, resident councils, provide conflict resolution, etc., with resident permission.
- Never pass an opportunity to remind them that you are there **to help**.

3 - When Reporting a Problem or Concern ...

- Acknowledge the difficulty of the issue at hand (especially when the issue is particularly challenging)
- Be diplomatic, courteous and tactful
- Accountability: Ask the person to let you know when the issue is resolved so you can verify with the resident that the issue is receiving appropriate attention
- Follow up with the resident and the Administrator

You may have to remind them again, about a problem!



4 – Once an Issue is Settled... Acknowledge the success

- **Thank the administrator!**
 - ✓ ...for their quick or steadfast response
 - ✓ ...for their efforts
 - ✓ ...for allowing you to assist in the problem
 - ✓ ...for putting the resident first
- Let them know how happy the resident or family is with the outcome.
- Encourage them to call anytime they need your assistance.

Developing a Relationship with Department Heads and Direct Care Workers



1 – Establish Your Role

- Ask the administrator if you may speak at their next staff in-service to explain your role as ombudsman...
(your Regional Coordinator can assist)
- At the in-service, explain our approach to resolving concerns and identify the ombudsman's role

3 Ways to Bring Concerns

1. Report problem to the responsible staff or Admin
2. Contact the ombudsman at 1-800-252-2412 (Texas)
3. Report to Consumer Rights and Services Hotline at 1-800-458-9858 (Texas)

2 – Interaction with Staff

- Make time to explain the ombudsman role
- Call staff by their name
- Let them know it is your job to bring resident concerns to their attention
- Focus on resident needs
- Avoid correcting a direct care worker; speak to their supervisor or if a systemic issue, ask to provide in-service training
- Remain courteous, even if staff is rude

3 - Praise! Praise! Praise!

MOST IMPORTANTLY: Take every opportunity to praise work well done -- directly to staff!

Acknowledge how difficult their job is and praise them for their compassion, gentle care, passion, efforts or attentiveness!

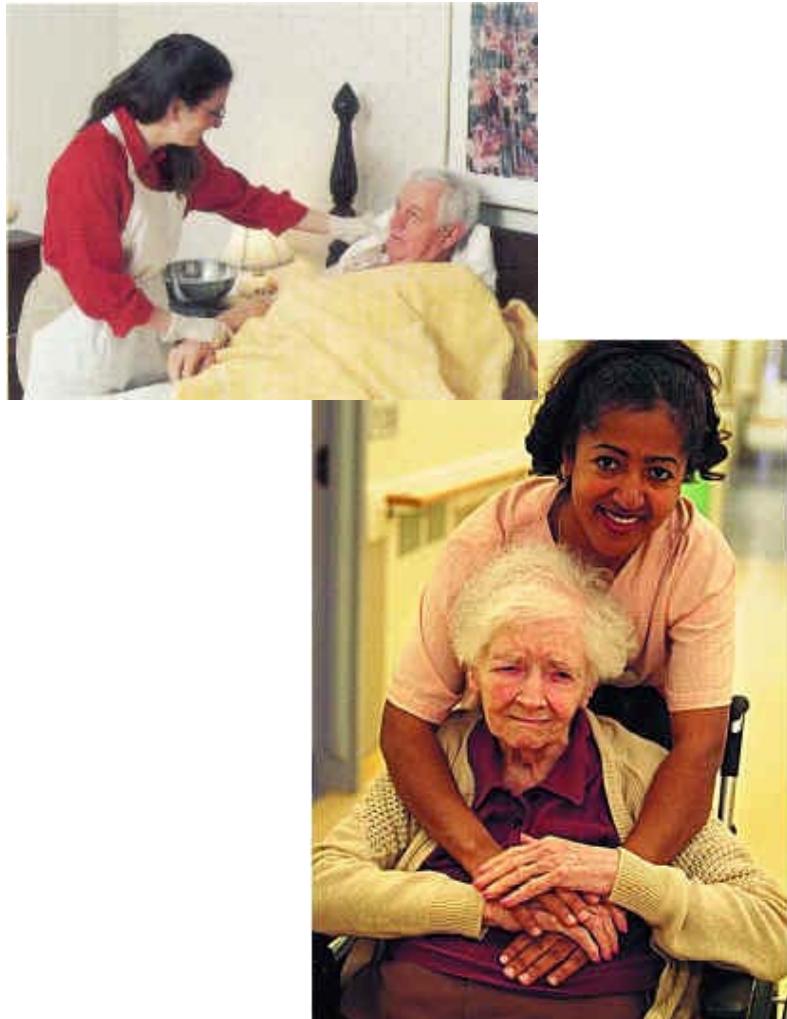


Praise! Praise! Praise!

I really like the way you...

- Let food service workers/director know when residents are pleased with a particular meal.
- Let housekeeping/maintenance workers know when you notice work well done—the floors shining nicely, or the beds neatly made.
- Let the activity director know when you hear that residents enjoyed a special activity.

Report “Good Works” to Administrators



- Let the worker know you are reporting his/her superior work efforts; so... find out the worker's name
- Report to superiors when residents' praise the effort of particular staff. Ask the resident if she minds you sharing their praise
- Commend the administrator for successfully leading staff to strive for excellence in caring for residents

Developing Relationships with Residents and Family



1 - Introductions

Hello. My name is...

I am your ombudsman

- Introduce yourself to every resident and family member
- Explain your role as ombudsman – you are there to:
 - Help solve concerns or problems
 - Advocate for residents rights and promote quality care
 - Listen, provide information and speak on the resident's behalf, if needed
 - Specifically:
 - Bring resident and family member concerns/complaints (with permission) to the staff's attention, and to seek resolution; and
 - Attend care plan meetings and resident/family council meetings, when invited.

2 – Do's and Don'ts

- Do spend time with residents to establish a level of trust.
- Do relay to residents their rights and available services.
- Do report to residents, the status of their complaints.
- Do validate resident's concerns.
- Do support resident's decisions—even if they are "bad" decisions.

- Don't enter a room without knocking.
- Don't engage in a power struggle or dispute.
- Don't appear Pro-Facility.
- Don't break confidentiality.
- Don't forget that your professional role is not "friendship."

Remain Calm... even if it seems hopeless...



Call your Regional Coordinator for support or assistance in any situation



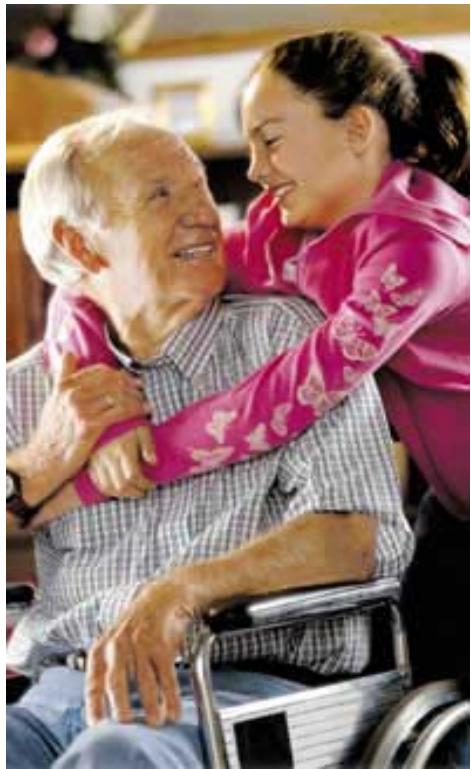
3 - Remind Residents that...

- You will check on them often to see if they have any concerns that need attention
- You keep all conversations confidential
- They have the right to contact you, their ombudsman, and to ask staff for help to call
- They can contact you by calling the telephone number on the poster located in the facility, or give them a calling card

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Thank you for being an encourager!



