

Chapter 6

Equipping California Long-Term Care Ombudsman Representatives for Effective Advocacy: A Basic Curriculum

THE PROBLEM-SOLVING PROCESS: INVESTIGATION TEACHING NOTES

Curriculum Resource Material for
Local Long-Term Care Ombudsman Programs

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Symbol Legend

	= Handout
	= Video or CD
	= Key teaching concepts

THE PROBLEM-SOLVING PROCESS: INVESTIGATION CURRICULUM CHAPTER

Teaching Notes

Purpose

This chapter provides an introduction to the problem-solving process and to the role of Long-Term Care Ombudsman (LTCO) representatives in investigation. It includes factors to consider, important investigation skills, and guidance for working through some ethical dilemmas that may be encountered during an investigation.



Learning Objectives

At the conclusion of this chapter individuals will know basic information about:

- the problem-solving process as a frame work for dealing with concerns,
- the Ombudsman representative's role with investigations,
- the primary tools or components of an investigation,
- fundamental skills and other factors that influence investigations,
- principles of documentation.

Basis for Approach

This chapter demonstrates how a LTCO representative approaches problem-solving on behalf of residents. The specific aspects of an investigation are introduced, modeled, analyzed, and applied through case studies.

The focus is introductory and immediately relevant to beginning work as an Ombudsman representative. Improving a LTCO's investigation skills and learning to effectively deal with more challenging situations will need to be addressed during in-service training. To attempt to teach everything an individual needs to know about investigations would be overwhelming during the initial training.

This chapter covers LTCO investigations that are consistent with the scope of LTCO responsibilities delineated in the Older Americans Act (OAA). The approach to problem-solving and to investigations is generic to all LTCO work regardless of the setting. The case examples in this chapter primarily focus on skilled nursing facilities (SNFs) that are certified for Medicare and Medi-Cal. By adding other case examples, you can broaden the content to more directly apply to residential care facilities for the elderly (RCFEs).

Options for Teaching

There are various ways to cover this chapter's content. Because the chapter is designed to be integrated with the other chapters in this curriculum, it builds upon information previously covered and sets the stage for presentation of other chapters. The recommended teaching option is the combined self-study and classroom.

- **Self-Study Followed by Classroom:** It is strongly recommended that individuals read the curriculum resource material prior to attending a class. The classroom session applies that content to a specific case. Areas that are covered are the LTCO process in: receiving a complaint, conducting an investigation, deciding whether the complaint is

verified, and determining the underlying problem that must be resolved. If trainees have read the content before attending class, you can cover content in more detail or broaden the class work by including more cases or additional skills practice such as role playing or responding to ethical dilemmas that LTCO might encounter.

If trainees can be relied upon to complete all assignments prior to attending class, you might use a few of the pre-meeting assignments from the Individualized Session option as additional prerequisites.

- **Classroom:** Use the Teaching Outline to cover this content. If trainees have not read the resource materials, the pace and the amount of content covered might need to be decreased to be sure that the content is being absorbed. It is better to focus on fewer topics than to introduce so many cases or potential variations that trainees become confused or overwhelmed. If trainees have strong backgrounds in interviewing, investigation, or documenting, adjust the time allocation to provide more opportunities for practice working through situations as an Ombudsman.
- **Individualized Session:** The preferred training method is the classroom setting with a group of new trainee volunteers. At times, local Ombudsman Coordinators may provide 36 hours of individualized training sessions to a potential LTCO depending on the needs of the Program. Modify the teaching outline to cover or adapt the exercises for use in a one-on-one situation.

Contents

This chapter of the teaching notes contains:

- an agenda,
- a teaching outline,
- handouts , and
- the narrative curriculum resource material that is the basis for teaching this chapter.

This chapter uses a video which was distributed to all State Long-Term Care Ombudsman Programs. The video was distributed by the National Long-Term Care Ombudsman Resource Center (NORC) on videotape. In 2005 an edited and captioned version was distributed by Linda Sadden, Louisiana State Long-Term Care Ombudsman, on CD-Rom. The CD version, titled “Basic Complaints Dispute Resolution Skills” is included with this curriculum material distributed by the California Office of the State Long-Term Care Ombudsman (OSLTCO). Either version of the video or CD can be used in teaching this chapter. The video is:

- *Basic Complaint Handling Skills for Ombudsman*, by NORC or the CD titled *Basic Complaints Dispute Resolution Skills*.
- Contact the OSLTCO if additional copies are needed.

Supplies You Will Need

- Video 
 - “Basic Complaint Handling Skills for Ombudsman,” by NORC or CD titled “Basic Complaints Dispute Resolution Skills.”
- Copies of handouts :
 - **▶** You will need to provide some additional Long-Term Care Ombudsman Program (LTCOP) policies or guidance, consent forms, case intake forms, and other types of state-specific information pertinent to the topics covered in this chapter.
 - LTCOP policies pertinent to receiving complaints, investigation, working with residents who have guardians, ethical issues, access to records
 - Survey report and plan of correction pertinent to Mrs. Woods’ issues (CMS 2567)
 - Appendix A
 - What Does This Mean?
 - Flip Chart Page Example (only for Instructor)
 - The Problem-Solving Process
 - Interview Plan: Woods Case
 - Example for Instructor Interview Plan: Woods Case
 - Verification Work Sheet
 - Example for Instructor Verification Work Sheet (only for Instructor)
 - Case Intake Summary
 - Case Notes: It is helpful to have this handout as a hard copy handout as well as on an overhead transparency or as a document or slide that can be projected during discussion. **▶** Customize this handout as needed for your program.
 - Case Notes Checklist
 - Principles for Decision-Making
 - Listening Self-Evaluation
 - Ezra Jones Case
 - Information for Instructors
 - Interviewing Skills Instructions
 - Daughter
 - Resident
 - Social Worker
 - Charge Nurse
 - Guidelines to Follow During Interviews
 - Role Play: Mrs. Ann Jones
 - Interviewer
 - Interviewee
- ▶** Flip chart and markers, chalk board, or blank transparencies and pens
- ▶** Pens or pencils for trainees who need them
- ▶** Equipment to show the video

Proposed Agenda

This agenda is suggested for classroom use with a group of trainees and is based on the recommended activities contained in the Teaching Outline. The time frames do not include the optional activities in the outline. To use the optional activities or to go into more depth in an area will require some adjustment in time. It is possible to teach this content in more than one session.

Session Time (Hours)	Topic
1.5	Introduction to the Problem-Solving Process
0.75	Investigation (Overview)
2.25	Interview
1.0	Observation
1.0	Documents
1.0	Determine the Underlying Problem
1.0	Documentation
8.5	Total <i>approximate</i> time <i>without</i> time for breaks

Teaching Outline for Content

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Purpose

This chapter introduces the problem-solving process and focuses on investigation for LTCO.

Learning Objectives

At the conclusion of this chapter individuals will know:

- the problem-solving process as a framework for dealing with concerns;
 - the LTCO role with investigations;
 - the primary tools or components of an investigation;
 - principles of documentation;
 - fundamental skills and other factors that influence investigations.
- I. **Introduction to Problem-Solving Process** (1.25–1.75 hours, depending upon teaching options selected and amount of discussion)
- A. Problem-Solving for LTCO (40–45 minutes)

 Introduce trainees to what they will be doing as LTCO by showing the “Basic Complaints Dispute Resolution Skills” CD segments demonstrating Mary dealing with Mrs. Woods.

1. If trainees have not seen the entire video recently, show Situations One through Five. Use the Situation One segment that shows Mary using better skills in talking with Mrs. Woods. Skip the first segment demonstrating poor communication.
2. Omit the last segment, Situation Six, showing Mary with the administrator. The purpose of this is to provide a concrete example of how trainees will work a complaint through once training is completed and they are designated as LTCO.
3. Instead of the VHS version of the video, you can use the CD captioned version developed and distributed by the Louisiana LTCOP and supplied by your SLTCOP. This version contains only the better way in Situation One. Please *note* that it was not possible to edit out all of the Ombudsman’s errors without affecting the audio. For example, the Ombudsman

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glances down at her watch during the segment. She also introduces herself with her name badge obscured.

