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Compassion

Advocacy

State of Delaware

Office of the State Long Term Care Ombudsman

Annual Report Federal Fiscal Year 2008

DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

www.dhss.delaware.gov/dsaapd • 1-800-223-9074

The Long Term Care Ombudsman Program is funded by the U.S. Administration on Aging through the Older Americans Act

Annual Report

State of Delaware
Office of the State Long Term Care Ombudsman
Federal Fiscal Year 2008

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Administration
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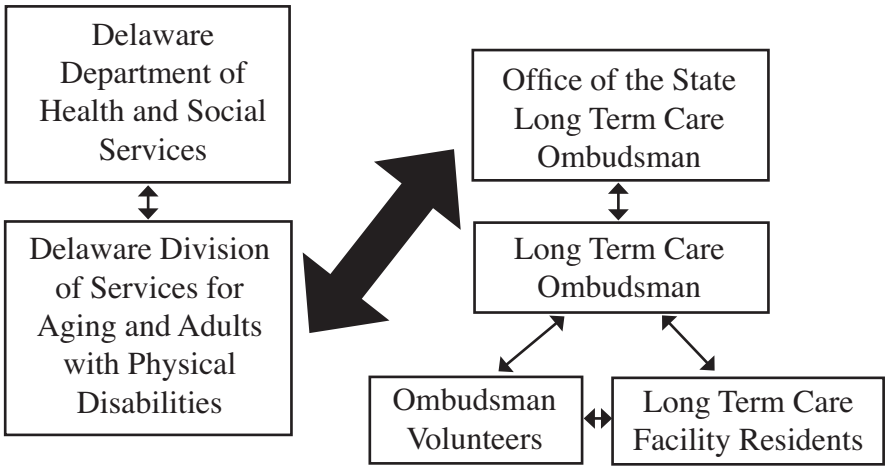

May 29, 2009

Dear friends of long term care residents:

We are pleased to present the 2008 Annual Report of Delaware's Long Term Care Ombudsman Program.

Delaware's Long Term Care Ombudsman Program is responsible for advocating for the rights of all residents in long term care and related facilities. We strive to fulfill this responsibility every day by providing prompt and fair resolution of resident rights, complaints and by advocating on public policy issues to enhance the quality of care for residents. Our activities are coordinated with the Division of Long Term Care Residents Protection, the Office of the Attorney General, the Office of the Public Guardian and others to provide a blanket of protections for the rights of long term care residents.

This report for Federal Fiscal Year 2008 reflects the efforts of all the agencies involved as well as our dedicated Ombudsmen staff, Volunteer Ombudsmen, families, advocates, and citizens who present a voice for the residents of long term care facilities. These caring and compassionate individuals are advocates and also help alleviate loneliness and isolation of residents by simply visiting the residents to talk, listen, and be a friend.

My sincere gratitude to Division Director Guy Perrotti for his support and guidance throughout the year.

We hope that this report will be useful to you as you work to improve the quality of life of our fellow Delawareans who need long term care. Please contact us if we can be of assistance.

Sincerely,

Victor Orija, MPA
State Long Term Care Ombudsman

Staff
Office of the State Long Term Care Ombudsman

Victor Orija
State Long Term Care Ombudsman

Bonnie Croney
Long Term Care Ombudsman, New Castle

Joanne Hendrick
Long Term Care Ombudsman, New Castle

Karen Lazar
Long Term Care Ombudsman, Milford

Beverly Morris
Long Term Care Ombudsman, New Castle

In Appreciation

The State Long Term Care Ombudsman and staff express their heartfelt appreciation to the members of the Volunteer Ombudsman Corps for their dedication to the well-being of the state's long term care residents during 2008. As a group, these caring and compassionate Delawareans volunteered 4,924 hours to the program.

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PROGRAM HIGHLIGHTS
OF THE OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN
DURING FEDERAL FISCAL YEAR 2008

Made 1,128 visitations to state long term care facilities.

Served 7,340 residents of long term care facilities.

Visited 50 nursing homes, 29 assisted living facilities, and 115 board and care homes.

Received 484 complaints on behalf of long term care facility residents.

Verified 371 (77%) of the complaints that were received.

Witnessed the execution of 289 Advance Health Care Directives.

Resolved 430 (89%) of the complaints (28% partially and 61% fully).

Provided 569 consultations to residents of long term care facilities.

Provided 543 consultations to staff of long term care facilities.

Major complainants were facility staff (41%), relatives and friends (30%).

Major complaints included care plan (22%), admission/discharge (20%), autonomy/choice/rights (13%), and family conflicts (9%).

47 community education sessions were conducted in the community and/or in long term care facilities.

Promoted quality improvement in long term care facilities. Notable was the Advancing Excellence in America's Nursing Home Campaign.

Continued the intensive schedule of visitation to board and care homes.

Volunteers donated 4,924 hours of service.

Commented on state and federal legislation affecting long term care residents.

Participated on the Policy and Law Committee of the State Council for Persons with Disabilities.

Co-sponsored statewide training on nursing home laws with NLTP/AARP for long term care staff.

Conducted statewide outreach activities to recruit more Volunteer Ombudsmen and inform the public about the program, especially resident rights.

Participated on Money Follows the Person Steering Committee.

Participated on the subcommittees of The Governor's Commission on Community-Based Alternatives for Persons with Disabilities.

For the first time in several years, we proposed an increase in the Medicaid Personal Needs Allowance (PNA) for residents of long term care facilities. Currently, the monthly PNA is $44.00. It is an allowance that a resident uses for personal effects. Due to the state budgetary climate, the proposal was unsuccessful. We will revisit this issue at a later date.

We have improved our capacity to monitor data associated with complaints about long term care facility practices and care. We analyze trend data and seek improvements.

MISSION AND HISTORY
DELAWARE'S LONG TERM CARE OMBUDSMAN PROGRAM

PHILOSOPHY: All residents of long term care facilities are entitled to be treated with dignity, respect and recognition of their individual needs and differences.

VISION: All long term care residents will have the highest possible quality of life. Their individual choices and values will be honored and supported in all care environments.

Mission

For the past 30 years, Ombudsman programs have been advocating for residents rights. Delaware's Ombudsman Program began in 1976.

The Long Term Care Ombudsman Program (LTCOP) in Delaware is mandated by state and federal laws to protect the health, safety, welfare and rights of residents of nursing homes and related institutions. The program investigates complaints on behalf of residents and their families, and includes a community-based corps of Volunteer Ombudsmen.

History

The Long Term Care Ombudsman Program in Delaware traces its origin to an innovative federal program established in 1972. The program was made permanent and codified in law through amendments to the Older Americans Act (OAA) of 1975, which enabled state agencies on aging and other public and private not-for-profit organizations to assist with the promotion and development of Ombudsman services for residents of nursing homes. By 1978, the OAA mandated the expenditure of funds for an Ombudsman at the state level to receive, investigate, and act on complaints by older individuals who are residents of long term care facilities.

In 1976, Delaware's Division of Aging, now the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) established the Patient Rights Unit. On September 7, 1984, the Patient Rights Unit was officially mandated by the Secretary of Delaware Health and Social Services to investigate grievances of residents of long term care facilities pursuant to Delaware law.

Delaware's Ombudsmen have been investigating complaints in long term care facilities for 29 years. In 1979, the program received a total of 53 complaints. In 2007, the Ombudsman Program investigated 490 complaints. Upon the creation in 1999 of the Division of Long Term Care Residents Protection (DLTCRP) within the Department of Health and Social Services, the Ombudsman Program ceased to take the lead on abuse, neglect and financial exploitation cases, and became the primary agency responsible for investigations of residents' rights and quality of care. This was a significant change in our mission, and significantly changed our operations. In 2000, the DLTCRP and the Ombudsman Program signed a Memorandum of Agreement establishing a process for complaint referrals between both agencies.

LONG TERM CARE OVERVIEW

In Delaware, the aging of the population is more pronounced than it is for the country as a whole. Although the United States' population of those aged 65 and older is expected to double (increasing by 104.2 percent between 2000 and 2030, or from almost 35 million to almost 71.5 million), the U.S. Census Bureau expects Delaware's senior citizen population to increase at an even greater rate – by 133.8 percent, or from just over 100,000 in 2000 to over 230,000 in 2030, an increase of over 130,000.

The Delaware Population Consortium, which produces population projections for the state, projects an increase in the 65-and-older population of 134,226 – or 129.4 percent – for the years 2000 (103,724) and 2030 (237,950), consistent with the Census Bureau projections.

The need for long term care services is likely to grow as well. As the demand for long term care services continues to rise, the demand on institutions and community-based healthcare providers to offer more care will also increase. Although admissions have risen significantly in the past ten years, so have discharges. As a result, the nursing home population from year to year has been relatively stable. In fact, the number of licensed nursing home beds has only increased by 1.3% since 1991. Furthermore, occupancy rates in nursing homes have not changed significantly in the past decade, averaging around 86% since1991.