In Conclusion...

Walking the fine line between residents and staff... takes patience, courage and understanding...

It involves the ability to balance and maintain relationships in a way that avoids power struggles while acknowledging the efforts of everyone involved

**Thank you for
serving as a resident
advocate !!!**





- [8622](#) Consent for Criminal History Check
- [8607](#) Conflict of Interest Statement
- [8602](#) Code of Ethics
- [8623](#) Certified Ombudsman Application

Chapter 1 Long-term Care Ombudsman Program

List some activities an ombudsman engages in

- Advocate for residents of nursing homes and assisted living facilities
- Provide information about how to select a facility and how to get quality care
- Investigate and resolve problems
- Represent the resident perspective in monitoring laws, regulations, and policies, and in making recommendations about needed changes

The Texas Long-term Care Ombudsman Program advocates for quality of life and quality of care for people who live in nursing homes and assisted living facilities.

Long-term care ombudsman responsibilities: Using the table, determine whether each statement is True or False.

- True Certified volunteer and staff ombudsmen, and the state office, have a role in ensuring residents have regular and timely access to an ombudsman.
- True When acting as an ombudsman, volunteers and staff may comment on proposed laws in coordination with the Texas State Long-term Care Ombudsman.
- True All staff and volunteers in the ombudsman program help to protect resident rights.
- True Confidentiality applies to all residents and anyone who makes a complaint to the program.

125,000 people live in a nursing home or assisted living facility in Texas. There are 1,182 nursing homes and 1,649 assisted living facilities in Texas.

What is advocacy? Advocacy is action by, or on the behalf of, individuals and groups. This action ensures benefits and services are received, rights are protected, and laws are enforced.

Why do you think people who live in nursing homes and assisted livings need advocates? Personal responses will vary but generally – Lack of knowing they have rights; diminished physical and mental capacity to express their needs and wishes; difficulty in challenging others such as doctors, administrators, family members; disadvantaged by the facility and funding systems.

List two physical and cognitive barriers to self-advocacy

- Cognitive impairment
- Effects of medications
- Loss of hearing, speech, sight
- Loss of physical strength

List two psychological barriers to self-advocacy

- Belief that this is the best it can be
- Fear of being labeled a “complainant”
- Fear of retaliation
- Lack of empowerment
- Lack of experience being assertive
- Loss of confidence
- Reluctance to question authority
- Sense of hopelessness or despair
- Sense of isolation

Video: Advocates for Resident Rights

Watch the video and describe what you learned:

1. How does Older Americans Act describe the long-term care ombudsman role?
An ombudsman serves as an advocate to people in nursing homes and assisted living facilities and helps residents resolve a wide range of problems.
2. What is the purpose of the long-term care ombudsman program? The program provides a vital link between people in nursing homes and assisted living facilities and their rights.
3. What are some functions of a long-term care ombudsman?
 - Advocate
 - Educator
 - Investigator
 - Complaint resolver
 - Mediator
4. What are some complaints ombudsmen work to resolve? Inadequate care, improper restraints, cold food, family matters, disagreement over medications, lack of privacy, billing problems, and improper discharge.
5. What questions do you have about being an ombudsman? *Each trainee asks different questions and trainer responds.*

Chapter 2 Aging and Residents

Describe one physical change associated with aging. Refer to pages 2-3.

- Heart ...
- Immune system ...
- Arteries ...
- Lung ...
- Brain ...
- Kidney ...
- Bladder ...
- Body fat ...
- Muscle ...
- Bone ...
- Sight ...
- Hearing ...

Activity: Attitudes about Aging

True (T) or False (F):

- F 1. The majority of older adults (65+) suffer from memory loss, disorientation, or dementia.
- T 2. All five senses tend to decline in old age.
- T 3. Lung capacity tends to decline in old age.
- T 4. Physical strength tends to decline in old age.
- F 5. Older adults have no interest in sexual relations.
- T 6. Older drivers have fewer accidents per person than drivers under age 65.
- F 7. Older workers are less effective than younger workers.
- T 8. About 80% of older adults are healthy enough to carry out normal activities.
- F 9. Older adults are set in their ways and unable to change.
- T 10. Older adults usually take longer to learn something new.
- T 11. The reaction time of most older adults tends to be slower than reaction time of younger people.
- F 12. It is almost impossible for most older adults to learn new things.
- F 13. In general, most older adults are much alike.
- T 14. Older workers have fewer accidents than younger workers do.
- F 15. The majority of older adults are socially isolated and lonely.
- T 16. Over 20% of the U.S. population is now aged 65 or over.
- T 17. Most medical practitioners tend to give low priority to older adults.
- F 18. The majority of older adults have incomes below the poverty level.
- T 19. The majority of older adults is working or would like to have some kind of work to do (including volunteer work).
- T 20. In the U.S., families provide about 80% of care for older family members.
- F 21. People tend to become more religious as they age.
- F 22. Most American workers receive private pensions, as well as Social Security, when they retire.

Exercise: Choice or Restriction

List three morning activities you routinely do. *Responses will vary.*

How might you feel if someone changed your routine? *Responses will vary but may include anger, frustration, withdrawal, depression.*

True (T) or False (F):

- T 1. Nursing home staff must provide services and care in ways that help each resident live to his or her fullest potential physically, mentally, and emotionally.
- T 2. Supporting individuality for each resident is an important standard of care.
- T 3. Residents may experience disconnection and loss of identity.
- T 4. Staff should support each resident's life patterns.
- F 5. Facilities need rules that determine everyone's routines, such as when to go to bed, when to turn the TV off, when to take baths, and when visitors can come and go.
- T 6. A major loss to a resident might be the loss of his or her daily routine.
- T 7. All residents are entitled to participate in planning their own care.

Give examples of what you believe privacy means in a facility setting. *Responses may include having the bedroom door closed, being bathed in private, having a place to be alone.*

Why should residents be able to control their lives after moving to an assisted living facility or nursing home? *Responses may include the right to be adults and to have a dignified existence.*

What percentage of adults age 65+ live in a nursing home? 4.5%

List two reasons why older adults might disengage from their community?

- Limited opportunities
- Physical disabilities
- Lack of transportation
- Lack of alternatives
- Death of a spouse or close friends
- Other people have stayed away

What is at risk if an older adult has someone do everyday tasks for them? Older adults can gradually become dependent on others because they received unnecessary help.

One reason decline in a person's health might be unavoidable is if

- new disease or condition
- disease progression
- choosing to decline treatment or care

Another term for "bed sore" is pressure ulcer.

Using a restraint on a person puts them at risk of serious injury and death.

Exercise: The Perfect Long-term Care Home.

If you became unable to care for yourself in your private home, describe the home in which you would want to live and how staff will care for you. *Personal responses will vary.*

Video: And Thou Shalt Honor, Beloved Strangers

Four million people in America have Alzheimer's disease. Caring for a person with Alzheimer's can be challenging. This video profiles three stories about preparing for and living with this illness.