4. Show all of the segments with little comment because the analysis and critique of specific aspects will occur as skills are taught later in this chapter. The segments shown will be:
 - Situation One (7:03 minutes/seconds): Intake (Segment Two with Mary reflecting back to Mrs. Woods the concerns Mary hears)
 - Situation Two, (1:56): Observation, Mary's Walk Through Facility (use the version without captions or the third observation segment with sound and visuals on the captioned video)
 - Situation Three, (1:56): Report Back to Resident
 - Situation Four, (6:42): Resolution Meeting
 - Situation Five, (4:18): Follow-up and Mediation With Residents

5. After viewing all of the segments ask, "What did Mary do?"
 - Write answers on a flip chart, capturing the big points.
 - Try to identify the actions listed on the flip chart that correspond with the steps in the problem-solving process:
 - receive/identify a problem or concern;
 - gather information,
 - verify the problem,
 - identify the underlying problem,
 - analyze the situation,
 - consider solutions,
 - identify obstacles,
 - choose an approach,
 - act, and
 - evaluate outcomes.

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B. Understanding Messages (30–60 minutes)

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📄 Distribute the handout, “What Does This Mean?” Ask the trainees to complete this handout as an individual exercise. Note: If any of the handout statements were worked through by trainees using the curriculum resource material before this classroom session, use the remaining statements or edit the handout and insert a different statement. You might want to keep the statement and use the discussion to assess how well trainees understood the pre-classroom material. Prepare headings on flip chart pages to facilitate discussion.

1. List potential meanings for each statement. Comment on the range of possible interpretations.
2. Ask, “How would you go about determining what the ‘real’ meaning is?” List the responses. Be alert to responses that are solutions instead of steps to determine what the meaning is. Separate these from the steps in learning what the problem is. Challenge trainees’ statement of assumptions about the situation.
3. Listen for statements about asking for a resident’s permission or other statements that reflect confidentiality principles. If you do not hear comments about asking for resident’s permission to look into the problem ask questions.
 - How do you know if a resident wants you to act on the stated problem?
 - When and how would you get the resident’s approval to look into the matter?
 - How would you document permission to proceed?
 - Distribute local LTCOP consent forms and explain when and how to use these.
 - Why is this step important?
4. Ask a few follow-up probes. The amount of detail you cover will depend upon the available time. Some of these questions will be covered in more detail in a later section of this training. Suggested follow-up questions are:
 - You said you would talk with other people. Who

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- would this include?
- Why would you want to talk with each person?
 - In what order would you talk with the individuals listed?
 - What would you ask?
 - How would you ask the questions?
 - Are there other places you might go for supporting information?
 - Would you make any observations? If so, what and why?
5. If you have time, ask questions that push trainees to draw upon their knowledge of the aging process, typical disease processes, and communication skills. Examples are:
- Would you approach this situation differently if the resident making this statement began mumbling something about aliens, then began talking about her childhood? If so, how?
 - What would you do if the resident became very agitated when talking with you?
 - How could you ask for more specific or personal information if this resident were very hard of hearing?
6. Lead the group in an analysis of their responses. Use the responses listed on the flip chart to mark and label the big steps that correspond to the steps in the problem-solving process and to the tools in an investigation. An example of what this might look like is in Appendix A.
7.  Distribute the handout, “The Problem-Solving Process,” or refer trainees to the page containing the chart in the curriculum resource material. Conclude by pointing out that the problem-solving process is a way to think through (analyze) a situation.
- This training is designed to help trainees refine their skills and apply the LTCO values and ethics to resolving problems.
 - Refer back to Mary and Mrs. Woods and recap the similarities in the approach Mary used and in the process the trainees just discussed relevant to the statements.

➤ Key point

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- The problem-solving process LTCO use is very similar to the way each of us approaches trying to determine what to do when confronted with a problem: determine what is “missing, wrong, or needs to be fixed,” consider options for resolving, and fix the problem.

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II. Investigation (45 minutes)

Transition into a focus on specific investigation tools by reminding trainees that they just identified the primary methods of conducting an investigation: talking with people (interviewing), making observations while visiting in the facility (observing), and looking at relevant printed documents including any laws or regulations (examining official documents). Point back to the steps on the flip chart or to the problem-solving chart. Use examples from Mary and Mrs. Woods if needed.

A. Purpose of a LTCO Investigation

1. What is the purpose of any investigation?
 - List responses.
 - Briefly discuss responses, pointing out that an investigation is a process to gather the facts about a situation.

2. What is the purpose of a LTCO investigation?
 - To gather enough information about what happened to be able to resolve the situation to the satisfaction of the resident or complainant.
 - LTCO are impartial in investigation.
 - In 2001 the American Bar Association approved recommendations, standards, and a report related to Ombudsman practice. These documents recognize an Advocate Ombudsman role that is consistent with the LTCO responsibilities in the OAA.
 - Section 2 of the report, “Impartiality in Conducting Inquiries and Investigations,” clarifies the Ombudsman’s impartial role in an investigation and how that role can change into an advocate role. (pages 6–7, www.abanet.org)
 - “Acting in an impartial manner, as a threshold matter, means that the Ombudsman is free from initial bias and conflicts of interest in conducting inquiries and investigations.”
 - “Impartiality does not, however, preclude the Ombudsman from developing an interest in

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securing the changes that are deemed necessary where the process demonstrates a need for change nor from otherwise being an advocate on behalf of a designated constituency. The Ombudsman therefore has the authority to become an advocate for change where the results of the inquiry or investigation demonstrate the need for such change.”

- There may be times when a LTCO cannot pursue what the resident wants.
 - Can you think of any potential examples?
 - List responses and briefly discuss. The list might include situations such as the resident wants the LTCO to assist resident in engaging in an illegal activity. *Or*
 -  ► Develop a handout containing a few very short examples of situations where LTCO can and cannot pursue what the resident wants. Ask trainees to mark the situations where a LTCO can act on behalf of a resident. Then give the correct answers and briefly discuss. This option will take more time than the first bullet.
 - Listen for ideas that might need to be challenged or expanded. One example is that what the resident wants is not required of the facility, not supported in law or regulation. LTCO are to spend enough time to determine what the resident is really seeking. Many desires that may not seem realistic can be accomplished to some extent and can be supported by the Quality of Care or Quality of Life provisions of the Nursing Home Reform Law or perhaps under residents’ rights provisions for assisted living or board and care residents.

Point out any policies your LTCOP has regarding complaints that may not be pursued or when it is not appropriate for a LTCO to pursue resolution based on the outcome of an investigation.

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B. Components of an Investigation

There are three main methods used in an investigation.

1. Interviews

- Ask, “What is the difference between a casual conversation and an interview?”
- Solicit responses.
- An interview is a conversation with a purpose. One person is seeking factual information.

2. Observations

- Using all of your senses to gather information pertinent to a complaint.

3. Consulting Documents

- Looking at documents that might provide additional information relevant to a complaint.

C. Investigate to Identify the Underlying or Root Problem

1. A LTCO investigates to determine what actually happened in order to know what must be addressed to resolve the problem to the resident’s satisfaction.

2. The purpose of a LTCO investigation differs from the purpose of other types of investigations. For additional information about the similarities and differences between a LTCO investigation and investigations conducted by other programs, refer to the chapter, “History and Role of the Long-Term Care Ombudsman Program,” and the PowerPoint presentation, “Unique Characteristics of the Long-Term Care Ombudsman Program.”

- Law enforcement, surveyors, adult protective services, and others investigate to determine if a standard or law has been violated or if there is a sufficient legal basis to act. The actions that follow these investigations are based on legal standards or regulations.
- Ombudsman representatives investigate to gain enough information to resolve a problem on behalf of a resident.

3. Sometimes the concern stated by the resident¹ is not the issue that must be addressed.

- To clarify the distinction between the stated

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problem and the problem that must be addressed to resolve the concern, refer to the “What Does This Mean?” exercise.

- “My purse is missing” is a statement of a complaint. To know what must be done to resolve the problem and hopefully, to keep it from happening again, you need more information. An investigation is needed to understand exactly what the resident is missing and to understand why it is missing. Understanding the why’s reveal the underlying problem that must be resolved.
4. The amount of time and the thoroughness of a LTCO investigation can vary from one case to another. Ask, “What are some factors that might impact the amount of time spent on an investigation?”
- Quickly list responses and briefly elaborate on the ones that are relevant. Factors to mention include:
 - Ability of resident to remember and tell you about a situation,
 - Cooperation of facility staff and responsiveness in addressing problems,
 - Complexity of the issue,
 - Amount of evidence needed to refer or to resolve the issue,
 - Number of individuals who need to be contacted,
 - Whether complaint deals with the facility or if other agencies or organizations have to be contacted.
 - Let trainees know that you are going to look at each of the primary tools for an investigation and how they are used by LTCO. The amount of detail and the time LTCO invest in an investigation will vary from case to case.