2008 Delaware Population Projections Summary Table
Total Projected Population, 2000 - 2030

Area	2000	2008	2010	2015	2020	2025	2030
State of Delaware	786,431	875,953	896,880	943,924	986,296	1,023,707	1,058,158
Kent County	127,108	155,299	159,980	169,356	177,817	184,748	190,867
New Castle County	501,860	532,057	539,587	556,766	571,201	583,285	594,978
Sussex County	157,463	188,597	197,313	217,802	237,278	255,674	272,313

(Source: Delaware Population Consortium Annual Population Projections, October 31, 2008, Version 2008.0)

Population Projections
State of Delaware
Persons Aged 60+, 75+, and 85+

Year	Population Projections Persons Aged 60+	Percent Change From Year 2000
2000	134,400	NA
2005	153,578	14.3
2010	179,608	33.6
2015	208,831	55.4
2020	243,728	81.4
2025	276,689	105.9
2030	296,739	120.8

***

Year	Population Projections Persons Aged 75+	Percent Change From Year 2000
2000	45,463	NA
2005	54,048	18.9
2010	60,127	32.3
2015	64,807	42.6
2020	73,328	61.3
2025	88,056	93.7
2030	104,067	128.9

Year	Population Projections Persons Aged 85+	Percent Change From Year 2000
2000	10,575	NA
2005	13,802	30.5
2010	17,425	64.8
2015	19,940	88.6
2020	21,533	103.6
2025	22,964	117.2
2030	26,824	153.7

Source:
Delaware Population Consortium, Annual Population Projections
September 23, 2003, Version 2003.0

Delaware's Population is Aging Even More, Due to the In-Migration of Senior Citizens

Some of this increase in Delaware's senior citizen population is driven by Delawarean Baby Boomers, a large cohort that simply is aging in place. But some of the increase is fueled by the arrival of senior citizens moving to Delaware. Between 1995 and 2000, for example, 2,679 additional seniors aged 65 and older moved into Delaware, according to the Census Bureau, or just under 25 new senior citizens for every 1,000 overall residents. That rate gave Delaware the fifth-highest rate of senior citizens in-migration in the nation during that period, behind only Nevada, Arizona, Florida, and South Carolina.

In the 2000 Census, Delaware was tied for 21st among the states and the District of Columbia in the share of its population aged 65 and older (13 percent.) That percentage is projected to balloon by 2030, vaulting Delaware into the top 10 states, at number nine. Delaware is projected to surpass even neighboring Pennsylvania, which ranked second behind Florida in 2000.

Source:
U.S. Census Bureau, Population Division, *Interim State Population Projections*, 2005 (April 21, 2005).

OMBUDSMAN REPORTING TOOL (ORT) REPORT

STATE OF DELAWARE
ANNUAL OMBUDSMAN REPORT TO THE
U.S. ADMINISTRATION ON AGING
FISCAL YEAR 2008

Submitted by
Division of Services for Aging and Adults with Physical Disabilities
Delaware Health and Social Services

Part I - Cases, Complainants and Complaints
A. Cases Opened

Provide the total number of cases opened during reporting period.	347

Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.

Part I - Cases, Complainants and Complaints

B. Cases Closed, by Type of Facility

Provide the number of cases closed, by type of facility/setting, which were received from the types of complainants listed below.

Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.

Complainants:	**Nursing Facility**	**B&C, ALF, RCF, etc.***	**Other Settings**
1. Resident	18	10	0
2. Relative/friend of resident	76	23	0
3. Non-relative guardian, legal representative	4	1	0
4. Ombudsman/ombudsman volunteer	4	2	0
5. Facility administrator/staff or former staff	86	50	0
6. Other medical: physician/staff	1	4	0
7. Representative of other health or social service agency or program	1	2	0
8. Unknown/anonymous	2	4	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	30	17	0

Total number of cases closed during the reporting period: 335

* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

Part I - Cases, Complainants and Complaints

C. Complaints Received

For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received: 484

Complaint: A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case.

Part I - Cases, Complainants and Complaints

D. Types of Complaints, by Type of Facility

Below and on the following pages provide the total number of complaints for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

Residents' Rights	**Nursing Facility**	**B&C, ALF, RCF, etc.**
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	0	0
2. Abuse, sexual	1	1
3. Abuse, verbal/psychological (including punishment, seclusion)	2	1
4. Financial exploitation (use categories in section E for less severe financial complaints)	1	2
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	5	0
6. Resident-to-resident physical or sexual abuse	2	2
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	2	0
9. Access by or to ombudsman/visitors	0	0
10. Access to facility survey/staffing reports/license	0	0
11. Information regarding advance directive	1	0
12. Information regarding medical condition, treatment and any changes	3	1
13. Information regarding rights, benefits, services, the resident's right to complain	0	0
14. Information communicated in understandable language	0	0
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	1	2
17. Appeal process - absent, not followed	0	0
18. Bed hold - written notice, refusal to readmit	1	3
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	37	28
20. Discrimination in admission due to condition, disability	1	0
21. Discrimination in admission due to Medicaid status	0	0
22. Room assignment/room change/intrafacility transfer	17	8
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	0	0
25. Confinement in facility against will (illegally)	8	2
26. Dignity, respect - staff attitudes	8	4

27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	14	3
28. Exercise right to refuse care/treatment	6	2
29. Language barrier in daily routine	0	0
30. Participate in care planning by resident and/or designated surrogate	2	0
31. Privacy - telephone, visitors, couples, mail	4	2
32. Privacy in treatment, confidentiality	0	0
33. Response to complaints	0	0
34. Reprisal, retaliation	3	4
35. Not Used		

E. Financial, Property (Except for Financial Exploitation)

36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	4	0
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	2	1
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	15	6
39. Not Used		

Resident Care

F. Care

40. Accidental or injury of unknown origin, falls, improper handling	1	0
41. Failure to respond to requests for assistance	6	1
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	39	5
43. Contracture	0	0
44. Medications - administration, organization	7	8
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	6	0
46. Physician services, including podiatrist	2	1
47. Pressure sores, not turned	1	0
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	10	4
49. Toileting, incontinent care	2	1
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	0	0
51. Wandering, failure to accommodate/monitor exit seeking behavior	4	1
52. Not Used		

G. Rehabilitation or Maintenance of Function

53. Assistive devices or equipment	4	4
54. Bowel and bladder training	0	0
55. Dental services	1	1
56. Mental health, psychosocial services	0	0
57. Range of motion/ambulation	0	0
58. Therapies - physical, occupational, speech	9	0
59. Vision and hearing	1	2
60. Not Used		

H. Restraints - Chemical and Physical

61. Physical restraint - assessment, use, monitoring	0	0
62. Psychoactive drugs - assessment, use, evaluation	0	0
63. Not Used		

Quality of Life

I. Activities and Social Services

64. Activities - choice and appropriateness	3	0
65. Community interaction, transportation	0	0
66. Resident conflict, including roommates	6	1
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	5	3
68. Not Used		

J. Dietary

69. Assistance in eating or assistive devices	4	1
70. Fluid availability/hydration	0	0
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	5	0
72. Snacks, time span between meals, late/missed meals	0	0
73. Temperature	1	0
74. Therapeutic diet	1	0
75. Weight loss due to inadequate nutrition	4	1
76. Not Used		

K. Environment

77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	0	0
78. Cleanliness, pests, general housekeeping	8	5
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	3	1
80. Furnishings, storage for residents	2	0
81. Infection control	0	0
82. Laundry - lost, condition	1	2
83. Odors	0	0
84. Space for activities, dining	0	0
85. Supplies and linens	0	0
86. Americans with Disabilities Act (ADA) accessibility	2	1

Administration

L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)

87. Abuse investigation/reporting, including failure to report	0	0
88. Administrator(s) unresponsive, unavailable	4	0
89. Grievance procedure (use C for transfer, discharge appeals)	0	0
90. Inappropriate or illegal policies, practices, record-keeping	1	1
91. Insufficient funds to operate	0	0

92. Operator inadequately trained	0	0
93. Offering inappropriate level of care (for B&C/similar)	0	0
94. Resident or family council/committee interfered with, not supported	0	0
95. Not Used		

M. Staffing

96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	1	0
97. Shortage of staff	0	0
98. Staff training	0	0
99. Staff turn-over, over-use of nursing pools	0	0
100. Staff unresponsive, unavailable	2	2
101. Supervision	1	0
102. Eating Assistants	0	0

Not Against Facility

N. Certification/Licensing Agency

103. Access to information (including survey)	0	0
104. Complaint, response to	0	0
105. Decertification/closure	0	0
106. Sanction, including Intermediate	0	0
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0
109. Transfer or eviction hearing	0	0
110. Not Used		

O. State Medicaid Agency

111. Access to information, application	1	0
112. Denial of eligibility	1	0
113. Non-covered services	0	0
114. Personal Needs Allowance	1	0
115. Services	0	0
116. Not Used		

P. System/Others

117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	6	2
118. Bed shortage - placement	2	0
119. Facilities operating without a license	0	0
120. Family conflict; interference	31	12
121. Financial exploitation or neglect by family or other not affiliated with facility	6	3
122. Legal - guardianship, conservatorship, power of attorney, wills	10	3
123. Medicare	1	0
124. Mental health, developmental disabilities, including PASRR	0	0
125. Problems with resident's physician/assistant	0	0

126. Protective Service Agency	1	0
127. SSA, SSI, VA, Other Benefits/Agencies	0	0
128. Request for less restrictive placement	0	0
Total, categories A through P	346	138

Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)

129. Home care	0
130. Hospital or hospice	0
131. Public or other congregate housing not providing personal care	0
132. Services from outside provider (see instructions)	0
133. Not Used	
Total, Heading Q.	0

Total Complaints*	484

* (Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)

Part I - Cases, Complainants and Complaints

E. Action on Complaints

Provide for cases closed during the reporting period the total number of complaints, by type of facility or other setting, for each item listed below.

	Nursing Facility	**B&C, ALF, RCF, etc.**	**Other Settings**
1. Complaints which were verified:	256	115	0

Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.

2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	0	0	0
b. Which were not resolved* to satisfaction of resident or complainant	14	0	0
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	0	0	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	10	4	0
2) other agency failed to act on complaint	0	0	0
3) agency did not substantiate complaint	0	0	0
e. For which no action was needed or appropriate	11	15	0

f. Which were partially resolved* but some problem remained	98	37	0
g. Which were resolved* to the satisfaction of resident or complainant	213	82	0

Total, by type of facility or setting	346	138	0

Grand Total (Same number as that for total complaints on pages 1 and 7)	484

** Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.*

Part II - Program Information and Activities

A. Facilities and Beds:

1. How many nursing facilities are licensed in your State?	50
2. How many beds are there in these facilities?	5,154

3. Provide the type-name(s) and definition(s) of the types of board and care, assisted living, residential care facilities and any other similar adult care home for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. If no change from previous year, type "no change" at space indicated.