1. In Dr. Deutsch's story, he had early onset Alzheimer's disease. What are some things to consider in advocating for a younger than average resident?
Responses will vary but generally consider – A person's interests can vary according to age. Younger residents may have children to rear. They may not be eligible for Medicare. The values of younger and older residents may be different.
2. In the Block story, Ms. Block had a unique way of dealing with her father Arthur's wandering. What are some challenges facility staff may face with caring for a resident who wants to leave the facility?
Responses will vary but generally consider – Staff must balance the resident's safety with the resident's rights. Caring for many residents, it may be challenging to supervise residents who elope from the building. Residents may memorize security codes at egress doors. Visitors may not recognize any danger for a resident who leaves the building.
3. In the Franco-Figueroa story, the family struggles with their decision to move the family member to a nursing home. Describe some challenges of making that decision and choosing a nursing home.
Responses will vary but generally consider – Guilt about moving a family member to the facility, especially if the person made family promise not to move them to a facility. People may expect family to care for the person at home. Family members have different opinions. Caregivers can find it difficult to let go of control over the person's care. Individuals do not know the options for long-term care or how to find a

facility that provides a high quality of care, meets the person's needs, and is a good location or distance from family.

4. Several people compare caring for a person with Alzheimer's to caring for a child. How might thinking of an adult as a child affect the adult's right to dignity and respect? *Responses will vary but generally consider – Caregivers may not treat the person as an adult. They might not acknowledge the resident as a unique individual. The person might feel insulted and not respected. If even one caregiver thinks this way, that attitude can spread to others.*

Chapter 3 Communication and Consent

Active Listening requires concentration and sincerity. One goal is to hear what the person says by listening for intent and restating what you heard.

Role Play Exercise: Introduction to a Resident

Ombudsman's first visit with a resident

Questions for role play observers. *Responses will vary based on observation.*

- How did the ombudsman describe the role of the ombudsman?
- What listening techniques were used?

Exercise: Rate Your Listening Skills

Below are a number of poor listening habits. Some behaviors seem unconscious, some purposeful, some trivial, some important, some remediable, and some deeply rooted in the personality of the person.

Think about how you listen and rank your behaviors in the list with a 1, 2, 3, 4, or 5 (1 - you rarely do, 3 - neutral, and 5 - you often do). Total the numbers for a score.

Personal responses will vary and total scores will be unique to each person. A higher score can indicate the need to improve listening skills.

It is always a good idea to approach any resident from the front or within the line of vision.

In general, let residents tell you if they need any help with their physical impairment. And, respect assistive devices as personal property.

Consent is required for an ombudsman to work on a resident's behalf, reveal a resident's or complainant's name, or access a resident's record or other confidential information.

Unless a court determines a resident is incapacitated, a resident speaks for him or herself.

If an ombudsman determines a problem affects other residents but the resident does not consent, the ombudsman could take action with the ombudsman as the complainant, but must notify the resident of this decision and inform the resident that his or her identity will not be revealed.

Exercise: Discuss these situations with your ombudsman trainer

1. Several younger residents engage in activities that intimidate the older residents. The younger residents say they are exercising their choices and preferences. The older residents ask the ombudsmen to represent them in making the younger residents change their behavior.
 - How does the ombudsman decide whom to represent? Ombudsmen represent all resident interests.
 - What are some strategies to consider when residents have problems with other residents? Determine what resources are available in the facility, such as a social worker or trusted staff person in the facility; encourage residents to talk directly to one another; act as a referee in their discussions; use shuttle diplomacy if residents cannot be in the same room together.
2. A resident with dementia has no legal representative. Some of her behaviors and statements lead the ombudsman to wonder if she needs changes in her plan of care.
 - What is the role of the ombudsman? The ombudsman is an advocate and may be able to bring a problem to the attention of care staff.
 - What authority, if any, does the ombudsman have to seek changes for the resident? First, ask residents if they want help and talk with the person when their cognitive functioning is best. Second, ombudsmen can represent the interests of a resident and seek input and insight from any friends or family of the resident.
 - What if there are negative outcomes to the resident based on the ombudsman's actions? This situation requires a cautious approach. Do not allow the facility to put the responsibility of decision-making on the ombudsman. Instead, provide legal resources. Seek consultation from the supervising staff ombudsman and SLTCO for guidance on a recommended approach.
3. A facility calls the ombudsman asking what to do with a resident who is being discharged.
 - What is appropriate for the ombudsman to say and do? Explain role as resident advocate and inform facility of the facility's responsibilities to the resident.
 - What should the ombudsman avoid doing in this case? Avoid giving approval or agreeing a resident should be discharged.
 - How does the facility's request for help affect the ombudsman's actions? The request should not affect ombudsman action. The ombudsman should make contact with the resident as soon as possible to explain rights and offer assistance to file an appeal.
Will the ombudsman instill trust in other residents if he helps facility staff in discharging the resident? No, and this action could result in the decertification of an ombudsman.

Information acquired within a record or disclosed orally is essential the same. It is confidential

- HIPAA applies to facilities
- Older Americans Act applies to long-term care ombudsmen

Chapter 4 Facilities

1. Most assisted living staff is not certified or licensed.
2. In Texas, assisted living emerged in what decade? 1990s
3. Assisted living can only be paid for with private funds (not Medicaid). False, but relatively few Medicaid slots are available.
4. Since residents can require help to evacuate, the highest level of care available is in a Type B.

Role Play Exercise: Introduction to a Nursing Home Administrator

A staff ombudsman goes with an ombudsman intern to a nursing home. After the staff ombudsman introduces the intern, the administrator says, "You know we haven't needed an ombudsman for a long time. DADS Regulatory Services surveys us and thinks we're doing a great job. You probably won't have much to do here."

Questions for role play observers:

1. Why do you think the administrator made the statement above? *Responses will vary but generally consider - "he doesn't want the ombudsman to listen to and speak for the residents, he doesn't know residents' right to an ombudsman, and he believes he's doing a great job."*
2. What are some positive aspects of the program you would stress to the administrator? *The ombudsman can identify minor issues before they become major problems. Residents need a trusted, independent advocate and the certified ombudsman can be a helpful participant in the long-term care system.*

Video: And Thou Shalt Honor, Voices from the Trenches

Examine the relationship between CNAs and those they care for in private homes and care facilities. The caregivers don't mince words. CNAs from Florida, Minnesota, and New York describe the frustration and joy of this intimate, challenging work.

1. What are some reasons families need professional caregivers? Providing care can be too much for them to manage physically, mentally, and emotionally.
2. Name one challenge facing professional caregivers.
 - a. Overworked
 - b. Underpaid; wages are not enough to provide for family
 - c. Not appreciated
 - d. No benefits
 - e. Residents with challenging behavioral needs
3. Name a problem created for residents by high turnover rates of workers.
Because the caregivers do not know the residents and their respective needs, residents get worse care – not good quality care.

4. One nursing home caregiver uses some language that seems disrespectful.
 Write examples and suggest how to say it differently.
- a. "Your baby still up?" – "Is Mrs. _____ still awake?"
 - b. "Sometimes you love the bad ones because you just can't help it." – "Sometimes you care about people who are more challenging to you as well."
 - c. "Sometimes they remind you of children who will push and push and push you." – "Sometimes it is hard to come to work because of the demands." (Talk about feelings instead of the residents.)
 - d. "All of my babies seem to be fine. – "All the people I care for seem to be fine."