⇒ Key points

- Determine what happened (facts) in order to resolve as the resident desires,
- LTCO may not be able to attain 100% resident satisfaction but seek to come as close as possible.

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III. Interview (Total time: 2–25 hours. Sections A–D, 1.25–1.5

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hours; Section E., 45 minutes–1 hour)

Carefully watch the available time while teaching this section. The exercises can be expanded to make a number of teaching points and to actively engage the trainees. Stay focused on the essential teaching points to avoid spending too much time with detailed discussion in only a few areas.

Remember that one of the primary objectives during basic training is to teach a process that reflects LTCOP values and process. While complex cases and details may be very interesting to trainees, such cases may be overwhelming or confusing to someone who is learning to function as a LTCO.

Even individuals who come to training with interviewing and communication skills benefit from practicing these skills as an Ombudsman. It can be surprisingly challenging to practice interviewing residents or other individuals without using professional jargon or when the other person may take awhile to focus and respond.

A. Purpose of an Interview

1. What is the purpose of an interview?
 - To gather information related to a particular topic
2. Use the type of information you are seeking to decide who to interview.
3. Prepare for an interview by planning.
 - What information are you seeking?
 - Who do you need to talk with?
 - Why do you need to talk with that individual?
 - How will you explain why you want to talk with a person?
 - What questions will you ask?
 - How do you create an environment that is helpful to a conversation?
 - In what order do you want to interview the different individuals?

B. Setting the Stage for Conversation

Ask “If you want someone to talk with you, what type of

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details do you pay attention to in order to get the conversation flowing?”

1. Quickly list responses on a flip chart and highlight key factors important for LTCO. You might use a colored marker to reinforce key factors.

Option: To vary the methodology, ask trainees to think about a time when they needed to discuss a sensitive topic with someone. Then ask them to take a sheet of paper and quickly list what they did to try to help the discussion go smoothly. After a couple of minutes, ask for responses to be shared and list key phrases, highlighting main factors.

2. Look for factors like:
 - Timing: find a time when the person can talk without watching the clock.
 - Comfort: environment is comfortable so the person is at ease.
 - Privacy: if the topic needs to be discussed in a setting where it will not be overheard
 - Distractions: minimize distractions and interruptions
 - Conversation flow: Begin with “small talk” or chatting about general topics before getting to topics that are more difficult to discuss. Establish common ground or a common interest or goal.
3. If time permits, ask the group to give examples of what these factors might look like in a SNF or in a RCFE. Do this with the entire group, write ideas on flip chart or ask trainees to list examples beside the factors they wrote on their paper. A sample of this exercise might look like the following.
 - Timing ⇒ Avoid talking immediately before meal time or a favorite TV show or staff shift change if you need to talk with a nurse or a certified nurse assistant (CNA).
 - Comfort ⇒ Room temperature, LTCO proximity to resident or staff (invading personal space), seating comfort
 - Privacy ⇒ Is anyone else present? If so, will that make a difference? Might have to change locations to talk. Who will see this person talking with the LTCO? Who will know if this person talks with an Ombudsman?

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- Distractions ⇨ The intercom system is on and announcements are made or someone could listen to conversation. Staff or other residents are coming or going. The TV is on or other background noise is loud. Medicines are being distributed.
4. Ask trainees how they might deal with the factors listed above. The purpose is to provoke thinking about appropriate ways for a LTCO to handle circumstances that might interfere with an interview.

C. Mary and Mrs. Woods

1.  Return to Situation One on the “Basic Complaints/ Dispute Resolution Skills” CD to give the trainees an opportunity to apply the skills you have been discussing. This is an example of how a casual visit with a resident can turn into receiving a complaint and the initial part of an investigation interview.
 - Show the first segment (on the CD) of Situation One showing Mary’s mistakes. If time is short, show the better way, the second segment of Situation One and continue with the applicable discussion points or the Situation One segment on the CD.
 - Ask trainees to pay attention to the following as they watch the video. Another option is to assign each item in the list to different trainees as a particular focus.
 - How Mary enters the room.
 - What Mary does that puts Mrs. Woods at ease.
 - Mary’s actions that create barriers to communication.
 - Non-verbal communication and its impact on the dialogue.
 - How Mary introduces note-taking and how Mrs. Woods responds.
 - How Mary addresses Mrs. Woods’ concerns.
 - How Mary concludes this interview.
2. Discuss the factors in the preceding bulleted list. Capture major points on the flip chart.
3. If you showed the initial segment with some mistakes

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by Mary, initiate a discussion about what the trainees would have done differently.

4. Integrate important aspects of the LTCO role, skills, and policies into the discussion. Keep the teaching points brief and focused so that dialogue moves along. Reinforce content previously introduced, introduce some additional teaching points, and assess where trainees are in understanding the LTCO role. Draw upon the content in the curriculum resource material for teaching points. A few potential teaching points are provided for your consideration.
 - How Mary enters the room.
 - Connect knocking on the door and asking for permission to enter the room with residents' rights.
 - Ask how a LTCO can show respect for the resident's privacy if the resident does not hear a knock.
 - What Mary does that puts Mrs. Woods at ease.
 - An interview is a conversation with a purpose.
 - Why is it important to have the other person be "at ease" during a conversation?
 - Mary reassures Mrs. Woods regarding resident's right to complain and to ask questions. How can LTCO inform residents about this right without guaranteeing that there will be no retaliation?
 - Mary's actions that impact communication.
 - What type of questions did Mary use, open-ended or close-ended? It is usually best to begin with open-ended questions and move into close-ended when more specific information is needed.
 - How did Mrs. Woods know if Mary was really listening to her?
 - What would you do differently?
 - Refer to the factors discussed in III. B.
 - Non-verbal communication and its impact on the dialogue.

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- An Ombudsman has to be aware of using time productively to avoid spending all of the time with a few residents and not giving others access to LTCO services. How can an Ombudsman use time wisely without looking at a watch and coming across as Mary did?
- Discuss the appropriate use of physical proximity, of touch, and of eye contact.
- Is it all right for a LTCO to sit on a resident's bed?
- How does an Ombudsman respond if a resident initiates inappropriate touching?
- How Mary introduces note-taking and Mrs. Woods' response.
 - How can a LTCO take notes without this being a barrier?
 - ► Provide tips and examples from experienced LTCO and any guidance from your LTCOP policies.
 - Include relevant points on confidentiality.
- How Mary addresses Mrs. Woods' concerns.
 - Ask trainees what they would have done differently.
 - If necessary, prompt trainees for comments about resident empowerment and Mary's role.
 - Why does Mary ask Mrs. Woods for her priorities?
 - What should Mary do with the non-priority concerns?
 - What could Mary have done if Mrs. Woods had told Mary not to look into her concerns?
 - Consider conducting a brief role play of a couple of concerns. Alternately, you might repeat one or two of Mrs. Woods' statements and ask the class to respond to you. Then discuss what worked and what could have been more helpful.
- How Mary concludes this interview.
 - What did Mary tell Mrs. Woods as she concluded the interview?

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- LTCO seek to allay resident's concerns and to be sure that the resident knows what to expect from the Ombudsman.
 - Be specific about what you (LTCO) will do after you leave the resident and when you will return.
5.  Show the second video segment again for Situation One that illustrates how Mary listens and reflects concerns back to Mrs. Woods. Use the captioned version on the CD to reinforce LTCO skills and important points. If this has been shown in C.1., skip to the second bullet for further discussion.
- Review how close the trainees came in their list of suggested improvements to the behavior they just viewed.
 - Discuss a few additional teaching points if not previously covered.
 - Consent and confidentiality
 - Gaining a resident's permission to act on complaints
 - Gaining a resident's permission to use his/her name
 - Cautions about revealing identifying information without using resident's name
 - Consent forms
 - When to use a consent form
 - What to do if a resident cannot grant written permission
 - What to do if a resident has some short term memory problems
 - How to approach problems received from a resident who has a guardian
 - Importance of finding out what actions the resident has taken and the results
 - Importance of LTCO supporting resident empowerment to engage in self-advocacy

D. Communication Dilemmas

1. Briefly discuss tips for communicating with residents who are not as articulate as Mrs. Woods. This is an opportunity for trainees to apply their knowledge about the aging process and about long-term care

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residents² to LTCO practice. Interject teaching points on communication and the aging process as needed. Unless this content was previously covered, some typical questions to pose are:

How would you adjust your interviewing technique if a resident is

- hearing impaired?
- walking in a continuous circuit through the halls?
- becoming more agitated as you talk?
- angry?