No change

a) How many of the board and care and similar adult care facilities described above are regulated in your State?	142
b) How many beds are there in these facilities?	2,186

Part II - Program Information and Activities

B. Program Coverage

Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.

B.1. Designated Local Entities

Provide for each type of host organization the number of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:

Local entities hosted by:

Area agency on aging	0
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	0
Other; specify:	0

Total Designated Local Ombudsman Entities	0

B.2. Staff and Volunteers

Provide numbers of staff and volunteers, as requested, at state and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs	6.00	0.00
	Number people working full-time on ombudsman program	6	0
Paid clerical staff	FTEs	0.00	0.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	39	0
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	4,924	0
Certified Volunteer: An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	0	0

C. Program Funding

Provide the amount of funds expended during the fiscal year from each source for your statewide program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman	$77,106
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention	$25,047

Federal - OAA Title III provided at State level	$192,000
Federal - OAA Title III provided at AAA level	$0.0
Other Federal; specify:	$0.0
State Funds	
State funds	$183,428
Local; specify:	$
Total Program Funding	$477,581

Part II - Program Information and Activities

D. Other Ombudsman Activities

Provide below and on the next page information on ombudsman program activities other than work on complaints.

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions	35	0
	Number hours	189	0
	Total number of trainees that attended any of the training sessions above (duplicated count)	366	0
	3 most frequent topics for training	Residents Rights	
		Handling communicable diseases in long-term care facilities	
		Reporting incidents in long-term care facilities.	

2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	25	0
3. Training for facility staff	Number sessions	28	0
	3 most frequent topics for training	Residents Rights Vs. Residents Safety	
		Guardianship and Powers of Attorney (PoA)	
		Advanced Directives	
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Safe Discharge	
		Resident Care / Resident Behaviors	
		Care Issues	
	Number of consultations	443	0
5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Residents Rights	
		Family Conflict	
		Advanced Directives	
	Number of consultations	569	
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	50	0
	Number Board and Care (or similar) facilities visited (unduplicated)	118	0
7. Participation in Facility Surveys	Number of surveys	33	0

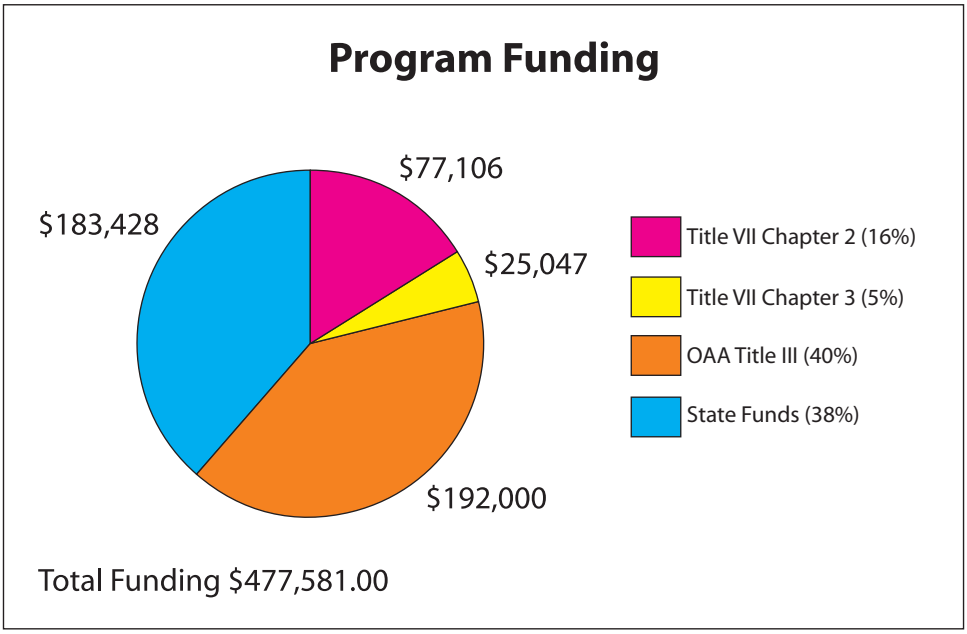
8. Work with resident councils	Number of meetings attended	42	0
9. Work with family councils	Number of meetings attended	11	0
10. Community Education	Number of sessions	47	0
11. Work with media	3 most frequent topics	Role of the State Long-Term Care Ombudsman's Office	
		Residents Rights	
		Volunteer Recruitment / Role of Volunteers	
	Number of interviews/ discussions	10	0
	Number of press releases	15	0
12. Monitoring/work on laws, regulations, government policies and actions	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)	40	0

* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."

BUDGET AND EXPENDITURES

State funds and Title III federal funds support six full-time positions for the Long Term Care Ombudsman Program. In addition, Title VII, Chapter III funds are directed towards training, outreach for abuse prevention, and community awareness. The Ombudsman Program also receives an annual allocation from the U.S. Administration on Aging to support its operations.

Operational funds are the lifeblood of the program and empower the program to fund new initiatives, recruit volunteers, and sustain an effective outreach capability. Since 1996, the Ombudsman Program has experienced a 187% increase in Title VII appropriations for its operations. Increased funding has enabled the program to reach out to more residents and families and help to recruit potential volunteers.



PROGRAM OPERATIONS

What is an Ombudsman?

The word "Ombudsman" is Swedish and means "one who speaks on behalf of another." The Ombudsman is an ***advocate*** *for residents of long term care facilities (nursing homes and residential care facilities).*

Role of the Long Term Care Ombudsman

Office of the Long Term Care Ombudsman
(42 U.S.C. 3058f, Title VII, Sec. 712)

712(a) "A state agency shall, in accordance with this section establish and operate an Office of the State Long Term Care Ombudsman and carry out through the Office of State Long Term Care Ombudsman.

A. Identify, investigate, and resolve complaints that are made by, or on behalf of residents and relate to action, inaction, or decision that may adversely affect that health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of providers, or representatives of providers, of long term care service; public agencies; or health and social service agencies;

B. Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;

C. Inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A) or services described in subparagraph (B);

D. Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

E. Represent the interests of the resident before governmental agencies and seek administrative, legal and other remedies to protect the health, safety, welfare, and rights of the residents:

F. Provide administrative and technical assistance to entities in participating in the program;

G. Analyze, comment on, and monitor the development and implementation of Federal, State, and local law regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long term care facilities and services in the State; recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and facilitate public comment on the laws, regulations, policies, and actions;

H. Provide for training for representatives of the office; promote the development of citizen organizations, to participate in the program; and provide technical support for the development of the resident and family councils to protect the well-being and rights of residents; and

I. Carry out other activities as appropriate."

The Year in Review

In Delaware, there are 50 nursing homes that provide care for 5,154 residents. In addition, there are 29 assisted living facilities serving 1,888 residents. An additional 115 licensed rest (family care) homes are located throughout the state, providing long term care to 298 seniors and persons with disabilities.

Type of Facility	Number of Facilities	Number of Beds
Nursing Homes	50	5,154
BC & RC	115	298
Assisted Living	29	1,888

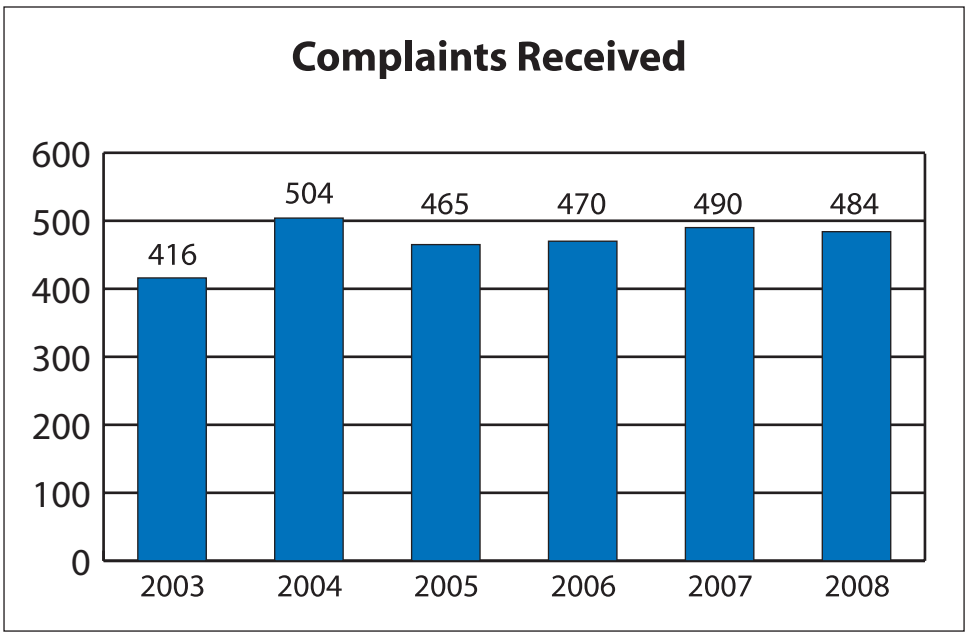
Assisted living regulations were strengthened in 2002 to add more safeguards for residents in long term care. An important addition was the "Uniform Assessment Instrument." This tool was designed to ensure that applicants interested in assisted living were appropriate, met eligibility standards, and received the appropriate level of care.

The Long Term Care Ombudsman Program investigated and resolved 484 complaints during Fiscal Year 2008. In addition, the program witnessed 289 Advance Directives and provided many in-service training sessions and outreach. The program accomplished this with four full-time Long Term Care Ombudsmen, a Volunteer Services Coordinator, and a State Long Term Care Ombudsman.