Exercise: Help! – Identify the Right Person

Activities director
 Administrator
 Business office staff
 Charge nurse
 Certified nurse aide (CNA)
 Director of nursing
 Dietary staff
 Family member
 Housekeeping staff
 Medical director
 Social worker
 Staff ombudsman

1. Mrs. Ortiz speaks Spanish, and you need an interpreter to communicate with her.
Social worker
2. You notice that Mr. Smith's drinking water container is empty. Dietary staff or CNA
3. Mrs. McMillan reports that she lost a sweater. Housekeeping staff
4. Mr. Jones appears to be uncharacteristically depressed. Director of nursing
5. There is something extremely sticky on the floor of the main entrance.
Housekeeping staff
6. Several call bells are answered slowly and some not at all. Charge nurse
7. Mr. Jenkins is worried about his bills. Business office staff
8. A resident tells you the aide named "Mary" hit her. Administrator
9. Mrs. Nelson tells you she does not get her personal needs allowance.
Administrator or Business office staff
10. A number of residents tell you they have not seen the doctor this month. Medical director
11. The social worker asks if you can help with a resident's Power of Attorney who is not paying the nursing home bill. Family member
12. After speaking several times with the Director of Food Services, you find that complaints are not getting resolved. Administrator
13. You notice a resident is sliding out of a chair. Certified nurse aide
14. Mr. Sims appears lonely and bored. Activities director or Social worker
15. Two roommates are arguing with each other. Social worker

1. On average, how many nursing home residents pay with Medicaid? 70
2. A person using Medicaid to pay for nursing home care keeps \$60 each month. This is called a Personal Needs Allowance.
3. What is “applied income?” It is resident’s monthly income, usually a Social Security check, paid by the resident to the nursing home.
4. DADS contracts with TMHP to determine a resident’s medical necessity.

Activity: Elder Issues Game

Responses will vary based on the game as played.

- Were there issues that surprised you? If so, which ones?
- How did it feel playing your assigned role?
- Was your group “stuck” on any of the scenarios?
- Could you understand the different perspectives in each scenario?
- What challenges did you recognize about caring for people in a facility?
- What did you learn from playing the game?

Chapter 5 Resident Rights

How might individual routines impact resident rights? Responses will vary but generally consider - Preferences and schedules would vary. Staff may tend to follow facility routines for efficiency rather than respect each resident's rights.

Describe Empowerment. Taking power for oneself or give your power to another. Once disempowered, a person may feel powerless, disoriented, or despondent.

What are some reasons residents might not complain when their rights are violated?

- Feel intimidated by the idea of appearing critical
- Lack information about rights or not think about concerns as rights
- Prefer to choose battles and put up with daily limitations of dignity and individuality
- Accept their rights are limited as a part of the daily routine and stop seeing limits as a problem (institutionalization)
- Have physical, emotional, psychological, social, and cognitive disabilities that make it difficult to voice concerns
- Fear they may be discharged if they speak up with no place to go

Video: Voices Speak Out Against Retaliation

Five people tell stories about their lives, the changes when they moved into a nursing home and their fears. Then they share how they found their voices and became empowered to live life to its fullest. Listen to Helen, Kramer, Mary, Rich, and Ronnie speak in their own words.

When speaking about fear of retaliation, what did the residents tell you?

- Residents felt losses such as identity, independence, control, freedom, choice, and known or unknown consequences.
- Retaliation has many forms, including call bells not answered, dinner tray coming last, difficulty getting medications when needed, bathroom usage, withholding food and water, general lack of attentiveness, and sometimes it is like bullying
- Residents identified actions they could take: speak out, attend resident council and bring issues, identify supportive staff, and contact the ombudsman.

What can you do as an ombudsman to reduce fear of retaliation?

Listen to the individuals talk about their care, get to know residents for who they are, acknowledge losses, create an atmosphere of open communication, and tell the residents who you are at every opportunity.

Resident direction is the key to an ombudsman helping to empower residents because ... This helps residents maintain control over their own lives.

How can short staffing negatively affect resident rights? Short staffing prevents staff from taking the time to

- treat residents respectfully
- deliver direct care correctly
- respond timely
- recognize a problem or change in a person's condition

Ask the Trainer: Meal Times

A nursing home changed breakfast time from 8:00 to 7:00 a.m., but a group of residents don't want to get up that early.

1. Do residents have a say in this policy? Facilities set policies, but they must also comply with NF Requirements and Standards for ALFs. Residents do have a say.
2. How would you approach this problem as the ombudsman? Ask management how they will comply with §19.701 Quality of Life (2) Self-determination and participation. The resident has the right to choose schedules and make choices about aspects of the resident's life in the facilities that are significant to the resident. Encourage management to include residents in decisions that impact their lives and offer suggestions on how they can do it.

Ask the Trainer: Late Night Television

A resident wants to watch television in the living room of his assisted living facility in the late hours of the evening. The manager said the TV must be off at 8:00 p.m. because it keeps other residents awake.

1. Whose rights need to be protected, the complainant or those who go to bed at 8:00? The rights of all need to be considered, but the ombudsman will work on the complainant's behalf for a resolution.
 2. Are there differences in resident rights in an assisted living facility as opposed to a similar situation in a nursing home? Not in rights related to this issue, but might try different approach or have a different solution based on the setting.
-
1. Residents can leave their nursing home for visits and can stay overnight. True
 2. Residents have the right to determine their personal care schedule, such as activities, bathing, and bedtime. True
 3. Residents have the right to keep money in their room. True

Ask the Trainer: Love and Marriage

A nursing home administrator told marriage-bound residents, "You can get married, as long as your children give permission. I'm not sure you'll be able to share a room."

1. Do residents need permission to marry? No
2. Will the newlyweds be entitled to their own room? What if a couple is not married, can they room together? Yes, §19.417 Married couples. The resident has the right to

share a room with his spouse when married residents live in the same facility and both spouses consent to the arrangement. Unmarried couples are not restricted from sharing a room.

1. Residents have the right to receive their mail unopened, including government benefit checks that will pay for their care at the facility. True
 2. Facility staff may monitor resident visits with a long-term care ombudsman. False
-
1. A resident has the right to review all medical and financial records pertaining to them. True
 2. Residents have the right to refuse food, medicine, therapy, and other services. True
-
1. Residents should receive a 30 day notice of a home's intent to discharge them. It must be in writing
 2. The resident has 10 days to appeal. (NOTE: the resident may be able to remain in the facility until a decision is rendered. They have up to 90 days to otherwise appeal)
-
1. Residents have a right to complain only about situations that directly affect them. False
 2. Only approved residents have the right to attend and participate in resident council meetings. False

Exercise: Residents Have Rights

Use Supplement A or B to choose the resident right to help resolve the complaint.
The answers list NH before the rights for nursing home residents and ALF before assisted living facility rights.

1. My doctor won't listen to me. He is always in a rush. I want to see another doctor.
 - NH - choose your own physician at your own expense or through a health care plan
 - ALF - choose and retain a personal physician
2. No one will tell me why I have to take so many pills every day.
 - NH - participate in developing a plan of care, to refuse treatment, and to refuse to participate in experimental research
 - NH - receive information about prescribed psychoactive medication from the person who prescribes the medication or that person's designee
 - ALF - participate in developing an individual service plan that describes your medical and psychological needs and how the needs will be met
 - ALF - be fully informed in advance about treatment or care that may affect the resident's well-being

3. Tomorrow they are moving me to another hallway. I don't want to move.
 - NH - not be relocated within the facility, except in accordance with nursing facility regulations
4. My mother is very frail and I don't want her to fall. Yet they won't put side rails up on her bed at night.
 - NH - be free from any physical or chemical restraints used for discipline or convenience and not required to treat your medical symptoms
 - ALF - be free from physical and mental abuse, including punishment or physical and chemical restraints not required to treat medical symptoms
5. My friend is very critical of staff when she comes. The administrator says if she doesn't stop, she cannot visit any more.
 - NH - receive visitors
 - ALF - unrestricted communication, including visits with family members, representatives of advocacy groups and community service organizations, and other visitors at any reasonable hour
6. The staff who feed my Dad shoves food into his mouth without care or attention.
 - NH - be treated with dignity, courtesy, consideration, and respect
 - ALF - be treated with respect, consideration, and recognition of dignity and individuality
7. My sister stopped eating and is losing weight. The doctor wants to insert a feeding tube, but my sister always said she didn't want one.
 - NH - refuse treatment, care, or services
 - ALF - refuse medical treatment or services after being advised by the person providing services of the possible consequences of refusing treatment or services and acknowledging that you understand the consequences of refusing treatment or services
8. The activities are boring here ... TV, bingo, or playing with paint like children!
 - NH - make your own choices regarding personal affairs, care, benefits, and services
 - NH - participate in activities inside and outside the facility
 - achieve the highest level of independence, autonomy, and interaction with the community
 - ALF - participate in activities of social, religious, or community groups and practice religion of your choice