2. Discuss dilemmas related to a resident's capacity to make a decision. Refer to the curriculum resource material for an introduction to some of these dilemmas and good Ombudsman practice as well as the handout, "Principles for Decision-Making," in Appendix A. ► Adapt any actions or add other ethical dilemmas as appropriate and consistent with the SLTCOP policies. There are several articles, program policies and guidance, and other resources on the NORC website related to this topic if you need additional information to supplement your knowledge.

www.ltcombudsman.org

- The resident is very forgetful and seems to alternate between moments of being very clear and times of confusion.
- The resident cannot communicate a decision and does not have a legal representative.
-  Distribute the handout, "Principles for Decision-Making." Three primary principles guide decision-making.

– Informed consent: An individual can exercise autonomy in making a decision. The individual has:

- relevant information about the proposed treatment or research,
- freedom of choice in a non-coercive environment, and
- competency to make and communicate a decision.

– Substituted judgment: A decision-maker, other

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than the individual, attempts to decide about the acceptability of interventions as the person would have decided had he or she been competent.

- Individual autonomy, following what the individual wants or would choose, is a priority value.
 - This decision-making process uses, as a primary consideration, what is known about the person's values and preferences.
- Best interest: This principle is acting in the interests of someone's well-being, health, and welfare.
- It implies that the benefits of treatment are weighed with the burden of treatment.
 - Patient health and welfare are the controlling values.
- In working with residents LTCO use decision-making principles in the following order:
 - Informed consent, seeking to be sure the resident has information about options and consequences and is making a decision in a non-coercive setting.
 - Substituted judgment, often trying to get the relevant individuals talking with each other and focusing on what the resident would want.
 - Best interest, asking the relevant individuals to jointly discuss a range of options and residents' rights in making a decision.
3. Discuss other dilemmas such as the following, giving guidance and sharing any applicable LTCOP policies. Some of these are in the curriculum resource material which provides trainees with a printed reference after this class ends. ► Adapt any actions or add other ethical dilemmas as appropriate and consistent with the Office of the SLTCOP policies.
- A family member asks the LTCO to deal with a complaint and the Ombudsman learns that the resident does not want any action taken.
 - A family member asks you, the LTCO, to

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investigate a problem but not to tell the resident that the family member contacted you.

- The facility asks you to intervene in a situation between two residents.
- During an interview a staff person finds reasons to enter the room or to walk by the door several times.
- A care provider is always busy and is never available when you are in the facility.
- A care provider often wants to chat with you for a long time or always expects you to report in as you leave the facility.

E. Planning for an Interview

Let trainees practice planning interviews. Focus on the importance of (1) planning before an interview begins, (2) using different types of questions, (3) being thoughtful about the order in which individuals are approached, and (4) maintaining your focus.

1. Mary's interviews. Ask, "Who are the other people Mary said she'd talk with before she reports back to Mrs. Woods?"

- List the responses on the flip chart.
 - Other residents
 - Ask, "Which other residents?"
 - Briefly discuss why a LTCO almost always interviews additional residents.
 - Gather more information, perhaps from witnesses,
 - Identify patterns,
 - Determine how widespread the issue is in order to be able to resolve it for everyone instead of on a case by case basis.
 - Residents' Council President
 - Food Services Supervisor
- Ask, "Who would you interview first? Next? Last?"
 - Ask trainees to explain their responses.
 - Listen for beginning with the resident.
 - If the complainant is someone other than the

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resident, begin with the complainant, then the resident.

- If necessary, interject tips about deciding on an order for conducting interviews to:
 - Avoid elevating suspicions about what has happened or what you are seeking. Example: If Mary began interviews with residents by asking them, “What temperature is your coffee? Can you get it when you want it?” and then left the room, residents might be concerned that something bad is about to happen or has happened. If residents find out that Mary asked the same questions of several of them, their concern about what is going on might increase.
 - Avoid having staff influence residents before you interview them. Example: If Mary interviewed the Food Services Supervisor (FSS) first, the FSS might begin telling residents that one coffee time is all they can have or that the LTCO is trying to get the facility in trouble.
 - Gain enough information to have a more complete list of questions to ask someone based on the details you have learned.
-  Distribute the handout, “Interview Plan: Woods Case.” Explain that this page is a worksheet to help trainees organize their thoughts. Although this form will not be part of LTCO documentation after this class, it is a good way to plan when they are working on a complicated case. For this exercise, focus on the coffee service issues—coffee availability and the coffee temperature.
 - Fill in the *Who* column with the list of individuals on the flip chart: other residents, Residents’ Council President, Food Services Supervisor.
 -  Ask trainees to complete the remaining boxes on the page. If they have the curriculum resource material in class, point out the pages containing information about types of questions for tips. You also could distribute the “Guidelines to Follow

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During Interviews” handout in Appendix A. The following bullets suggest some options for completing this exercise, depending upon the available time and needs of the trainees.

- An individual exercise.
 - Trainees work with a partner to complete the plan.
 - Assign one in the *Who* list to each trainee or group of trainees to complete instead of having everyone do the entire plan.
- Conclude this exercise with a large group discussion and sharing of worksheet responses.
- Offer or solicit feedback to help refine thinking and skills; e.g. “If you said that to me, my response would be...” or “I’d feel like you expected me to say...” or “When you left my room, I’d feel anxious and wonder if there was something going on that might affect me.”
 - Listen for “teachable moments” and briefly make points for good LTCOP practice. One example is if someone suggests asking the Food Services Supervisor to see the policies about coffee service. This request could create defensiveness, thus erect a barrier to communication and give the perception of LTCO as surveyor. Regardless of what the policy states, if Mrs. Woods’ coffee is cold and she does not have any for guests, there are problems to be addressed.
 -  Refer trainees to the “Guidelines to Follow During Interviews” handout for succinct tips, if this has not been distributed.
 - If there is time, briefly role play one or more of these interviews.

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➤ Key points

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- Interviewing is a primary tool used when a LTCO is seeking information about what occurred and what problem must be addressed (underlying problem) in order to resolve the problem.
- Before you begin interviewing know who you want to talk with, what information you are seeking, and in what order you want to proceed. Have an agenda.
- LTCO begin with the resident and/or complainant.
- LTCO are always mindful of confidentiality and of pursuing issues with the resident's consent.

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IV. Observations (1 hour)

A. A Second Investigation Method

This is a second tool (skill) to use in an investigation. Engage trainees in a discussion about this skill by asking questions, fielding discussion, listing key points on a flip chart, and interjecting teaching points.

1. What does making an observation mean?
 - To see or notice
2. How can observations you make assist your investigation?
3. If LTCO work on behalf of residents and are known for believing what residents say, isn't it sufficient to interview residents and others without making observations yourself? Why or why not?
4. How can observations strengthen an investigation?
5. What senses does a LTCO use in making observations?
 - Refer to the chart on using all five senses in the curriculum resource material.
 - Give specific examples of the types of things that an Ombudsman might observe related to a complaint.
 - ► Incorporate any applicable LTCOP policies or guidelines about making observations, particularly related to a resident's physical condition.

B. Practice Observation Skills and Documentation.

1. Ask, "If you were Mary, what would you want to observe that might provide more information about the coffee service issues?"
 - Briefly list responses.
 - Ask, "Why?" for each type of observation suggested. This will push trainees to be purposeful and to understand how certain observations might relate to this investigation.
 - Use some of these responses as well as some of

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the responses in the next exercise to integrate content about SNFs . An example is to see if trainees know about menu posting or activity calendars, the type of information each contains, where to look, whether to accept what is written as what actually is implemented.