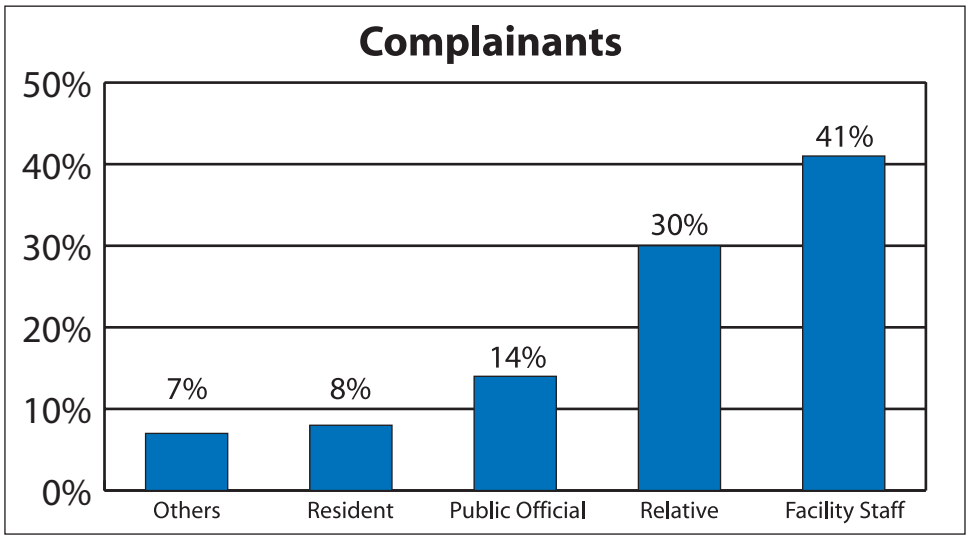
Data analysis and trending indicate that complaints are increasing in complexity. Hence, some remain open longer with intensive intervention.

Most Frequent Complaints

The primary responsibility of the Long Term Care Ombudsman Program is the investigation of complaints. Ombudsman staff works closely with residents, families, and facility staff to offer guidance and correct substantiated complaints. In fiscal year 2008, staff received 484 complaints. Most of the complaints included discharge, care plan, family conflict, resident conflict, resident rights and billing errors.



There were 484 complaints during FY 2008. There are nine categories of "complainants" who referred complaints on behalf of residents to the Ombudsman. Below is the distribution. Five types of complainants were grouped into the "others" category.



Legislation and Advocacy

Participated in national and state level conferences on aging and long term care issues.

Commented on proposed federal regulations on Long Term Care Ombudsman Programs.

Member of Policy and Law Sub-Committee on State Council for Persons with Physical Disabilities.

Member of subcommittees of The Governor's Commission on Community-Based Alternatives for People with Disabilities. Subcommittees include: Assessment, Employment, Healthcare, Housing, Money Follows The Person, Transportation, and Workforce Development.

Volunteer Recruitment and Coordination

Fielded 39 volunteers who provided 4,924 hours of service.
Witnessed 289 Advance Health Care Directives.
Made 171 interventions on behalf of residents.
Continued to explore the possibility of expanding volunteers' advocacy role.

Public Awareness and Outreach

Community outreach and training on the role of the Ombudsman.
Community outreach on residents' rights.
Promoted Resident Councils and Family Councils.
Made presentations to student groups in area institutions of higher learning.
Made presentations to groups of Certified Nursing Assistants (CNAs).
Co-sponsored a statewide training on nursing home laws with the National Legal Training Project (NLTP) / AARP.
Celebrated Resident's Rights Week; Governor's Proclamation.
Attended the 7th Annual Residents' Rights Rally.
Television/media releases about selecting long term care and residents' rights.

Training and Education

Participated in state, regional, and national quality training activities.
Participated in national and state advocacy training.
Provided statewide bi-monthly training for volunteers.
Provided training on long term care issues for staff of long term care facilities, and state unit on aging staff.
Participated in cross-agency training on prevention of elder abuse, exploitation, and dealing with difficult behavior.

Inter-agency Coordination

Participated in Delaware Nursing Home Residents' Quality Assurance Commission meetings.
Participated in the State Council for Physical Disabilities Policy and Law Subcommittee.
Attended Quality Improvement Initiative training events sponsored by the Division of Long Term Care Residents Protection.
Collaborated with Senior Medicare Patrol staff to train staff and volunteers on Medicare and healthcare fraud prevention.

Location

The program operates out of two offices, one located on the DuPont Highway in New Castle, serving the city of Wilmington and New Castle County. The other office is located in Milford, and serves both Kent and Sussex Counties. In addition, we rely on our Volunteer Ombudsmen to assist with being our eyes and ears in long term care facilities by visiting residents and assisting with interventions to correct problems as they arise. This proactive approach helps to resolve issues early.

In our complaint handling, the Ombudsman respects the resident, the complainant, and their confidentiality. The complaint resolution focuses on the resident's stated wishes.

A complaint is defined as information that requires an action or inaction. Also, it could adversely affect the health, safety, welfare, or rights of residents of long term care facilities.

Program Impact/Outcomes

Ombudsmen work closely with the families of residents and facility staff to resolve eachcomplaint by identifying the basis of the complaint, making recommendations, and referring violations of regulations to the state Division of Long Term Care Residents Protection. Ombudsmen respond to each resident's concern in person, interview staff, and review records during the course of an investigation. Resolution is made based on findings.

An Overview of the Ombudsman's Activities

Ombudsman staff meets monthly to review program responsiveness and overall performances.

Information and Assistance:

Ombudsmen provided information regarding residents' rights, care, admission procedure, discharge procedure, abuse, neglect, and exploitation.

Education and Outreach:

Ombudsmen provided community education and outreach on the rights of residents, the services of the Ombudsman program, facility regulations and enforcement and elder abuse. Education and outreach was provided for individuals, families, groups and facility staff.

Routine Visit to Facilities:

Ombudsmen routinely visit facilities and residents to ensure that they are visible and accessible to the residents, their families, and facility staff. In this respect, they are available for consultation.

Resident and Family Councils:

On invitation, Ombudsmen attend resident and family council meetings. They answer questions and where appropriate, are available to help establish these councils. The residents and their families must have a voice in the care of residents. As such, we have renewed our efforts to re-energize Resident and Family Councils by offering our services and letting them know that we are available to speak at council meetings, and willing to offer suggestions on issues.

Inter-agency Coordination:

Ombudsmen worked closely with regulatory, advocacy, social services, law enforcement and appropriate agencies to ensure that long term care facility residents are accorded their rights. Specifically, we refer all cases of abuse, neglect, mistreatment, and financial exploitation to the Division of Long Term Care Residents Protection.

Quality Indicators - Delaware vs. National Average

Nursing homes in Delaware compare favorably with most states, with an average of 4.2 hours per patient day (ppd), while the national average was 3.9 ppd, according to the Centers for Medicare and Medicaid Services (CMS). Adequate staffing is important in assuring sufficient care for residents. Delaware has more survey findings per facility (13.3) than the national average of 7.0. It is remarkable that Delaware's use of physical restraints is 2%, well below the national average of 5%.

	Delaware	National Average
Staffing+	4.2 ppd	3.9 ppd
Survey Findings+ Source:OIG.OSCAR 2007	13.3	7.0
Complaints with LTCOP/Bed Source: FY05 NORS data	0.076	0.126

Quality Indicators

	ADL	Pain	Bed Sore	Rest-raint	Depre-ssion	Incon-tinence	Restr-icted Move-ment	Ambul-ation	Urinary Tract Infection (UTI)
US	15%	4%	12%	5%	14%	49%	5%	11%	9%
DE	18%	4%	11%	2%	13%	48%	2%	12%	10%

Source: Quality partners of Rhode Island / CMS as of December 2008. See explanations below. Data fluctuates quarterly. Generally, lower percentage is better.

ADL- Activities of Daily Living. Shows the percent of residents whose need for help doing basic daily tasks has increased from the last time it was checked. These activities include feeding oneself, transferring from one chair to another, changing positions while in bed, and going to the bathroom alone.

Pain - Shows the percent of residents who were reported to have moderate to severe pain during the assessment period. Pain can be caused by a variety of medical conditions. Checking for pain and pain management is very complex.

Bed sore - Shows the percent of residents with a high risk of getting pressure sores, or who get a pressure sore in the nursing home. A resident has a high risk for getting a pressure sore if in a coma, if unable to get needed nutrients or cannot move or change position without assistance.

Restraint – Shows the percent of residents in the nursing home who were physically restrained daily during the assessment period, A physical restraint is any device, material, or equipment attached or adjacent to a resident's body that the individual cannot remove easily, which keeps a resident from moving freely or prevents the resident normal access to the body.

Depression – Shows the percent of residents who have become more depressed or anxious in the nursing home since their last assessment.

Incontinence – Shows the percent of residents who often loose control of their bowels or bladder. It is based on residents who have a low risk such as severe dementia (memory loss) or limited ability to move around.

