



# The National Long-Term Care Ombudsman Resource Center

## LLTCO RESPONSE SUMMARY: THE IMPACT OF MDS 3.0/SECTION Q IMPLEMENTATION NORC QUESTIONNAIRE, MARCH 2011

### **KEY POINTS**

- 97 Local Long-Term Care Ombudsmen responded to the questionnaire representing local programs in 28 states.
- 40 respondents (41%) said “all” of the nursing facilities they visit were familiar with MDS 3.0/Section Q.
- 20 respondents (22%) reported an increase in complaints after the implementation of MDS 3.0/Section Q and 37 respondents (40%) said they had an increase in requests for other Ombudsman activities.

### **COMMUNICATION, INFORMATION AND REFERRALS**

- 39%, 37 respondents, said they “do not know” if nursing facility staff consider the LCAs responsive to their referrals.
- 27 respondents (29%) have made referrals to the LCA (per the residents' request). Of those respondents that made direct referrals:
  - 18 respondents said the LCA responded in a timely manner
  - 1 respondent said due to limited funding their LCA does not provide a timely response to referrals
  - 2 respondents said they sometimes receive a timely response and 2 respondents said they did not know if it was a timely response
  - One respondent said their LCA responds quicker to referrals from residents that are 60 and older.
- 41 respondents (44%) said since the implementation of MDS 3.0/Section Q nursing facilities encourage more resident participation during care plans, “some of the time.”
- Similarly, 32 respondents (34%) said nursing facilities ask the “Return to the Community Referral” questions as required “some of the time” (nursing facilities are required to ask this item during admission, quarterly, annually and on significant change).
- 41%, 39 respondents, “did not know” if nursing facilities are following up with a resident’s request for information regarding community options within a “reasonable” amount of time

### **COMPLAINTS AND OTHER OMBUDSMAN ACTIVITIES**

- 20 respondents (22%) said they’ve seen an increase in complaints since the implementation of MDS 3.0/Section Q:
  - F-42: Resident Care-Care Plan/Assessment (10)
  - P-128: System/Others- Request for less restrictive placement (8)
  - P-120: System/Others-Family Conflict/Interference (7)
  - O-115: State Medicaid Agency-Services (6)
  - B-13: Access to Information (3)

- 40 respondents (43%) said they've experienced an increase in requests for other Ombudsman activities since the implementation of MDS 3.0/Section Q:
  - Information and Assistance/Consultation with individuals (36)
  - Consultation with facility staff (29)
  - Involvement with Resident Councils (9)
  - Involvement with Family Councils (8)
  - Facility staff training (7)
- Several respondents mentioned that they spend more time consulting with residents, family members and facility staff about community options, specifically:
  - Providing residents with additional information regarding the Section Q process and following-up with their LCA referral (especially for complaints about the timeliness of the process from the initial referral to relocation).
  - Addressing family conflict when the family members disagree with a resident's request for community options information.

### **DISCUSSION AND TRAINING**

- Similar to the responses provided by the State Long-Term Care Ombudsmen, several respondents requested training in how to address community options with residents with diminished capacity:
  - Are there acceptable reasons not to ask the "Return to the Community Referral" questions quarterly?
  - How to address the stress, anxiety, grief or anger that a resident or the resident's family members may experience when discussing community options or when a resident's request to transfer is not honored.
- A few respondents said the nursing facility staff directly involved in this process (social workers, discharge planners) need more training regarding the role of the Ombudsman Program related to Section Q, how to make appropriate referrals, how to discuss community options with residents and family members and what to do next after a referral is made to the LCA.
- Several respondents said they need more clarification of the entire Section Q process including; what happens after referrals are submitted to the LCA, what are reasonable timeframes for the entire process, what is the difference between referrals to the LCA and MFP, who is responsible for each step in the process.
- One respondent requested a one-page consumer fact sheet regarding MDS 3.0/Section Q and another respondent requested on-going updates about changes, best practices and current information related to MDS 3.0/Section Q.
- One respondent said the LCAs need more training regarding resident rights as they will not send community option information to a resident if the resident's legally authorized representative (not guardian) says not to send the information regardless of the resident's request.

### **ADDITIONAL COMMENTS OR CONCERNS:**

- Three respondents asked if survey agencies will provide oversight and enforcement to ensure nursing facilities are asking the Return to the Community Referral questions as required, referring residents to the LCAs, following up with the referral and providing appropriate discharge planning.
- Multiple respondents said their LCAs do not have adequate funding to provide timely responses to referrals.

### **SUCCESSFUL OUTCOMES:**

- A couple respondents said residents they serve are receiving more information about their rights and community options after the implementation of MDS 3.0/Section Q.
- Three respondents said they've had several residents return to the community during this process.
- A few respondents said communication has improved between their program, nursing facility staff, LCAs and other agencies due to the coordination for the Section Q process.