2. Observation practice

- Tell trainees they will watch Mary as she walks through part of the facility. As they watch the video, ask trainees to do two things.
 - Make your own observations about what you see and hear in the facility.
 - Pay attention to Mary’s behavior and communication skills.
- Show the video segment, Situation Two, with Mary walking through the facility.
- Immediately following this video segment, ask trainees to make a few notes about what they saw and heard.
- Ask different trainees to: (a) share one thing they wrote down and (b) to state it as if they were writing in a case note. List responses on a flip chart. Potential items from the video include:
 - call light is on,
 - nurses assistant’s and orderly’s voice tones, words, and interaction with residents
 - appearance of residents,
 - resident sitting in a doorway, motionless and restrained,
 - resident in room talking with a boy,
 - residents chatting in hallway,
 - resident sitting in room, slumped over in wheelchair and restrained,
 - announcements on the public address system,
 - activity calendar on the wall,
 - television is on with exercise program,
 - someone pouring something,
 - couple walking into the facility,
 - overall appearance of the facility.

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- Looking at the list, ask “Are any of the notes listed statements of opinion? If so, which ones are opinion instead of facts? Why are these opinions?”
- Briefly discuss the importance of keeping opinions out of LTCO documentation. LTCO documentation needs to be factual and unbiased.
- To reinforce the difference between opinion and facts, refer to the list of notes about what was observed. If any of the statements were identified as opinions ask, “How could this be turned into a factual statement of your observation?”
- During this discussion, challenge the trainees’ perceptions if their observations and comments contain opinions. To clarify, a couple of examples that typically arise during this exercise follow.
 - Bored resident sitting in doorway
 - How do you know that the resident is bored?
 - Is it possible that some residents sit in the doorway or a hallway in order to see everyone who passes?
 - The resident might be very engaged in facility life or might be waiting for a guest to arrive.
 - Orderly is almost verbally abusive to resident in wheelchair, speaks gruffly and says, “Hurry up!”
 - Is it possible that the orderly is joking with the resident since the resident is waiting for assistance?
 - Maybe the orderly and the resident have a relationship where this behavior is accepted and expected. How would you know whether the orderly is being abusive or is intimidating the resident?
 - If you witnessed this interaction in person, should you do anything? If so, what? ► This opens the door to interjecting LTCOP good practice guidance and your state LTCOP policies.
- Be self-aware about when you might be inserting your own judgment or interpretation into an observation.

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- Verify your own assumptions.
- Briefly discuss Mary's non-verbal communication as she walked through the facility.
 - What did she do? What message did her actions convey to you?
 - What would you do differently?
- Introduce another teaching point based on this video segment. Ask, "Suppose this is your case and you just saw several things that did not relate to the coffee service issue you were investigating. What would you do with, or about, your other observations?" Discuss topics like:
 - how and when to follow-up on other observations,
 - how to document other factors not related to the complaint you're investigating,
 - when to decide to open a "case?"
- Mention the resource in the appendix, "The Ombudsman Representative and the Resident: A Guide to Good Practice," as a helpful reference and a useful resource in talking with family members. If time permits, quickly review a few of the sections in this guide to familiarize trainees with this resource.

➤ Key points

- Direct observation strengthens your understanding of the underlying problem and your ability to advocate for resolution.
- Be sure that your observations are not biased or based on your own assumptions or interpretations.
- You do not have to directly observe a situation in order to resolve a problem.

Your Notes

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V. Documents (1 hour)

A. A Third Method for Investigation

Using documents is the third primary method of gathering information.

1. Ask, "How can looking at documents strengthen a LTCO's investigation?"
2. List responses on a flip chart.
3. Highlight the points that are most important, if necessary correct misperceptions about the role of documents. A few key reasons that looking at documents might be helpful are to gain:
 - enough evidence to convince the facility or another agency that action must be taken,
 - a more complete understanding about the underlying issue,
 - additional ideas about the scope of the issue,
 - evidence before records might be revised or misplaced.

B. Documents in Mrs. Woods' Case

Ask, "What documents do you think Mary might consult in working on Mrs. Woods' case?"

1. List responses on a flip chart. Consider making two columns on the flip chart, one for documents trainees name, the second to note what trainees expect to gain from the corresponding document.
2. If the list is very short, suggest other additions as appropriate.
3. Briefly discuss the list, correcting any misconceptions and offering any words of caution or clarity. Good questions to ask trainees in discussing the list are:
 - What do you expect to gain from this document?
 - Is this information essential to your investigation?
 - Do you need this information or are you satisfying your own curiosity?
 - Is there another way to get this type of information

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such as by direct observation or asking the resident or family member to keep records?

- If you ask for this type of document, even if it is the facility's policy, will you be perceived as a surveyor instead of as an advocate?
 - Is it better to ask staff what the typical procedure is or to read the facility's policy? If they have to refer to documents, you are indirectly making them look at their own information and use it to re-assess what was done or how information is being used.
4. Point out any documents that might be difficult to obtain.
 5. Point out any documents that might raise "red flags" or create some defensiveness among staff if you ask for them.
 6. Ask, which of the documents on this list require a consent form?
 7. When resident records are mentioned, briefly discuss typical issues.
 - ► What consent procedures need to be followed for the LTCOP?
 - ►  What consent forms need to be used?
 - Is everything that is documented always done? If something is not documented does that mean it did not happen?
 - Is it better to begin with someone else's opinion about a resident or to form your own opinion by starting with the resident, then looking at the record if absolutely necessary?
 - Give tips for when looking at a resident's record might be important.
 - Encouraging a resident to ask to review her own record, maybe with you present, is more empowering than if you review the record without the resident.
 8. If a survey report has not been mentioned, add it to the list.
 - Briefly ask, or explain, what a survey report (CMS 2567) contains, Statement of Deficiency and Plan

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of Correction. More information about the law and requirements will be covered in another content chapter.

- Explain where these reports can be located, including some information on the CMS website, www.medicare.gov
- If there is time, briefly discuss the survey process.
-  ► Hand out an excerpt from a CMS 2567 from a facility in your area that has some deficiencies related to food service, coffee service, food temperature, availability and/or choice in meals and snacks, information about residents' rights being given to all residents, or something else related to one of Mrs. Woods' issues.
- Ask trainees how this information might be useful in working on Mrs. Woods' case.
- Ask trainees how this type of information (survey) might be useful to consumers.

⇒ Key points

Look at the documents that will add new information, more details, or corroborating information to help you understand the underlying problem and to prepare for resolution. In considering what documents to review consider:

- If the type of information that is really needed cannot be better obtained from another source.
- The way you ask for certain information will impact how you are perceived, as a surveyor or as an advocate.
- What actually happens or the way policies are implemented is often much more important than what is on paper.
- You do not have to review every potentially relevant document for every case.
- The LTCO focus is the impact on resident(s). Review the documents that will strengthen your ability to achieve the outcome the resident(s) wants.

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VI. Determine Underlying Problem (1 hour)

A. A Process of Analysis

1. After gathering information about the problem (investigation), a LTCO examines what has been learned in order to
 - understand the cause of the problem and
 - determine if the complaint is verified.

2. The LTCO needs to know what the underlying problem is that must be addressed to achieve satisfaction for the resident.

3. This process provides ideas about how the problem might be resolved.

4. An easy way to examine what has been learned, especially in complex cases, is to make two columns to line up what you know.
 -  Make two columns on the flip chart and distribute the handout, "Verification Work Sheet" in Appendix A. The two columns match the headings on the handout: Evidence that supports the resident's or complainant's assertions; Evidence that conflicts.
 - Ask trainees to quickly share what they have learned about Mrs. Woods' issues from watching and listening to Mary.
 - List their answers on the flip chart and ask them to make notes on the handout if it is used. An example "Instructor Verification Work Sheet" is included for your reference. The information tracks the information in the video.
 - Engage trainees in a short discussion.
 - Which column has the most factors listed?
 - Are there any obvious sources of information that have not been examined?
 - Do LTCO always need to seek every possible piece of information during an investigation? Provide guidance about how to determine if enough information has been gathered to proceed with resolution.

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- Look at the bottom of the work sheet.
 - What do verified, undetermined and not justified mean?
 - Use the National Ombudsman Reporting System (NORS) definitions for these terms³. **Tip:** Have this definition printed on a flip chart page ahead of time or on an overhead transparency for additional reinforcement.