9. My hearing aid is lost. They won't get me another.
 - NH - receive all care necessary to have the highest possible level of health
 - NH - access money and property you have deposited with the facility
 - NH - be informed of Medicare or Medicaid benefits
 - ALF - manage financial affairs
 - ALF - be informed by the provider ... whether resident is entitled to benefits under Medicare or Medicaid and which items and services are covered by these benefits, including items or services for which the resident may not be charged
 10. Someone is spying on me. My mail is opened before I get it.
 - NH - send and receive unopened mail and to receive help in reading or writing correspondence
 - ALF - receive and send unopened mail, and have mail sent and delivered promptly
 11. I told the nurse last week there's a sore on my leg. No one has checked it yet.
 - NH - receive all care necessary to have the highest possible level of health
 - ALF - participate in developing an individual service plan that describes your medical and psychological needs and how the needs will be met
 12. This place is like a prison. I want to go home and they won't let me.
 - NH - discharge yourself from the facility unless you have been adjudicated mentally incompetent
 - ALF - leave the facility temporarily or permanently, subject to contractual or financial obligations
 13. The housekeeping staff always barges in when I'm undressed. No one ever knocks before they come into my room.
 - NH - privacy, including privacy during visits, phone calls and while attending to personal needs
 - ALF - privacy while attending to personal needs and receiving medical treatment
 14. When I visit Dad, he's usually sitting in a soiled brief. When I tell the nurse, she says, "I'm busy now. I'll come as soon as I can," and then comes an hour later.
 - NH - receive all care necessary to have the highest possible level of health
 - ALF - participate in developing an individual service plan that describes your medical and psychological needs and how the needs will be met
-
1. Family has a right to be notified within 24 hours of an injury or a significant change in condition.
 2. Family also has a right to participate in the care planning process.

Chapter 6 Resident and Family Councils

Ask the Trainer: Resident Council

- What is the key to success of a resident council? The residents run the council and the facility supports them.
- How do I learn when the council meets in the home where I am assigned? Ask facility staff the meeting date and time as well as the name of the council president so you can talk to him or her.

1. Ombudsmen attend council meetings if invited
2. A facility must assign a staff person to support council needs.
3. Appropriate ways ombudsmen support councils (mark the ones that apply):
 - Encourage residents to attend
 - Explain the ombudsman program at a meeting
 - Create and distribute minutes
 - Attend every month
4. A new ombudsman should make contact with the president

Video: Strength in Numbers: The Importance of Nursing Home Family Councils

Family councils led by families benefit residents, family members, and facility staff alike. This video gives an overview of the focus, techniques, and strategies to develop effective councils. It shows how families and friends become empowered to improve the quality of care. Watch the video and answer the questions that follow.

1. On a scale from 1-10, how well do you think the administrator ___ and staff ___ would receive a family council in your assigned home? *Responses will vary.*
2. How could the council recruit more family members?
 - Support new families, such as participate in orientations, visit shortly after moving in, sponsor social events
 - Make personal contacts, such as invite family members between meetings, have greeters in the lobby
 - Build a network, use sign-in sheets at meetings, include permission to release family phone numbers in admission packet, provide ongoing support between meetings
 - Develop written materials, such as produce brochures, flyers, and newsletters, place information in the facility newsletter, include information on bulletin board

3. What guidelines might help a first meeting be successful?
 - Use structure, such as agenda, meeting length, regular meeting time
 - Make time for shared input, such as input and setting group goals and establishing a structure to capture the input
 - Focus on action and efficiency, such as next steps, business vs pleasure, formulate solutions and recommendations
4. Do you have any concerns about the family council at your assigned home?
Personal responses will vary.

Identify a barrier to starting a family council.

- Family members lack of time
- Family members lack of interest
- Family members fear of retaliation
- Council members get discouraged easily
- Family members lack of information and education
- Family council experiences resistance from the facility
- Difficulty getting names of other family members

Identify a facility staff that supports a family council.

- Activity director
- Social worker
- Administrator

Chapter 7 Care Planning

Exercise: Create Wilma's Care Plan *Responses will vary but generally consider - Individualized Care Plan*

Needs	Goal	Approaches
<u>I need to walk</u>	<u>To remain as active and mobile as possible</u>	<ul style="list-style-type: none"><u>I will walk about 3 hours a day.</u><u>I will walk outside on nice days and stay a little longer.</u><u>I like to walk after breakfast and dinner.</u>
<u>I need to interact with people</u>	<u>To be aware of my surroundings and to participate in activities of my choice and in my care as much as possible</u>	<ul style="list-style-type: none"><u>I enjoy conversations with friends, family, and staff.</u><u>I am confused occasionally so help orient me during these times, especially if I go where I should not.</u><u>I want you to tell me who you are and what you are going to do when you provide my care.</u><u>I am reassured by your soft voice and gentle touch; otherwise, I might strike out in confusion and fear.</u>

The person named in a Medical Power of Attorney to make decisions is called the agent.

Ask the Trainer: Family Members Disagree

The doctor told a resident there are no more treatments to improve her health and he recommends hospice care. One daughter agrees but the other wants aggressive treatments continued.

1. Whose wishes do you advocate for? Follow the resident's wishes, including anything in an advance care planning document or previously shared with others.
2. What should an ombudsman do when family members disagree? Bring the resident's wishes to the foreground and assert her wishes to family. Emphasize the facility's requirement to follow the resident's direction and allow family time to talk about their feelings.

Name one person who can be a surrogate decision maker?

- patient's spouse;
- adult child of the patient who has the waiver and consent of all other qualified adult children of the patient to act as the sole decision-maker;
- majority of the patient's reasonably available adult children;
- patient's parents; and
- individual clearly identified to act for the patient by the patient before the patient became incapacitated, patient's nearest living relative, or a member of the clergy

Family members make decisions for a resident even if the courts have not granted them legal authority. False

Chapter 8 Problem Solving

When receiving a complaint from anyone other than a resident, let that person know you take action according to a resident's wishes.

An ombudsman gathers information through interviews, observation, and review of relevant documentation.

Exercise: Consider possible solutions, obstacles, and ways to overcome obstacles

Ms. Garcia wants to stay up late at night. The charge nurse knows her preference and will accommodate, but how will a lasting solution be reached? *Responses will vary but generally -*

Possible Solutions: Communicate through the resident's care plan

Potential Obstacles: Staff don't access and read the care plan

Suggestions to Overcome Obstacles: Involve direct care staff in care planning and write the plan in plain English. Train staff to look at plans and ask for help when a part of the plan is not clear.

Possible Solutions: Consistently brief staff when a shift changes

Potential Obstacles: Staff turnover

Suggestions to Overcome Obstacles: Implement culture change; create and use an established shift change communication procedure; assign the same caregivers to the same residents every day.

Possible Solutions: Use visual cues, such as a picture of an owl

Potential Obstacles: Stigma could be attached to any cue

Suggestions to Overcome Obstacles: Visuals for all residents – some cues; others generic; seek resident input on these cues.