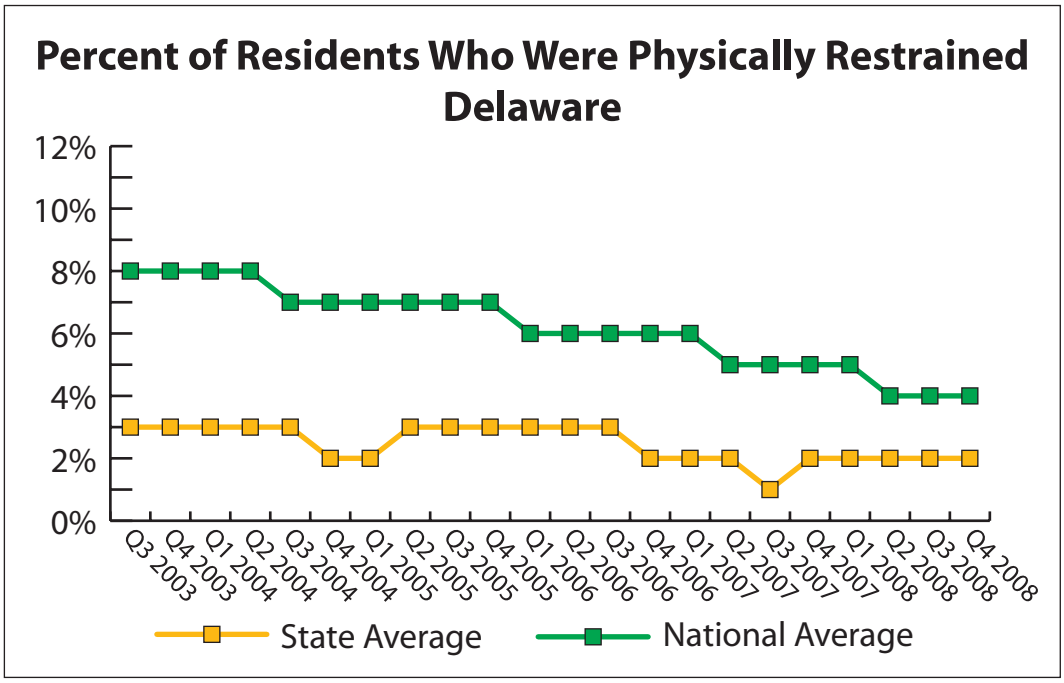
Restricted movement – Shows the percent of residents who spent most of their time in bed or a chair in their room during the assessment period. This restriction could be due to a decline in physical activity, muscle loss, joint stiffness, fear of injury, worsening illness, or depression.

Ambulation – Shows the percent of residents whose ability to move about, either by walking or using a wheelchair, in their room and hallway near their room, worsened since the last assessment.

Urinary Tract Infection (UTI) – Shows the percent of residents who had an infection in their urinary tract anytime during the 30 days before their most recent assessment.

2008 from nhqi-star.org/star.index

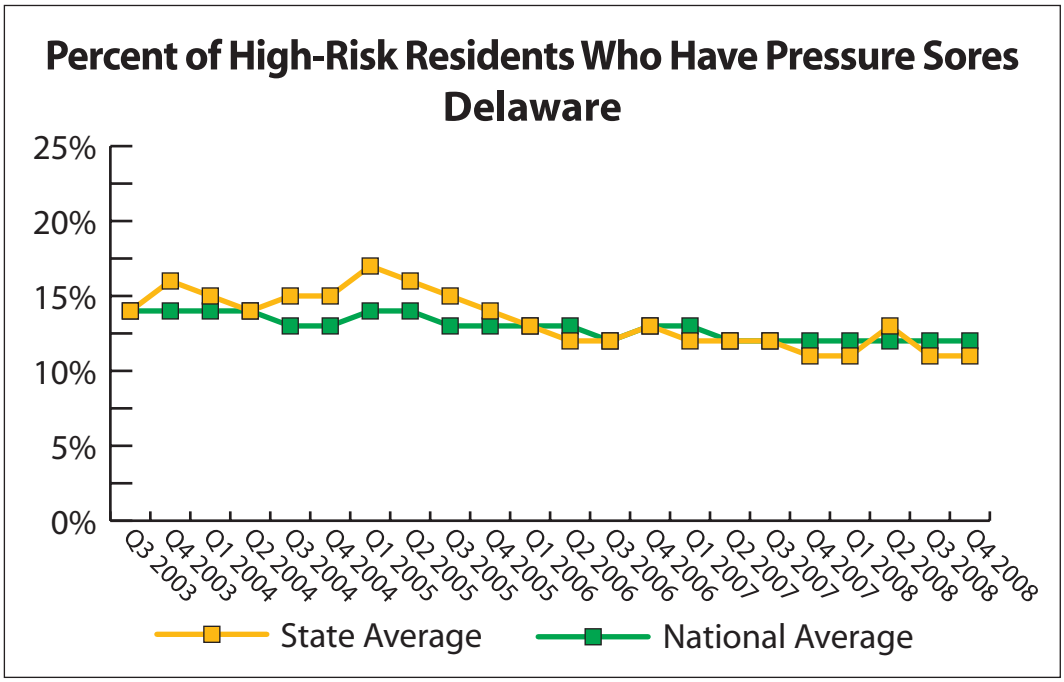
The graph below shows **Physical Restraint** scores for the selected facility, state and/or nation over time:



Year	Quarter	State Average*	National Average*
2008	1	2	5
2008	2	2	4
2008	3	2	4
2008	4	2	4

* - State and national averages are the average of facility scores as reported on NH Compare.

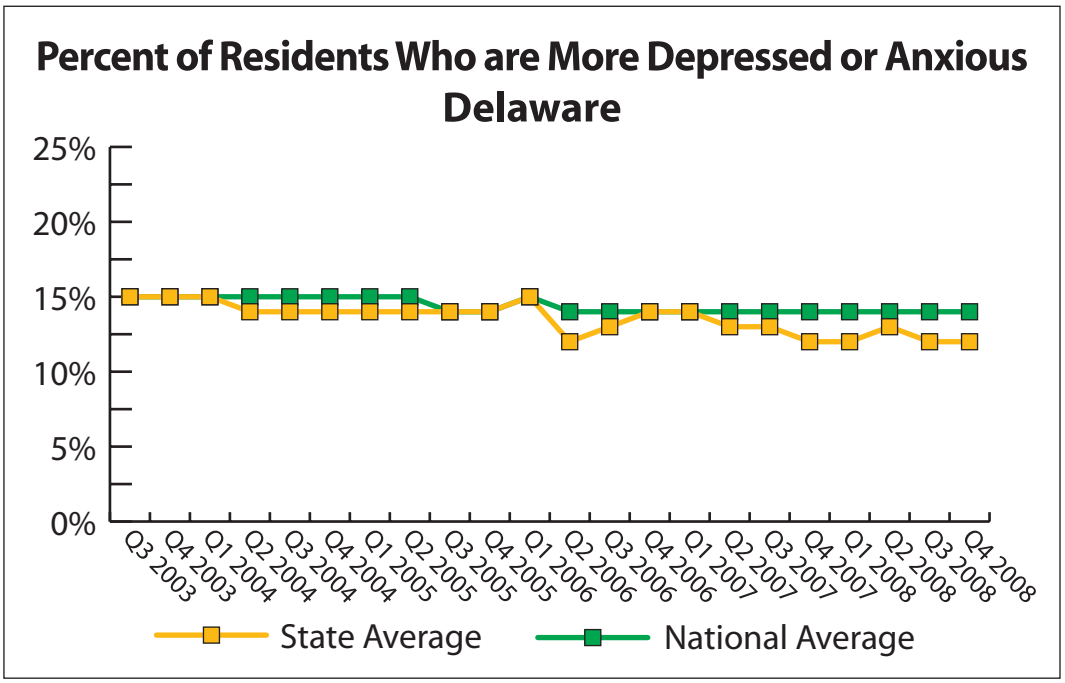
The graph below shows **High-Risk Pressure Ulcer** scores for the selected facility, state and/or nation over time:



Year	Quarter	State Average*	National Average*
2008	1	11	12
2008	2	13	12
2008	3	11	12
2008	4	11	12

* - State and national averages are the average of facility scores as reported on NH Compare.

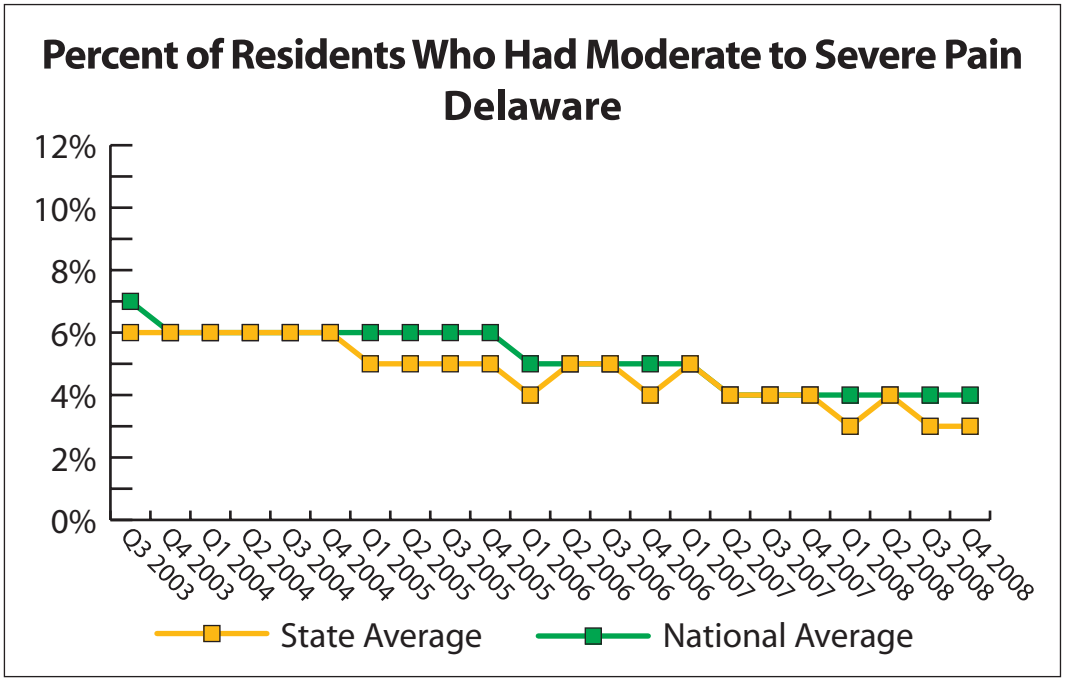
The graph below shows **Depression** scores for the selected facility, state and/or nation over time:



Year	Quarter	State Average*	National Average*
2008	1	12	14
2008	2	13	14
2008	3	12	14
2008	4	12	14

* - State and national averages are the average of facility scores as reported on NH Compare.