“Verified: It is determined after work (interviews, record inspection, observation, etc.) that the circumstances described in the complaint are generally accurate.”
 - Ask trainees if they think Mrs. Woods’ complaints about the coffee service are verified.
- Briefly discuss how to respond to a complainant when the complaint is undetermined or not justified. Cover points such as:
 - When and how to proceed without firm evidence,
 - Keeping the door open for further conversation or work on the concern,
 - Seeking to avoid giving the impression that the LTCO does not believe the resident or complainant,
 - Offering information about other resource if applicable.

B. Mary’s Analysis

 See what Mary learned during her investigation by watching Situation Three of the “Basic Complaints Dispute Resolution Skills” CD.

1. Discuss what Mary did, integrating tips for good LTCO practice.
 - What did Mary learn during the investigation?
 - What is gained by reporting back to Mrs. Woods at this point instead of after the problem was resolved?
 - Is it important to check back with residents who have short term memory impairments before resolving their problems?

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- Why or why not?

It models respect for residents, reminds everyone that LTCO work on behalf of residents, provides an opportunity for resident to change her mind or to offer ideas for resolution, confirms that what the LTCO thinks the resident wants as an outcome is accurate, and can encourage resident to participate in the resolution.

- What changed Mrs. Woods' mind about whether she would participate in the resolution meeting?
- Why did Mary re-introduce herself to Mrs. Woods instead of asking if Mrs. Woods remembered her (Mary)?
Avoided having Mrs. Woods feel like she was being given a memory test, being polite
- How did Mary respond to Mrs. Woods' question about getting the desired outcome?
LTCO do not promise or guarantee results that they cannot control.

2. Point out how the information that Mary learned during the investigation expanded the scope of the issue to be resolved.

- Several residents had issues with the coffee service. It was not a problem experienced only by Mrs. Woods.
- Instead of seeking a resolution strategy that applied only to Mrs. Woods, Mary was thinking in terms of a solution that would apply to all residents.

- Systems approaches

- If possible, fix a problem once instead of addressing the same problem multiple times for different residents.

- Bringing in Mr. Bernstein, President of the Residents' Council, also helps expand the depth of the problem and adds to the possible solutions.

3. What could Mary have done if Mrs. Woods had told Mary that she did not want to proceed with the resolution?

- Talk with Mrs. Woods to understand why she does not want to move ahead to resolution.

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- Talk with Mrs. Woods about working on the other concerns she expressed—television noise in the room and lack of activities.
- Leave the door open for Mrs. Woods to change her mind and talk with Mary again about this issue or another issue.
- Proceed to work on resolving coffee service issues brought to the Residents' Council by working with Mr. Bernstein without dealing with specific issues that might be connected to Mrs. Woods.

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C. LTCO Practice Application

Apply this CD scenario to good LTCO practice in the problem-solving process.

1. Can you think of any potential downside to skipping this step in dealing with complaints?
 - You resolve the wrong problem, leaving the resident without a solution that is satisfactory.
 - Refer back to an example from the “What Does This Mean?” exercise.
 - Take one of the potential explanations and play it out in terms of gathering partial information, moving to resolution and then learning that the problem resolved was not the underlying problem, the root cause of this residents' concern.
 - In a meeting to negotiate a resolution, you are surprised to learn a new piece of information that totally changes the situation.
2. This analysis provides time for you to take another look at all of the pieces of information you have acquired and to see how they fit together. It helps to step back from the immediacy of interviewing and observing to see what you have.
 - Not every complaint will require a lot of time in this step.
 - Even a mental stepping back and check of your understanding of the problem is beneficial.
 - This is an opportunity to see if you have been complete enough with your investigation to move

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into resolution.

3. Checking back with the resident

- keeps you focused on the purpose of your actions,
- underscores to the resident that he or she is important in what you do, and
- encourages the resident to participate in the resolution.

➔ Key points

- Following an investigation, **STOP** and assess all of the information you have to determine if you have omitted anything important.
- Analyze the information you have to determine the underlying problem that must be addressed in order to resolve the problem.

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VII. Documentation (1 hour)

A. Essential to LTCO Problem-Solving

1.  Remind trainees that they saw Mary taking notes while she was talking with Mrs. Woods. Ask them to take a look at Mary's case notes. Distribute the handouts of Mary's case notes in Appendix A and give trainees time to read the notes ("Case Intake Summary" and "Case Notes 7/01STAR," pages 1–2).
 - ▶ If your LTCOP uses a different style of writing case notes, adapt the handouts to model the way you want LTCO to document.

2. Ask trainees for their comments and questions about the notes. Suppose Mary got the flu before she followed-up with Mrs. Woods, do her notes give you enough information to conduct the follow-up visit if necessary?

3. Ask trainees what they learned about LTCO case notes from reading Mary's notes. On a flip chart list the responses that are points you want trainees to retain. Answer trainees' questions or ask them questions in order to cover factors such as:
 - Notes are in chronological order.
 - Abbreviations are used as long as they are consistent and the meaning is obvious, commonly understood, or explained the first time it is used. ▶ If your LTCOP has a common set of abbreviations to be used, introduce it at this point.
 - Language is objective.
 - A few quotes, either statements or phrases, are included and are easy to identify because of the quotation marks.
 - Notes are not verbatim and do not include every possible detail.
 - Notes are legible.

4.  Distribute the handout, "Case Notes Checklist," asking trainees to review this handout.
 - Did Mary's case notes follow the points in the checklist? Discuss as necessary.

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- Inform trainees that this checklist is a good reference as they are developing their own case notes as Ombudsman representatives.
5. If some of the trainees have worked in a job where they wrote case notes, ask how the LTCO case notes are:
- Similar to the way they have written notes.
 - Different from the way they have written notes.
 - Maintain a focus on why LTCO take notes, the type of language used in LTCO note-taking, and the end result of notes taken by LTCO.

B. How Documentation Helps LTCO

1. Ask, "What does the content of LTCO documentation include?"
- **Who** was involved: name title or relationship?
 - **What** information was gleaned or obtained related to the issue at hand?
 - **When** did the event take place: date and time?
 - **Where** did the event take place, what part of the facility or other location?
 - **Why** did the event occur or what was the purpose of the event?
 - LTCO documentation includes the basic facts covered by newspaper reporters. LTCO can use these questions to check their notes and see if they have covered the important areas of inquiry.
 - Connect this discussion to the previous section on planning interviews. These questions are also helpful in planning interviews.
2. How does documentation help LTCO? List responses and briefly discuss as necessary.
- Provides a record of what you did and of what you learned.
 - State facts in a clear form.
 - Track the progress of a case.
 - Is more reliable than your memory.
 - Is evidence that you followed LTCOP policies and process.

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- Helps you to organize your thoughts.
- Makes it easier for someone else to provide assistance on the case or to continue working on the case if necessary.
- Helps identify patterns in a facility and track changes.
- Helps you identify systemic problems affecting more than one resident or one facility.
- Might become the basis for a referral to the SLTCO or to another agency.
- Adds credibility to your resolution process.

➤ Key points

- Documentation is an essential part of LTCO problem-solving.
- Ombudsman case notes are factual, clear, and concise.

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At this point in the curriculum, there are a few options that have been used and work well.

A. Proceed to IX. Additional Exercises in this Teaching Outline for additional practice and reinforcement of content.

B. Teach the “Residents’ Rights” chapter immediately following this chapter on investigation.

1. This sequence, Investigation, then Residents’ Rights, then Resolution, begins with a concrete case example modeling what trainees will be doing. Trainees begin learning about specific skills and how to begin working on complaints.

2. Then trainees get to step back and focus on their preferences and behavior as a segue into residents’ rights.

3. The “Residents’ Rights” chapter builds on the use of official documents and introduces the legal foundation that supports much of the LTCO’s work.

4. The content in the “Residents’ Rights” chapter provides a firm basis and more ideas for resolving Mrs. Woods’ concerns.

5. Trainees tend to be better able to absorb residents’ rights after they have a tangible idea about what is expected of them when training ends. Beginning with investigation provides that type of framework. Otherwise, some trainees become anxious or puzzled about how they are supposed to deal with residents’ rights or what they are supposed to do if they hear a problem.

C. Continue working through the Problem-Solving Process Chart by using the remaining situations on the “Basic Complaints Dispute Resolution Skills” CD to teach resolution and follow-up until the “Problem-Solving Process: Resolution” chapter is available.

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IX. Additional Exercises

For more practice with investigation skills, try one or more of the following activities.