Possible Solutions: Designate space for night activities, such as TV, games, snacks

Potential Obstacles: No location is available; complaints about noise late at night

Suggestions to Overcome Obstacles: Review spaces in the home and select a space that will minimize impact on sleeping residents; involve residents in planning and implementing new shared space; buy materials to reduce noise.

The difference between a position and an interest is: A position is something you have decided upon and an Interest is what caused you to decide.

When negotiating with management, separate the people from the problem.

Before taking action to resolve, be sure you know what the resident wants.

Close a case when you have done all the work you can reasonably do.

Awe, anger, and avoidance are common responses to authority figures. Ombudsmen must overcome them all in order to effectively advocate.

Video: Basic Complaint Handling for Ombudsmen

Ombudsman Mary works with resident Mrs. Woods. Observe the actions Mary takes to understand the complaints, reach resolutions, and follow-up. Listen for how Mary seeks Ms. Woods' consent. Remember complaints are confidential.

Situation 1: Interviewing skills with Ms. Woods

What do you like about Mary's approach to interviewing? She listens and lets resident do the talking, asks open-ended questions, asks for consent, restates what she thinks the resident said, prioritizes complaints according to resident's wishes, tells resident she will follow up.

What complaints do you identify? Identified complaints include - no visitors, roommate's television is too loud, no place to entertain, no coffee to offer guests, coffee at meals cold and not fresh, and coffee not offered often enough.

- Identify the investigation methods described by Mary to Ms. Woods. She asks other residents if they have similar complaints and talks to person who can do something about complaint.

Situation 2: Observation skills

- Identify concerns based on what you hear
 - Staff person telling resident to hurry up is disrespectful.
 - Paging housekeeping to Room 106 identifies a resident's room and disturbs everyone unnecessarily.
- Identify concerns based on what you see
 - Call light on
 - Man slumped in wheelchair
 - People not doing anything despite activities on the facility calendar
 - Staff member pouring coffee before anyone is in the dining room

Situation 3: Discussing investigation results and planning

What skills do you notice Mary using in her meeting with Ms. Woods? She updates the resident on progress, reassures the resident, and empowers the residents through the resident council.

Situation 4: Preparation and resolution meeting

What does Mary do to prepare Mr. Bernstein and Ms. Woods? She clarifies concerns and encourages residents to bring up concerns themselves.
How does Mary contribute to a positive and effective meeting? She is polite to food service manager and empathizes with her, suggests a compromise, makes suggestions, expresses appreciation, and recaps what is going to happen. She is assertive and firm, but not aggressive.

Situation 5: Resident conflict

How does Mary respect each resident during the course of her visit? She lets each resident talk and listens to each resident's concern, suggests compromise, and pulls curtain for privacy when talking to Ms. Crebs.

Situation 6: Communicating with an administrator

How does Mary diffuse the situation with Mr. Delgado? She remains calm when Mr. Delgado is confrontational, expresses empathy, explains the situation rationally, and requests a time when they can talk on his schedule.

Case Discussion: “Show me the Money”

Ms. James lost several clothing items. Her sister Ms. Martin visits often. On the last visit, Ms. James was wearing clothes that did not belong to her. She told her sister some clothes had been taken out of her dresser. When Ms. Martin asked, the administrator said Ms. James is confused.

Ms. Martin heard that her sister should be able to keep some money out of her check each month. Ms. James doesn't know about this. Ms. Martin suggests the administrator use the money to buy a new dress for her sister. He says there isn't any money left after bills are paid each month. When Ms. Martin asked where the money was kept, staff replied that only the legal guardian could have that information.

Other residents report their funds are not accounted for. The administrator reports:

- Because of theft, personal needs allowances are given on an as-needed basis.
- At admission, every resident signs a form authorizing the facility to administer funds for security purposes. For residents who have a diagnosis of dementia, a family member is asked to agree to this procedure by signing the form.

Step 1: Identify the problem and research statutory support

- Lost clothes: §19.401(b)(14) keep and use personal property, secure from theft or loss; § 92.125(S) in ALF standards
- Not wearing her clothes: §19. 401(b)(19) wear your own clothes; § 92.125(S)
- Access to her money: §19.401(b)(13) access money and property you have deposited with the facility and to have an accounting of your money and property that are deposited with the facility and of all financial transactions made with or on your behalf; § 92.125(L)

Step 2: Consider causes and scope

- Management is not providing adequate training and oversight.
- Due to theft issues, management set procedures that limit rights of all residents to access their money.

Step 3: Explore ways to resolve and take action

- Conduct in-service on resident rights with special focus on trust funds.
- Invite police to speak to resident council, family council, and staff meetings to explain the criminal consequences of stealing.

Step 4: Check on progress and outcomes

- Visit the resident and ask if the problem is better, worse, or the same
- Ask the resident if she feels there is more work to be done
- Ask the resident how she feels about the outcome of your efforts

Step 5: Determine satisfaction Discuss how to determine satisfaction and who determines it (in this case, the resident and also want to check with the sister)

Case Discussion: “Discharge – Unable to Meet Needs”

Lacey Dalton is married and 45 years old. Her husband lives in their home and she lives in a nursing home. The administrator issued her a 30-day discharge notice stating they cannot meet her needs.

The facility contacted Mr. Dalton numerous times to discuss Mrs. Dalton's behaviors, but he changed his phone number and address. Mrs. Dalton reportedly gave her husband Power of Attorney when she was in the hospital, but the facility does not have a copy. The facility reports Mrs. Dalton is noncompliant with treatment and has placed her health at risk. Mrs. Dalton says her husband cannot take care of her. She calls the ombudsman to help her stay in the nursing home.

Step 1: Identify the problem and research statutory support

- Being discharged: §19.502 not be discharged from the facility, except as provided in the nursing facility regulations; § 92.125(X) in ALF standards
- Mrs. Dalton's treatment: §19.401(b)(10) participate in developing a plan of care, to refuse treatment; § 92.41(c)

Step 2: Consider causes and scope

- Management chose to work with the spouse, her Power of Attorney, rather than work to meet the needs of the resident.
- The situation affects one person.

Step 3: Explore ways to resolve and take action

- Request a care plan or service meeting
- Ask the administrator to formally rescind the discharge letter
- Advise management that Mrs. Dalton makes her decisions unless adjudicated incapacitated
- Inform resident of her right to file an appeal request
- Consider whether legal representation is needed to assist in a fair hearing appeal, the ombudsman can serve as the resident's representative, to serve as a witness during the hearing, or to attend the hearing by phone to offer support to the resident.

Step 4: Check on progress and outcomes

- Ask the resident to keep you informed of any changes or concerns related to the case
- Visit the resident when in the building to monitor progress

- Visit the resident and ask if the problem is better, worse, or the same
- Ask the resident if she feels there is more work to be done
- Ask the resident how she feels about the outcome of your efforts

Step 5: Determine satisfaction Discuss how to determine satisfaction and who determines it (in this case, the resident)

Walking the Fine Line: Ombudsman Role with Residents, Families, & Facility Staff

Based on long-term care ombudsman experiences, Jana Tiefenwerth, former East Texas staff ombudsman, created "Walking the Fine Line." This perspective helps create positive working relationships that lead to successful advocacy.