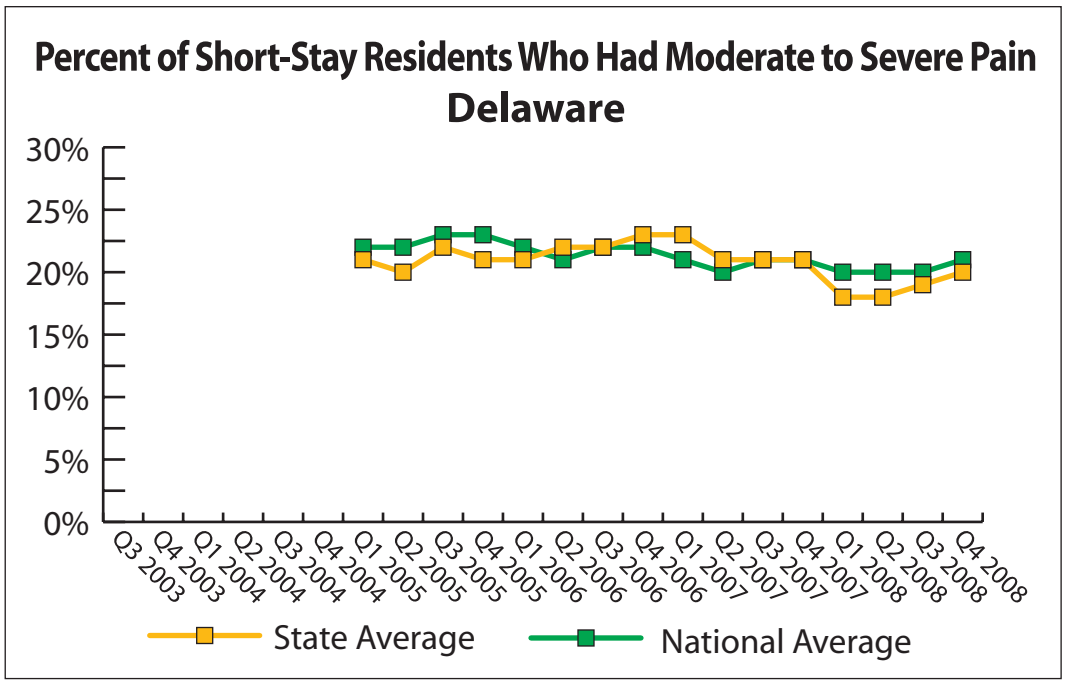
The graph below shows **Chronic Care Pain** scores for the selected facility, state and/or nation over time:



Year	Quarter	State Average*	National Average*
2008	1	3	4
2008	2	4	4
2008	3	3	4
2008	4	3	4

* - State and national averages are the average of facility scores as reported on NH Compare.

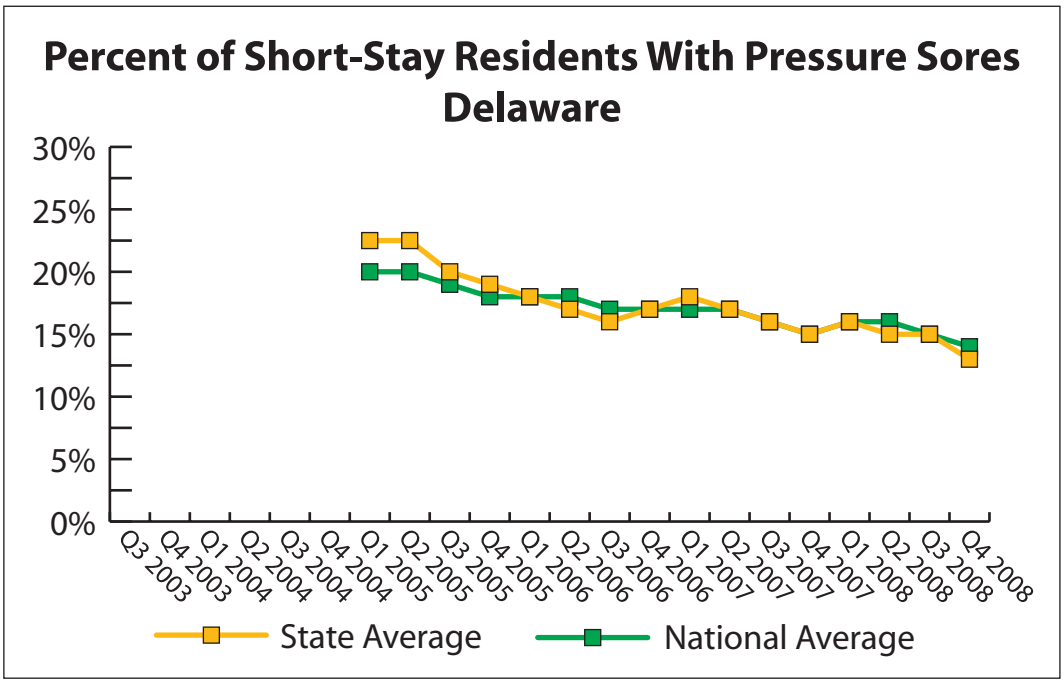
The graph below shows **Post Acute Care Pain** scores for the selected facility, state and/or nation over time:



Year	Quarter	State Average*	National Average*
2008	1	18	20
2008	2	18	20
2008	3	19	20
2008	4	20	21

* - State and national averages are the average of facility scores as reported on NH Compare.

The graph below shows **Post Acute Care Pressure Ulcer** scores for the selected facility, state and/or nation over time:



Year	Quarter	State Average*	National Average*
2008	1	16	16
2008	2	15	16
2008	3	15	15
2008	4	13	14

* - State and national averages are the average of facility scores as reported on NH Compare.

VOLUNTEER OMBUDSMAN CORPS

Dedicated Volunteers Working on Behalf of Delaware Residents to Resolve Problems, Advocate and Improve Care Volunteered 4,924 hours during the year.

Volunteer Recruitment

The Long Term Care Ombudsman Program conducts volunteer training classes each year. Volunteers receive a 15-hour training program. They are recruited by a statewide multimedia outreach campaign that includes media releases, brochures, public service announcements, and civic group presentations. In addition, the division's website, www.dhss.delaware.gov/dsaapd, offers an online application for people interested in volunteering. Also, we work closely with the Retired and Senior Volunteer Program (RSVP) and other community-based organizations to promote volunteer opportunities.

After our initial training program, volunteers enter an orientation phase of their training. In addition, they participate in bi-monthly trainings to keep volunteers up to speed on the latest developments in long term care. Each Volunteer Ombudsman must have excellent communication skills to establish and nurture relationships with residents of long term care facilities. In addition, individuals must be effective advocates and knowledgeable in residents' rights as well as current practices in long term care facilities. Volunteers are our eyes and ears in a facility, and they make a real difference in the lives of those living in nursing homes and assisted living facilities.

In the near future, the initial 15-hour training may be revised to embrace the current and actual need of a volunteer. Again, this will resemble some of the best practices by other Ombudsmen across the country.

To accommodate volunteers, we have contemplated weekend training. The age range of volunteers is about 60 to 84 years. The challenge is to target new recruits in a lower age bracket. Our current cadre is dedicated and hard working, but we must look to the future when they will decide to retire from active volunteerism.

Volunteer Retention

Delaware's Volunteer Ombudsman Program believes that building successful, trusting relationships with residents is not only the foundation of good advocacy, but also is a key to volunteer retention. When volunteers establish meaningful, rewarding contacts within a facility, they are more likely to fulfill their volunteer responsibilities and many will contribute well beyond what is asked of them. To retain volunteers and recognize their achievements and service-above-self dedication, the Ombudsman Program:

Sponsors an annul recognition event to award service pins and recognize achievement;
Provides professional training and experience;
Reimburses volunteers for mileage;
Provides ongoing and active communication and training with a Volunteer Service Coordinator.

There was an effort to expand the role of Volunteer Ombudsmen during the year. Volunteers have historically been "friendly visitors." Friendly Visitors make a real impact on residents who are isolated. Many residents need a caring heart and a warm hand to help them feel connected to their community. In fact, almost 40% of residents do not receive regular visitations. In addition to their "friendly visiting" role, there was consideration to expand the role of Volunteer Ombudsmen duties to include assisting Long Term Care Ombudsman Program staff with complaint investigations. This has not materialized because of the shrinking volunteer pool. Nationwide, Volunteer Ombudsmen investigate complaints related to quality of care and residents' rights.

Ombudsman Volunteers

The Ombudsman's Volunteer Coordinator manages volunteer activities. "Volunteer Visitors" visit residents in long term care facilities. When Volunteer Visitors learn of complaints they request that the full time Ombudsman contact the complainant to handle the investigation and resolution.

Recruiting Volunteer Ombudsmen

The Ombudsman Program is continuously looking for volunteers and conducts statewide recruitment through a variety of media. See Appendix.

Ombudsman Volunteer Visitors are trained to listen to the concerns and problems of long term care residents. Key volunteer qualities include compassion, respect, and common sense. A positive attitude, ability to communicate effectively, and available time are important attributes.

All volunteers receive initial and ongoing training. With additional training, a Certified Volunteer Ombudsman may assist the Ombudsman staff by investigating and working to resolve complaints in some instances.

Equipping Volunteers to Communicate and Interact

In order to build relationships, volunteers must communicate well. Consequently, communications is a crucial training goal. New training materials prepare and encourage volunteers to communicate with residents who can show little or no response to their presence or with those who are maladjusted, depressed or have dementia. Success stories of interactions are shared at bi-monthly, in-service meetings. Shy or hesitant volunteers gain confidence to reach out when hearing what others are accomplishing.

PUBLIC AWARENESS AND OUTREACH

Outreach – Public Awareness

Delaware's Long Term Care Ombudsman staff takes seriously the mandate of the Older Americans Act to educate the community about the need for good care and dignified treatment of elderly and disabled residents. See Appendix. Well-trained staff and volunteers speak frequently to families, resident/family councils, and providers on resident rights, quality of care, and advocacy. Ombudsmen also give presentations to local colleges and nursing programs. Speaking to students about resident rights before they enter into a healthcare or long term care facility is vital to their understanding of the Ombudsman Program and its mission. We also provide in-service training to providers on Advance Directives, Powers of Attorney, and conflict resolution.