- A.  Expand the previous exercise with the handout, “What Does This Mean?” by asking trainees to develop more detailed plans for investigation. They can build upon the answers on the flip chart that were previously discussed. Choose one of the statements and go through the following activities. This can be done as an individual exercise or with a partner.
1.  Use the “Interview Plan” handout and ask trainees to complete it.
 2. Ask trainees to list what they would observe and why.
 3. Ask trainees to list any documents they would observe and why.
 4. Role play a few of the interviews, discussing the factors that influence an interview, type of questions used and their impact, and non-verbal communication.
 5. With the entire class, discuss their investigation plans, making teaching points and referring to LTCOP policies or accepted LTCO approaches as necessary.
 6. Ask trainees to write case notes about the interviews that were role played. Another option is to ask trainees to make assumptions about what they learn and write case notes that summarize their investigation activities.
 - Ask trainees to exchange their case notes with a neighbor.
 - Ask trainees to review their neighbor’s notes thinking, “If I had to pick up this case after the investigation, would I have a clear understanding about what the LTCO did and what I need to do next?”
 -  Use the “Case Notes Checklist” to identify

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strengths and areas for improvement. Provide feedback to each other.

- Ask for sharing of some of these plans and discuss them.
 -  Ask trainees to use the “Verification Work Sheet” to see if they have determined the underlying problem and are ready to move into resolution planning.
7. If you want to focus on residents who are more frail or who live in an assisted living facility, add a few descriptive details to one of the statements on the handout before asking trainees to work through the investigation process.
- B. Ask trainees to complete the “Listening Self-Evaluation.” After trainees have completed and scored their own self-evaluation, lead a discussion.
1. Ask trainees to make a list of specific actions to practice when talking with residents, staff, or family members to improve their listening skills.
 2. Encourage trainees to list their listening skills strengths and what actions to continue using these.
 3. Ask if anyone wants to share an insight gained.
 4. Remind trainees of “The Questioning Technique” table in the curriculum resource material as a resource in planning investigations and in improving their skills. Point out that listening well is a prerequisite to effectively using some types of questions, e.g. questions incorporate an understanding of what has been stated or of other people’s positions.
- C.  Use the “Ezra Jones Interview” exercise in Appendix A for additional interviewing practice. The instructions are included. This is designed for use in small groups but can be adapted as a large group exercise.
1. Adapt the case details if you want to emphasize working in a specific setting or with a resident with different characteristics and conditions. Remember to keep the focus on trainees’ ability to practice

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investigation skills, communication techniques, and documentation. This is *basic* training to get trainees started.

2. Follow steps similar to those described in the preceding exercise under B.

► Use other role plays and case scenarios for practice in applying the LTCO approach in investigation and beginning documentation. Some excellent case situations and role plays are on the NORC website. A particularly good resource which contains a number of teaching exercises from various states is the *LTCO Compendium, Training*. The website is www.ltcombudsman.org

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¹ The term *resident* is used throughout this chapter to minimize the need to use resident or another complainant every time the person initiating a complaint is identified. Resident is chosen to keep the emphasis upon the resident's right to make decisions even though family members or staff may frequently refer complaints to LTCO. In teaching, clarify that complainants may be someone other than a resident as appropriate.

² Curriculum content on the aging process and on long-term care residents can be read or introduced outside of a classroom setting. To avoid lectures, assess trainees' knowledge of the content and ability to apply it to LTCO situations through class discussion and other types of exercises.

³ Administration on Aging, National Ombudsman Reporting System Instructions recommended in 2006.

APPENDIX A: Handouts for Exercises

- ▶ **Hand out Case Intake Form used by your local LTCOP**

What Does This Mean?

Sara S. Hunt, Consultant

You are visiting in Better Living Convalescent Center. While talking with residents, you hear the following statements. For each statement, write down as many possible explanations for the statement as come to mind.

1. Mrs. Caruthers whispers, "My purse is missing!"

2. Mr. Brock looks at the floor and says, "They never feed me."

3. Mrs. Rodrigues says, "There is nothing to do!"

Flip Chart Page Example

Sara S. Hunt, Consultant

This is an example of what a flip chart page might look like at the conclusion of the exercise and dialogue in Section I of the Teaching Outline. The blue statements are aspects of the problem-solving process, red are the primary steps used in the investigation process. Using colored markers helps separate the points you are making from the list of comments on the flip chart. If some of the items on the flip chart get into resolution, point that out and/or label them as “Fixes” or “Resolution.”

My purse is missing!

Trainer asks, “What are possible meanings of this statement?” Lists responses.

Forgot where she put it	↓	Wants something in the purse
Never had a purse in facility		An employee took the purse
Wants her money	↓	Wants to get someone in trouble
Another resident took the purse		Wants attention
Doesn't feel dressed without purse	↓	Wants to pay LTCO for the visit
Chronic complainer		

Receive/Identify Resident Problem or Concern (Complaint)

Trainer asks, “What would you do if a resident said this to you?” Or “How would you determine which of the possible meanings is correct?”

Ask when she last had it.	⇒	Gather Information
Ask what she wants from purse.	⇒	Interviewing, Asking Questions
Ask her roommate if she has seen the purse.		
Ask her if she wants to look one more time in her closet.		
Have I (LTCO) ever seen her with a purse?	⇒	Observations
Does another resident wander into other residents' rooms?		
Have other residents shared similar problems?	⇒	Interviewing and/or looking at LTCO record of other visits
Ask resident if she wants me to work with her on finding her purse.		
What does purse look like?		
Ask nurse or social worker if they know about the purse.		
Ask resident if she has talked with anyone about her missing purse.	⇒	Asking about self-advocacy
Talk with family and ask them to bring resident a purse.	⇒	Potential action to resolve, depending upon what the issue is
Ask to check her possessions list to see if purse came into facility.		Looking at documents
Talk with administrator.	⇒	Interviewing or potential action to

Look at facility's survey report to see if missing items was cited.

Ask Residents' Council President if the council has dealt with missing items and any action taken.

resolve

⇒ Consulting official documents

The Problem-Solving Process

STAGE 1 INTAKE AND INVESTIGATION	
Receive the Complaint	Receive problems, complaints, concerns.
Gather Information	Collect information from interviews, observations, and records.
Identify the Underlying Problem	Review information gathered. Assess what seems to be at the root of the problem. The complaint may be only a symptom.
STAGE 2 ANALYSIS AND PLANNING	
Analyze the Situation	Once you identify the problem, consider the causes.
Consider Solutions	Generate alternative solutions or approaches. Who should be involved? When? How? Why?
Identify Obstacles	Anticipate obstacles to help select an appropriate approach.
STAGE 3 RESOLUTION AND FOLLOW UP	
Choose an Approach	From your list of alternative solutions, choose the most efficient way to proceed, keeping any obstacles in mind. Identify alternative strategies in case you need them.
Act	Proceed with the selected plan, but be prepared to use an alternative.
Evaluate Outcome	Check back with the persons involved to evaluate the outcomes. Is the problem solved? Is it partially solved? If not, look for new approaches or information and start again.

Interview Plan: Woods Case

Developed by Sara Hunt, Consultant, and Linda Sadden, Louisiana State Long-Term Care Ombudsman

Who will you interview? **What** information do you need from them? **How** much time do you estimate you will need? **What** setting would you prefer? **How** will you approach the issue(s)? Write your questions as though you were talking to the person.

Who	Information Needed	Approach, First Question for Each Major Subject Area or Issue	Preferred Setting	Estimated Time

Example for Instructor Interview Plan: Woods Case

Developed by Linda Sadden, Louisiana State Long-Term Care Ombudsman

Who will you interview? **What** information do you need from them? **How** much time do you estimate you will need? **What** setting would you prefer? **How** will you approach the issue(s)? Write your questions as though you were talking to the person.