During the presentation, think about - How to: *Responses will vary but generally -*

- Walk the fine line between residents and staff in a way that increases their trust in an ombudsman? Develop appropriate relationships with administrators, staff, residents, and family members. Be careful no to become pro-facility.
- Help residents see an ombudsman as a resident advocate, but not cross the line and create a dependent relationship?
 - Ombudsmen are resident advocates and do not work for the facility
 - Spend time with residents to establish trust, tell them their rights
 - Report back on the status of complaints, validate concerns, support decisions (even when you personally do not agree with them)
 - Do not break confidentiality.
- Develop relationships with staff that improves quality of life and care for residents, without crossing a boundary with staff?
 - Explain the ombudsman role to staff who bring concerns to the ombudsman's attention
 - Call staff by name
 - Focus on resident needs
 - Do not correct direct care workers but speak to their supervisors
 - Offer to provide in-service training on resident rights and person-directed care
 - Acknowledge the difficulties of their job, praise staff appropriately, and report good work to their supervisor and administrator

Give three examples of an ombudsman being pro-facility?

- Spend more time with staff than with residents
- Seeming too friendly with staff
- Siding with staff over residents

Role Play Exercise: Patient Abuse

A resident's daughter asks to meet at her mother's nursing home. She says she frequently sees bruises on her mother's wrists, but her mother insists on not reporting.

Questions for role play observers:

What is the ombudsman's responsibility in this situation?

- Respect the resident's wishes to not report.
- Federal law supersedes Texas mandatory reporting law.
- This law does not restrict the daughter from reporting to the facility and regulatory services.

What did you see the ombudsman do? *Responses will vary but generally –*

- The ombudsman tries to persuade the resident to report, including anonymously or permitting the ombudsman to report on the resident's behalf (anonymously or not, depending on resident direction).
- The ombudsman reports to the supervising staff ombudsman who will consult with the SLTCO.

The resident says she will not cooperate with reporting abuse. Who should take action? *Responses will vary but generally –*

- The MLO and SLTCO will discuss and consider filing an anonymous complaint to protect the general health and safety of all residents.
- The ombudsman continues to monitor the resident's care.
- If a regulatory report is filed and the resident did not give consent to use her name, the ombudsman must not disclose the resident's name or other identifying information.

Chapter 8a Program Communication

1. Every certified ombudsman is required to earn 12 hours of continuing education each year.
 2. Volunteers and staff can visit residents together for training or working to resolve a case. On these visits, ask questions and make observations.
 3. Staff ombudsmen are partners with volunteers and the state ombudsman. Asking for guidance is encouraged in the ombudsman program.
 4. Staff ombudsmen report daily and volunteers report every month.
-
1. Consultation with program staff ensures compliance with ombudsman procedures and maintains the integrity of the program.
 2. Two circumstances that require consultation involve resident consent: when an ombudsman suspects abuse, neglect, or exploitation and when asked to disclose confidential information.

Exercise: Find the Best Complaint Code

Use the list of 132 codes to assign the best code to describe a complaint. Circle the complainant in each complaint.

- 26 1. A **resident** tells you “a CNA is mean. I get nervous when she comes to my room.”
- 22 2. A **daughter** reports the nursing home is moving her Mom to make room for a special rehabilitation unit. She has lived in the same room for two years and doesn’t want to move. “The social worker is harassing us.”
- 66 3. A **resident** says, “My roommate hollers out and keeps me up at night. I want him moved.”
- 71 4. A **facility staff** tells you, “Breakfast looks awful. The pancakes are rubbery, the eggs are powdered, and the coffee is cold.” You ask residents and they agree.
- 30 5. A **resident** reports the facility held her care plan meeting without her.
- 38 6. The **social worker** reports, “Mr. Jones is going into resident rooms and stealing.”
- 58 7. A **resident** reports, “Rehab has stopped physical therapy because they say I am no longer improving enough, but I know I can progress with more therapy.”
- 82 8. The **daughter** said, “Mom called me very upset. The blouse and pants they put on her are not hers.”
- 78 9. The **ombudsman** observes the bathroom in a resident’s room has feces, standing water, and live roaches.
- 41 10. The **ombudsman** notices several call lights are not within residents’ reach in bed.

Exercise: Practice Completing a Monthly Report (May 1 - May 21, 2012)

More Practice

Circle source of complaint and write complaint code that best describes complaint.

- 71 1. **Daughter:** "My mother is allergic to fish and she couldn't eat what was served. No one told her she could order something else so she went to bed hungry."

25 or 128

2. The **facility** calls for ombudsman intervention. A resident wants to go home but the nursing home does not think he can live safely at home.

- 62 3. Ombudsman is aware a resident is diagnosed with an anxiety disorder. **Son** was not informed that his father's doctor order two psychotropic drugs and is concerned after reading about serious side effects.

- 77 4. **Ombudsman** notices the living room smells of smoke. The smoking area is off the living room and has a large ashtray full of cigarette butts in the corner.

- 64 5. **Daughter:** "Every time I visit my mother, she is sitting in the wheelchair in the hall staring at the walls."

41 or 69

6. **Ombudsman** observes a resident looks very thin and does not eat lunch. The resident calls out for milk, but no one gets it for her.

- 55 7. A **resident** reports, "My dentures got lost three months ago. I am still waiting for them to be replaced."

- 14 8. **Ombudsman** learns a resident is Spanish speaking, but no one who provides her care understands or speaks Spanish.

- 48 9. **Resident:** "I'm in terrible pain. The nurse is giving me Tylenol but it doesn't help. I told her but no one pays attention."

3 or 26

10. **Resident:** "Last evening I called the CNA to use the bathroom. CNA told me, "I'm busy now. Go in your diaper."

Chapter 8b Residents Record

Residents have the right to review medical and financial records pertaining to them.

True

Obtain resident consent to access a confidential record.

Exercise: Name the Medical Record Section

In which section of the medical record would you find the following?

1. What care does the morning shift need to give following the night shift? Nurses Notes
2. Who did the resident name as her Medical Power of Attorney? Administration
3. What kind of rehab does the resident need and how often? Therapy or Physician Orders
4. When was the last x-ray to check whether the hip healed? Imaging
5. When did the resident return from the hospital? History and Physical
6. What is the resident's working diagnosis? Progress Notes
7. Did the physician prescribe Ativan? Physician Orders or Medication Administration Record (MAR)
8. When does the facility plan to discharge the resident? Case Management

Chapter 9 Regulators and Resources

The purpose of a survey is to determine whether facilities meet licensing standards and whether facilities meet standards for participation in Medicare or Medicaid.

Ask the Trainer: Enforcement

Which enforcement action is the most common?

Responses vary, but administrative penalties are fairly common.

All nursing homes and assisted living facility employees must be determined employable. Operators must check what two registries?

- Nurse Aide Registry
- Employee Misconduct Registry

Exercise: Help! – Identify the Right Resource

Write the program or the best person to help solve each problem. To take action on a resident's behalf, you always need resident consent. For this exercise, assume you obtained consent from the resident.

