

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

KEY POINTS

- 20 State Long-Term Care Ombudsmen, 38%, responded to the March 2011 questionnaire (31, 58%, responded to the first questionnaire issued in November 2010).
- 13 respondents, 65%, said “most” of the nursing facilities in their state were familiar with MDS 3.0/Section Q.
- All respondents said a Local Contact Agency (LCA) had been designated by their state or hasn’t changed since the November 2010 questionnaire. Three of the 31 respondents to the November 2010 questionnaire said their state had not designated a LCA.
- The majority of respondents to both questionnaires (52% in November and 50% in March) did not know if the staff of nursing facilities felt the LCAs were responsive to their referrals.
- In response to the March 2011 questionnaire, none of the respondents said their complaints had increased since the implementation of MDS 3.0/Section Q compared to 3 respondents saying their complaints had increased due to MDS 3.0/Section Q in the previous questionnaire.
- Slightly more respondents, 7 (39%), said they experienced an increase in other Ombudsmen activities since the implementation of MDS 3.0/Section Q than the 5 (16%) respondents that said their program saw an increase in other Ombudsmen activities on the November 2010 questionnaire.
 - Respondents to both questionnaires said their number of consultations to facility staff and individuals increased more than other Ombudsmen activities.

ADDITIONAL COMMENTS AND CONCERNS

- Better clarification of the role of the Ombudsman in the entire process:
 - More training for nursing facility staff, regulators and other entities emphasizing the role of an Ombudsman as the resident advocate.
 - Case examples of successful transitions and the role of the Ombudsman.
 - Best practices of monitoring follow-up with residents that discharged into the community.
- A couple respondents requested guidance in discussing 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.
- A few respondents requested additional information regarding the MDS 3.0/Section Q process:
 - Recommended timeframes for the entire process (time from the initial referral to the LCA to relocation to the community).
 - Educational materials for residents, families and nursing facility staff.

- Three respondents mentioned the need for additional funding due to increased Ombudsmen activity related to MDS 3.0/Section Q and two of those three also requested more funding for LCAs.
- One respondent requested data showing how many residents have returned to the community since the implementation of MDS 3.0/Section Q (both national and state statistics).

SUCCESSFUL OUTCOMES

- One respondent said communication between the Ombudsman Program and other agencies has improved due to collaboration related to MDS 3.0/Section Q.
- One respondent said they've had several cases in which their local Ombudsmen successful advocated for residents return to the community, often as MFP clients.