The Long Term Care Ombudsman Program actively partners with other organizations and individuals to enhance awareness of long term care issues in the community. A Residents' Rights Rally each October brings together stakeholders, agency officials, and residents to increase awareness of, and celebrate the 33 resident rights guaranteed by state and federal law. In addition to raising awareness, this event opens the door of nursing homes to the community.

Grassroots events like the rally help educate the general public about long term care issues and promote advocacy for elderly and disabled residents.

The Long Term Care Ombudsman Program has a strong presence in the Delaware media and in the community because of past and current promotional activities. The State Long Term Care Ombudsman was interviewed about resident rights and volunteering on several local television stations and by local print media. We continue to promote residents' rights and advocacy in the news media. In the past, the program developed a guide to selecting nursing homes in Delaware. This first-of-its-kind handbook helps families and residents understand the process of going into a long term care facility. It walks people through the application process, explains Medicaid, and gives options to families and residents looking for long term care services.

The Long Term Care Ombudsman Program continues to work hard to increase the public's awareness about the program. We continue to participate in the following outreach and media activities:

Ad Campaign:

A series of professionally designed advertisements to promote the Long Term Care Ombudsmen Program and its advocates.

Table Top Display:

Panels that include information and graphics for various target audiences.

Nursing Home Poster:

For statewide placement. This will be available in English and Spanish.

Senior Citizen Newspaper:

Delaware's statewide newspaper for seniors and caregivers with a monthly circulation of 80,000 copies includes frequent articles about the Ombudsman Program and its services.

Publications:

Program brochures are available at the division website www.dhss.delaware.gov/dssapd to inform the general public about the Long Term Care Ombudsman Program and its services.

The Long Term Care Ombudsman Program published and disseminated a guide for nursing home residents to promote awareness of rights and help with self-initiated advocacy efforts. Effort is on-going to translate residents' rights into the Spanish language. A poster of rights for long term care facilities is another way of reaching our diverse population.

Quality of Care/Staffing

This paragraph was included in a previous report. However, it is being repeated because staffing and quality of care are essential to quality of life in a facility.

Staffing has long been held to be a crucial link to quality of care (Harrington.) In Delaware, the Ombudsman program has strongly supported minimum staffing legislation, and continues to do so. A slight correlation can be found (-0.30) between staffing and survey findings. As staffing increases, survey findings decline (LTCOP report 2004). It's important to understand that staffing regulations are not a panacea, and that other factors must be in place to ensure that quality of care improves in our nursing homes. These factors include: culture change, training, pay, leadership, quality improvement initiatives, and public and private accountability. Consequently, we continue to support minimum staffing, but after analyzing the relationship between staffing and survey findings, more should be done to enhance provider quality, staff retention, and improved benefits for direct support staff.

Quality Management and Culture Change

Making long term care institutions into communities requires a new perspective on service delivery. Historically, nursing homes operated under a medical model which limited options for residents and created an environment which did not embrace or promote feedback. Residents of nursing homes felt they did not have a voice in their treatment. New service delivery models have been introduced and transformed long term care.

One such program is the Culture Change concept. It is similar to some of its predecessors such as the Eden Alternative, Pioneer, and Well Spring. It is opening nursing homes up to the community. This quality management practice transforms a nursing home from an institution into a home by using modern methods of participatory management, infusing the building with plants and animals to humanize the facility, and creating a program that encourages customer feedback. In Delaware, twelve nursing homes voluntarily participated in this initiative at the beginning. Others have continued to experiment with the concept.

The Quality Insights Organization of Delaware, The Alzheimer's Association of Delaware, the Delaware Health Care Facilities Association, Delaware Pain Management Initiatives, Inc. have collaborated with the Long Term Care Ombudsman Program to sponsor the Advancing Excellence in Nursing Homes Campaign. in Delaware. As of this writing, 21 nursing homes are participating in the campaign. In addition to participation by a nursing home, every nursing home stakeholder is encouraged to participate. A stakeholder can participate as a LANE (Local Area Networks for Excellence) or as a consumer. There are 10 LANES, and 4 consumers participating. For further information about the campaign, visit www.nhqualitycampaign.org.

Advancing Excellence in America's Nursing Homes

Advancing Excellence in America's Nursing Homes is an on-going, coalition-based campaign focused on how we care for elderly and disabled citizens. This voluntary campaign, which began in September 2006, will:

- Monitor key indicators of nursing home care quality
- Promote excellence in care-giving for nursing home residents
- Acknowledge the critical role nursing home staff have in providing care

Campaign Goals

Participating nursing homes will work on at least three of eight measurable goals:

1. Reducing high risk pressure ulcers;
2. Reducing the use of daily physical restraints;
3. Improving pain management for longer term nursing home residents;
4. Improving pain management for short stay, post-acute nursing home residents;
5. Establishing individual targets for improving quality;
6. Assessing resident and family satisfaction with the quality of care;
7. Increasing staff retention; and
8. Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.

In 2008, the Long-Term Care Ombudsman Program advocated for residents' rights and promoted quality of care in Delaware's long term care facilities. The State Long Term Care Ombudsman worked on national issues as a board member of the National Association of State Ombudsman Programs. We also worked closely with CMS, Quality Insights of Delaware, Culture Change, Advancing Excellence in America's Nursing Homes, Delaware Division of Long Term Care Residents Protection, and renowned speakers to promote initiatives on improving quality of care in Delaware's long term care facilities.

Advancing Excellence in America's Nursing Homes Delaware Profile

	National	Delaware (Rank)	
% of NHs enrolled	46.6%	46.7%	(29)
Pressure Ulcers*	11.2%	11.5%	(31)
Restraints*	4.1%	2.1%	(16)
Chronic Pain*	4.1%	3.1%	(12)
Acute Pain*	20.4%	19.2%	(17)

*Advancing Excellence Website. Lower is better.

We continue to evaluate the use of the program effectiveness tools and develop training to assist us in the use of these tools. We provided resources on specific topics which impact long term care residents; for example, discharge, transfer, and relocation. In improving our awareness of the issues related to transfer trauma and relocation and impact on long term care residents, we educated some facility staff about similar issues. In recent years, national trends dictate that Ombudsmen and facility staff must be adequately equipped to handle such trauma.

The Long Term Care Ombudsman Program continues to utilize several national and organizational resources to improve skills and training.

Emergency Preparedness

After Hurricane Katrina and the disaster in the Gulf region, long term care facilities and community agencies renewed efforts for emergency preparedness.

Every facility is required to revisit their preparedness plans, and drills. Procedures should focus on the safety of facility residents. A good emergency preparedness plan should include:

How to provide adequate and accessible transportation;
Role clarification for staff pre-and-post evacuation;
How to provide complete information about individual evacuees to the host long term care facilities upon admission;
How to provide good communication to families about their loved ones;
How to provide long term care residents with access to the Federal Emergency Management Agency, Red Cross, and other disaster response services.

Also, we are involved in the Department's Risk Management Preparedness, and the Continuity of Operations Planning (COOP) Program which assesses readiness for operations during a disaster.

Residents' Rights Week

Residents' Rights Week originated in 1981 at an annual meeting of the National Citizens Coalition on Nursing Home Reform. In 2008, we renewed our commitment and our dedication to the 33 resident rights that protect and preserve the rights of older persons to be fully informed about their care, to participate in their care, to make independent choices, to privacy, to dignity, to stay in their home, and to make complaints when necessary and appropriate.

The Long Term Care Ombudsmen focused on promoting residents' rights to vote, and provided residents an opportunity to register to vote at the rally. It was the seventh annual Residents' Rights Week. We joined about 200 residents, facility staff, advocates, and others to celebrate the event.

Promoting Quality of Care

- Implemented program to adopt national standards/best practices
- Worked with the Centers for Medicare/Medicaid Services and Quality Improvement Organizations to develop and monitor quality standards in nursing homes
- Ombudsmen Fighting for Residents' Rights/Public Outreach
- Celebrated Annual Residents' Rights Week
- Continued to work on various subcommittees about issues: Nursing Home Staffing, Psychiatric Care, Long Term Care, Home and Community-Based Services, and Nursing Home Diversion
- Reviewed some of our publications for content and effectiveness
- Translated some brochures into Spanish

The Long Term Care Ombudsman Program identified three issues in last year's annual report that required additional focus and attention in 2008:
1) Nursing Home Staffing Issues: The Long Term Care Ombudsman Program encouraged consumers to check facility staffing at each facility by referring to the Medicare.gov web page, as well as asking the facility. Additionally, we educated consumers and stakeholders about staffing requirements.
2) Psychiatric Care in Long Term Care: We continued to dialog with sister agencies and stakeholders about ways to explore and enhance psychiatric services in Delaware, and how to enhance and improve access to mental health services for residents in nursing homes.
3) Cost of Care: Finally, we participated on the Governor's Commission on Community Based Alternatives for People with Disabilities, offering input on how to expand care options and scope of community services to residents in long term care seeking less restrictive and more integrated settings, when appropriate. Improving the scope of available community services will enable citizens of Delaware to age in place.

CONSUMER INFORMATION

This section has been reproduced from the division's website, www.dhss.delaware.gov/dsaapd. It addresses the following:

What are Advance Directives and Living Wills?
Are Advance Directives mandatory?
What is a Power of Attorney for health care?
What is HIPAA?

What are Advance Directives and Living Wills?

"Living Will" is another name for "Advance Health Care Directive." The term "Advance Health Care Directive" (or simply "Advance Directive") is used, because that is the name used in the Delaware law related to this subject.

An Advance Directive is established by completing an Advance Health Care Directive Form. An Advance Directive enables you to:

Give instructions about your own health care.