1. Mrs. Cash moved to a new nursing home. She asks for her personal funds deposited with the home and is told no money is available. Client trust fund
2. When Mr. Rich moved in, he was private pay. Now he has spent down to a total of \$2,000 in his accounts. Where does he apply for Medicaid? Office of eligibility services
3. You notice numerous residents are restrained. Facility staff says they use physical restraints to prevent falls, but they want to learn best clinical practices to keep residents safe. Quality monitoring program
4. Mr. Brown's bill hasn't been paid for the past three months. His dementia got worse and his son started paying. The business office manager believes the son is paying his own house payments out of his dad's money. Refer the facility to call APS
5. Each time you visit Julie Morrow, she talks about moving out of the nursing home because everyone is old and she believes she could live in an apartment. Money follows the person (refer to the local contact agency for relocation)
6. The nursing home sent Alex Chang a 30-day discharge notice that they cannot meet his needs. He doesn't understand because other residents are in the same condition. He wants to stay. Request an appeal through OES; the hearing is conducted by the Fair and fraud hearings department

Chapter 10 Resident-directed Care

Exercise: Suggest how traditional words could be replaced with words that emphasize the person

1. Nursing facility: home, living center
2. Staff: person's name, Mr. _____ or Mrs. _____
3. Resident: person's name, Mr. _____ or Mrs. _____
4. Hallway/unit: neighborhood, village
5. Nourishment: snack, food, meal, afternoon tea, happy hour
6. Pet therapy: pet visits, time with friends
7. Activities room: den, community center, living room
8. Resident council: resident group, board
9. Therapy room: exercise room, gym, spa
10. Meal tray: place setting, table service, dinner plate, supper, meal

List two differences between traditional care practices and person-directed care practices. Refer to pages 7-8. Responses will be 2 of the 11 items

Traditional	<u>Standard treatments based on diagnosis</u>	Traditional	<u>Feeling of homelessness</u>
Person-directed	<u>Individual care by needs and wishes</u>	Person-directed	<u>Feeling of community and belonging</u>
Traditional	<u>Facility-designed schedules</u>	Traditional	<u>Resident adapts to facility</u>
Person-directed	<u>Flexible schedules</u>	Person-directed	<u>Facility adapts to the resident</u>
Traditional	<u>Task-oriented work</u>	Traditional	<u>Medical model</u>
Person-directed	<u>Relationship-centered work</u>	Person-directed	<u>Social model with health care</u>
Traditional	<u>Management decides</u>	Traditional	<u>Impersonal work practice</u>
Person-directed	<u>Residents and others decide</u>	Person-directed	<u>Facility supports relationships</u>
Traditional	<u>Staff workplace</u>	Traditional	<u>Authoritarian</u>
Person-directed	<u>Resident home</u>	Person-directed	<u>Team-driven</u>
		Traditional	<u>Place to die</u>
		Person-directed	<u>Environment to thrive and grow</u>

How can person-directed care improve quality of life in nursing homes and assisted living facilities? Residents and staff feel more in control of their lives and work. People will choose to live and to work there and will have better satisfaction with their lives.

Activity: Mystery Game

Find clues to person-directed care.

The group answers the following: *Responses will vary -*

1. How are facility routines contributing to Mr. McNally's decline? Using sleeping pills, suppositories, incontinence briefs, and alarms to react to specific incidents rather than understanding Mr. McNally, his strengths, and choices.
2. What clues do you have about his strengths and interests? Can go to the bathroom himself, daughter and grandchildren visit, likes gardening, and interactions with nighttime staff.
3. How can staff use his strengths and interests to start a person-directed approach that may reverse his decline? He is capable of going to the bathroom when staff is patient. Give him time rather than using suppositories which will eventually weaken him. For a night owl, offer care and activities at night; for outdoor interest, arrange gardening options and bird feeder.
4. What changes in his routine need to be put in place? What changes in facility routine need to happen so his personal routines can be restored? Since he developed his own ways as a widower, allow him to do as much of his own care as possible on his schedule – probably more at night. Review reason for the fall on second night and evaluate medications, toileting, and other care. Be flexible when care and activities occur – not everything during the daytime.
5. What additional information is needed? The cause of his weight loss
6. Who else needs to be involved in the discussion? Pharmacist, dietician, activity director, family.

Additional Discussion

How can an ombudsman support a facility to expand their care-planning activities to get the information needed to be person-directed? *Responses will vary -*

- Support consistent assignment of staff to residents so residents and staff know each other better.
- Encourage residents to tell staff about choices and how they want to receive care and staff to know the residents as individuals.
- Encourage facility management to bring a direct caregiver into the care planning process.
- Encourage a resident to request his or her favorite caregiver attend the care plan or service meeting.

Reconciling Regulatory Compliance with Resident-directed Care *Responses will vary in all the exercises – Trainer should encourage trainees to share their answers and trainer reinforces responses that best signify resident-directed philosophy.*

How can ombudsmen respect residents' privacy?

- In rooms: knock before entering a room, ask if person wants door closed, talk while the roommate is away
- Visiting a resident with a complaint: finding a quiet, private place to talk and making sure to visit several other residents so the a complainant is not identified by the ombudsman's visit
- Investigating a complaint: maintaining confidentiality
- Accessing resident's medical records: reviewing only sections that pertain to the complaint

Chapter 11 Systems Advocacy

A resident council discusses their home cutting back van travel on the weekends. List an individual and a systems advocacy approach to resolve this problem.

- Individual – The council works with management to schedule travel according to the specific residents' needs for the upcoming month.
- Systems - The council works with staff to investigate options to keep ongoing weekend travel available. The council discusses with management seeking additional funds for travel, expanding the list of approved drivers, and establishes a plan for reviewing the travel calendar.

Moving out of a Nursing Home

Another activity that demonstrates the difference between individual and systems change is the process of a person moving out of a nursing home. This example also shows how individual advocacy may depend first on systems change.

How does the successful relocation of the individual described depend on a systems change? Because of the federal Olmstead decision, states changed their processes to the right to live in community settings rather than in institutions.

Find two system advocacy activities described in the example that ombudsmen can participate in:

1. Identify residents who wish to move and help residents to resolve complaints associated with relocation.
2. Monitor MDS 3.0 implementation and report identified complaints to the facility and the ombudsman program office.

Exercise: List two ways you can help the public and lawmakers understand the needs of people who live in assisted living facilities (ALF).

- Share the state long-term care ombudsman annual report, regulatory reports, news articles, and other information.
- Tell about the benefits of applying ALF Alzheimer's licensure standards for manager and staff training, staffing, and activities to all Type B ALFs. Review the standards in Texas Administrative Code Chapter 92.
- Ask for support for requiring direct care employees to be certified nurse aides. Share examples of the benefits of trained and certified caregivers on the quality of life and care for ALF residents.
- Give examples of the lack of consumer protections for ALF residents. Inform about the need to provide a fair hearing for ALF residents facing discharge.
- Identify key stakeholders who can impact change and share information.
- Respond to inquiries from the press about the quality of care and life in ALFs.
- Write letters to newspaper editors, articles for newsletters and other publications.
- Testify at local, state, and national forums.

Exercise: Future Advocacy

Promote resident-directed care. Brainstorm ideas for systemic culture change in your assigned facility. Consider the following areas: *Responses will vary but generally -*

- Meal service:
 - Buffet service
 - Beverage and snack stations
 - Expanded meal hours
 - Deeper involvement by residents in planning and executing dining options
- Bathing and hygienic experiences:
 - Spa atmosphere, warm and comforting linens, aroma therapy, and music
 - Survey residents about their experiences with bathing in the nursing home
 - Taking volunteers from staff to be bathed and use those experiences to improve the experience for residents
- Social activities:
 - Expand options for outside community inclusive activities such as bridge and book clubs, volunteer opportunities as individual or group (RSVP program)
 - Host community events, offer space for meetings
 - Arrange trips, arrange travel story slideshow led by residents
- Intimacy:
 - Ask residents if they would like to change rooms and choose a new roommate
 - Create new private spaces and private bedrooms
 - With resident input, create privacy signs
 - Discuss intimacy needs of residents with diminished capacity and develop policies to balance autonomy and safety
 - Be aware of the needs of same sex partners and unmarried couples

In general, what is one change that could provide all residents with an opportunity to exercise more choice and control? *Responses will vary but one example is –*

In addition to my nursing home assignment, I will coordinate with my supervising staff ombudsman to visit one assisted living facility four times a year. I will share insights from the visits with staff and volunteer ombudsmen at our continuing education sessions.