Part I of the Advance Directive form lets you give specific instructions about health care decisions. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive if you have a terminal medical condition or if you become permanently unconscious, including the provision, withholding, or withdrawal of artificial nutrition, hydration, cardiopulmonary resuscitation, and mechanical resuscitation. Medically appropriate care necessary to ensure pain relief will be provided. Space is also available for you to include any additional health care instructions.

Name an agent to make health care decisions for you if you become incapable of making your own decisions.

Part II of the form allows you name another individual as an agent to make health care decisions for you if you can no longer make your own decisions. You may also name an alternate agent. This section of the form is called a Power of Attorney for Health Care. For more details, see What is a power of attorney for health care?

Express an intention to donate bodily organs and/or tissue following your death.

Part III of the form is optional. It allows you, if you wish, to designate anatomical gifts to take effect upon your death.

Are Advance Directives mandatory?

Completing an Advance Health Care Directive form is strictly voluntary.

If you have not given advance instructions for your health care or have not named an agent in a health care power of attorney and you become unable to make your own decisions, a surrogate will be asked to make those decisions for you.

The persons listed below would be asked to assume the role of surrogate in the following order of priority:

1. Spouse;
2. Adult child;
3. Parent ;
4. Adult brother or sister;
5. Adult grandchild;
6. Niece or nephew;
7. An adult who has exhibited special care and concern for you, if appointed as guardian for that purpose by the Court of Chancery.

What is a Power of Attorney for health care?

Delaware's Advance Health Care Directive form allows you to name another individual as an "agent" to make health care decisions for you if you become incapable of making your own decisions. It also enables you to name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. This part of the form is a Power of Attorney for Health Care.

An agent may not be an operator or employee of a residential long term health care facility at which you are receiving care, unless that person is related to you.

An agent's authority becomes effective if your attending physician determines that you lack the capacity to make your own health care decisions.

The agent's obligation is to make health care decisions for you in accordance with the instructions you have given in your advance directive and any other wishes, to the extent that they are known. To the extent that wishes are unknown, health care decisions made by an agent are to conform as closely as possible to what that agent determines you would have done or intended under the circumstances. In these situations, the agent will take into account what he or she determines to be in your best interest, and will consider your personal values to the extent that they are known by the agent.

If you are not in a terminal condition or in a permanently unconscious state, your agent may make all health care decisions for you except for decisions to provide, withhold or withdraw a life sustaining procedure. Unless you limit the agent's authority, he or she may consent or refuse any care treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition (unless it is a life-sustaining procedure or otherwise required by law). An agent can also select or discharge health care providers and health care institutions.

If you are in a terminal condition or in a permanently unconscious state, your agent may make all health care decisions for you, including consent for or refusal of life-sustaining procedures such as cardiopulmonary resuscitation. He or she can also direct the providing, withholding or withdrawing of artificial nutrition, hydration, and all other forms of health care.

HIPAA Privacy Notice

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a federal law which protects the privacy of your medical information. Rules under this law, which became effective on April 14, 2003, give you more knowledge about and control over who is using your medical information and for what purposes.

APPENDIX

Delaware's Volunteer Ombudsman Program:

Improving the quality of life for residents of long term care facilities

Most of us would agree that having a few good friends and our personal relationships make our lives more complete. They give meaning to our existence and fulfill deep human needs.

Carter Catlett Williams of the Pioneer Network, a group that works to change the culture of nursing homes, says "Relationships are not only the heart of long term care; they are the heart of life, and life should continue wherever we live."

Volunteering in a nursing home brings life to those who are still part of our community, but are often out of sight and forgotten because many find a nursing home an uncomfortable place to visit. Consider the following statistics: approximately two million Americans live in nursing homes; only 16% have a living spouse; and thirteen percent never have visitors at all.

Volunteer Ombudsmen are friendly visitors and they make life better for those who reside in Delaware's long term care facilities. This group of individuals trained in resident rights and armed with big hearts, visit disabled and elderly residents in nursing homes in their communities.

A listening ear

These advocates give a voice to residents and families who may have concerns they cannot handle themselves. Turning a listening ear to problems ranging from cold coffee to more serious issues, they seek to alleviate the loneliness and isolation felt by residents. Last year they gave over 3,400 hours to visitations and further training, to individual Delaware residents in nursing homes and assisted living facilities. They love what they do. Their lives are enriched. They make a difference.

Volunteer Ombudsmen complete a 15-hour initial training program and then attend continuing education classes 3-4 times per year. They are assigned to a facility close to their home and asked to visit regularly. Each volunteer decides how many hours he or she can give to the program. Some give 1 hour per week, some give 6 hours per week, and some give more. It is a highly individualized program and a one-year commitment is requested. Many volunteers stay longer and average 5-6 years in the program. Several are now entering their 9th and 10th years as visitors and advocates. Why do they stay? Because it is rewarding! The relationships are enriching. Volunteers often make the statement, "I get back much more than I give!"

Suzanne Kihn, a volunteer in the program for over 5 years, says, "When you have a chance to make a difference in the life of a resident, the satisfaction is far greater than the effort you put forth. This is part of my life, and I cannot imagine it any other way. I think the volunteers in this program give a voice to residents who may have concerns or problems they cannot deal with themselves. When you visit a nursing home, you find a rich variety of people, most of whom are delighted to see a friendly face and chat for a few minutes. If you become a regular visitor, you will see that many residents have tremendous grace and courage under very trying circumstances."

Meaningful relationships

Volunteer Ombudsmen often can help bring about a profound change in the lives of "their" residents by providing meaningful relationships instead of isolation. Sometimes a volunteer may just pop their head in and say "hello" and hold a hand for a few minutes. Sometimes they just listen. Often they will encourage and many times they are a voice for residents who may no be able to advocate for themselves.

The late Dr. Hans Seye reasoned that by doing good for people, you inspire gratitude and affection, and this warmth will help protect you from the stresses of life. The University of Michigan studied a group of people for more than a decade. The results of that study indicated this amazing discovery: "Doing regular volunteer work, more than other activity, dramatically increased life expectancy!"

Experience the program

If you have ever wanted to visit a nursing home, but were afraid to try, we now have a solution to your dilemma. The Volunteer Ombudsman Program has added a "shadowing" component to its basic program. You can now "shadow" an experienced volunteer during his or her visit in the field. You will get a chance to be charmed by this incredible group of people who are unique and interesting and longing for companionship. Call us. 1-800-223-9074. Experience the program firsthand; see if it fits your interests.

Become an advocate

We could easily forget this part of our community, overlook their rights, and forget their needs. The care, concern, training and professionalism of Delaware's Volunteer Ombudsmen help assure dignity, respect, and quality of life for the disabled and elderly in long term care facilities in your community. The Volunteer Ombudsman program is a community-based program of the Division Services for Aging and Adults with Physical Disabilities.

The care, compassion and professionalism of the Volunteer Ombudsmen helps assure dignity, respect and quality of life for the elderly and disabled in Delaware long term care facilities.

DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

www.dhss.delaware.gov/dsaapd

RESIDENTS OF DELAWARE NURSING HOMES AND RELATED FACILITIES HAVE RIGHTS PROTECTED BY THE STATE OF DELAWARE

CARE

You have the right:

... to receive considerate, respectful, and appropriate care, treatment and services.
... to receive reasonable continuity of care.
... to choose a personal attending physician.
... to not be transferred or discharged out of a facility except for medical reasons, your own welfare or the welfare of other residents; or for non-payment of justified charges. You will be given 30 days advance notice, except where the situation is deemed an emergency.

DIGNITY

You have the right:

... to respect and privacy.
... to be free from restraints.
... to privacy in your room.
... to privacy in visits by your spouse.
... to retain and use your own clothing and personal possessions.
... to not have to perform a service for the facility.

CHOICE

You have the right:

... to make choices regarding activities, schedules, health care and other aspects of your life.
... to participate in an ongoing program of activities.
... to participate in social, religious and community activities.

RESPECT

You have the right:

... to receive from the administrator and staff a timely, courteous and reasonable response to requests or grievances – in writing, if requested.
... to associate or communicate the others without restriction.
... to manage your own financial affairs.
... to recommend changes or present grievances to the facility staff, the Long Term Care Ombudsman or others.
... to be fully informed of all rights and responsibilities.
... to be free from verbal, physical or mental abuse, cruel and unusual punishment, involuntary seclusion, withholding of monetary allowance, withholding of food, and deprivation of sleep.
... to receive notice before your room or roommate is changed, except in emergencies, and to have the facility honor requests for a room or roommate whenever possible.
... to exercise your rights as citizen of the State and the United States of America.

INFORMATION

You have the right:

... to receive, prior to or at the time of admission, a written statement of the services provided.
... to receive a written itemized statement of charges and services.
... to receive from the attending physician complete and current information concerning your diagnosis, treatment and prognosis.
... to inspect all records pertaining to you.
... to have the facility place at your bedside, the name, address, and phone number of the physician responsible for your care.
... to receive, in writing, information regarding any relationship the facility has with other healthcare or related institutions or service providers.
... to examine the most recent survey of the facility.
... to receive information from agencies acting as client advocates and be afforded the opportunity to contact those agencies.
... to request information regarding minimum acceptable staffing levels as it relates to your care.
... to request the names and positions of staff members providing care to you.
... to request an organizational chart outlining the facility's chain of command for purposes of making requests and asserting grievances.

If a resident is adjudicated incompetent or determined to be incompetent by his or her attending physician, or is unable to communicate, his or her rights shall devolve to his or her next of kin, guardian or representative.

WOULD YOU LIKE A COPY OF THE FULL VERSION OF THESE RIGHTS AS THEY APPEAR IN DELAWARE CODE?

DO YOU WANT TO REGISTER A COMPLAINT?

YOUR LONG TERM CARE OMBUDSMAN CAN HELP.

CALL: 1-800-223-9074

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Services for Aging and Adults with Physical Disabilities
www.dhss.delaware.gov/dsaapd