Who	Information Needed	Approach, First Question for Each Major Subject Area or Issue	Preferred Setting	Estimated Time
Other Residents	Experience with coffee service	Tell me about the coffee service here. If opportunity allows: I notice you're drinking coffee.	Residents' rooms	10–15 minutes each resident
Residents' Council President	How and if issue addressed by the residents' council. Response from facility	What kinds of issues has the Council been working on? If necessary to be more direct: Have concerns about the coffee service been discussed at the Council meetings? What happened?	Resident's room	10–15 minutes
Food Service Supervisor (FSS)	Practices/ procedures for coffee service	I noticed that coffee service is listed as an activity here. How does that work? Is the same procedure used for meal service? What happens if a resident wants to have a cup of coffee with a guest at a time when coffee service is not scheduled?	FSS office	10 minutes

Verification Work Sheet

Developed by Linda Sadden, Louisiana State Long-Term Care Ombudsman

Complaint:

Evidence that supports:	Evidence that conflicts:

Conclusion: Verified Not Verified

Example for Instructor Verification Work Sheet

Developed by Linda Sadden, Louisiana State Long-Term Care Ombudsman

Complaint: Coffee cold at mealtimes; only available @10:00 AM

Evidence that supports:	Evidence that conflicts:
<p>Statement from eight residents that coffee served with meals is cold and that they would like it more often than the 10:00 am break.</p> <p>Statement from Resident Council President that residents had complained at council meeting about coffee being served cold, Residents also stated they wanted coffee more frequently.</p> <p>Statement from FSS that staff report coffee left in cups at mealtime.</p> <p>Observed lunch service on 7/16/01. Noted that coffee was poured before residents were seated.</p> <p>CMS 2567 includes Quality of Life deficiencies re honoring preferences. Two of the three areas of concern were in dietary services.</p>	<p>None.</p>

Conclusion: Verified Not Verified

Case Notes

7/13/01 AM

Met complainant (Resident, Ms. Woods) for the first time in complainant's room. Complainant stated that usually Acan't hear herself think@ because roommate's TV is so loud. Roommate was out with relative. Complainant stated she did not know where we might have gone to visit if roommate had been there. Complainant stated that she doesn't get many visitors from the community. Complainant apologized for not being able to offer coffee as was her habit when she lived in her own home. Coffee is served only at breakfast, lunch and at 10:00 AM. Coffee is cold at mealtimes. Of these concerns, coffee was the most important to her. The complainant would like for it to be served hot, more frequently, and would like for it to be available for visitors.

Complainant talked to the "kitchen help" about the coffee. Was told that they could not "be making coffee 24 hours a day."

Complainant was not comfortable with my using her name in pursuing the concern. The resident expressed fear that she would be asked to leave if she complained. I explained that she had the right to complain without fear of retaliation. We agreed that I would talk to other residents, the Resident Council President and the Food Service Supervisor without using the resident's name. We agreed I would check back with her in a week.

Observed coffee service at lunchtime. Coffee was served by dining room staff before residents were seated.

Checked previously assigned Ombudsman's notes. No relevant info.

Case Notes

7/16/01 PM

Met with Resident Council President (RCP) , Mr. Bernstein. RCP confirmed that other residents had also complained at council meetings about the coffee being served cold. Residents had also indicated that they would like coffee more frequently.

Spoke to residents previously observed drinking coffee and those RCP recommended : Ray Johnson (Rm 12); Priscilla Babin, (Rm 27); Harvey Cannon, (Rm 18); Candy Moore (Rm 31); John Eckard (Rm 19); Katherine Wilbur (Rm 35); James Evers (Rm 16); Lilith Bernard (Rm 8) about the coffee service. All stated cold at mealtimes and that they would like it more frequently. Five (Ms. Babin, Ms. Bernard; Mr. Evers, Mr. Cannon; and Mr. Eckard) stated that they had complained to food service staff with no success.

Checked CMS 2567 dated April 4, 2001. Quality of Life deficiency evidenced by failing to honor residents' preferences re: serving food resident dislikes, failing to allow extra time requested for meal and staff resetting thermostats in resident's rooms.

Met with Food Service Supervisor (FSS) in her office. FSS stated that coffee is available to staff and administrator until late afternoon. FSS assumed that residents didn't want coffee because staff reported to her that residents left cups half full on the trays.

7/20/01 PM

Reported findings back to the complainant. Resident agreed to meet with myself, the FSS and the RCP to discuss the problem.

Case Notes Checklist

Adapted from Ohio and Louisiana's LTCOP Materials

In general:

- Record the events in chronological order by date and approximate time. It is often enough to record AM or PM.
- Use permanent ink. If you keep the notes on a computer, put your initials at the bottom of the page or at the last entry.
- Use quotes when possible, especially to capture the speaker's attitude, opinions or observations.
- Limit the use of abbreviations to those that all Ombudsman representatives would understand.
- Avoid using "he," "she" or "they." Use names and title for the first reference, and titles thereafter for staff.
- Use objective language.

Ex: Describe rather than label behavior. Say, "The Administrator said he had 'no comment' when I asked about the training and supervision that CNAs receive. After my next question about the complaint, the administrator said the meeting was over and escorted me to the door," rather than "Administrator was rude and unresponsive to my questions."

Ex: Describe observations rather than draw a conclusion. Say, "I saw coffee and juice stains on the floor in the activity room on Wing C. They felt sticky to the touch," rather than, "The floor was dirty and obviously had not been cleaned since breakfast."

Ex: Use measurable terms (can be seen, counted or measured) rather than "Jell-O" words (may have different meanings to different people). Say, "hit, run, cried, slept, does not speak, calls out repeatedly, smiles," rather than "depressed, abuse, confused, stubborn, disrespectful, filthy, clean, friendly."

Include entries about:

- Intake. Include:
 - the description of the problem as presented by the complainant.

Ex: The resident stated that breakfast is "always cold."

Ex: The complainant stated that she often finds her mother "soaked" in urine. The complainant visits her mother daily at about 3:00 pm, after the complainant gets off work.

- the steps the complainant has already taken toward solving the problem.
- the agreement about what next steps the Ombudsman will take.
 - Ex:* The complainant and I agreed that I would talk to the resident and get back to the complainant by next week.
 - Ex:* The resident and I agreed that I would talk to other residents and report back to the resident on my next visit.
 - Ex:* The resident and I agreed that I would take no action at all on the resident's behalf and that I would talk to the resident on my next visit to see if the resident had changed her mind.
- if you or a complainant besides the resident makes the complaint, an assessment of the resident's ability to make informed decisions. Include source and basis of the assessment. In later entries you will need to add your own observations pertaining to the resident's abilities.
 - Ex:* The complainant stated that the resident is "in full possession of her faculties."
 - Ex:* The complainant stated that the resident is totally confused and is unable to carry on a conversation.
 - Ex:* The resident stared past me toward the wall for the duration of our visit. She did not respond to my greetings or my comments about the decorations in her room. She tugged repeatedly at her bed sheet.
- a statement about permission to reveal the complainant's identity.
 - Ex:* The resident stated that I could use her name in talking to staff or other residents if necessary.
 - Ex:* The complainant asked that I not use her name when I contacted the resident. I advised her that this would mean that I could only approach the problem in general terms, and that if the resident asked directly if the complainant had contacted me, I would have to say, "Yes."
 - Ex:* The resident stated that I was not to use her name under any circumstances because she was "afraid" of the nurse.
- Each of the steps taken in fact-finding, e.g., interviews, observations, document or record reviews.
- Resident's decision regarding resolution.
- Actions taken to resolve.
- Follow-up.

Principles for Decision-Making Precedence Protocol for Advocacy

Excerpted from “Working Through Ethical Dilemmas in Ombudsman Practice,” National Long-Term Care Ombudsman Resource Center, by Sara Hunt, 1989

There are three primary principles that guide decision-making:

- Informed consent
- Best interest
- Substituted judgment

If a person has decision-making capacity, the doctrine of informed consent applies. Someone who is unable to give informed consent may decisions made by someone else on his/her behalf according to the principles of best interest or of substituted judgment. There is frequently a history of group decision-making: medical personnel, family members and the resident decide what is to be done. Sometimes these decisions are made without the resident's full participation, even if the person is competent. Such group processes can exert undue influence upon the resident.

How does an Ombudsman determine informed consent for the purpose of pursuing an investigation or resolution?

Which of these forms of decision-making should an Ombudsman support?

What does an Ombudsman use to support his/her actions?

1. Informed Consent

The intent of this doctrine is to safeguard the autonomy of an individual's decision-making in both treatment and research settings. There are three general components:

- a) disclosure to the person of information relevant to the proposed treatment or research;
- b) the person's freedom of choice in a non-coercive environment;
- c) competency of the person to make [and communicate] a decision on his/her own behalf (Stanley *et al.* 1988).

Of course, the determination that someone can exercise informed consent hinges upon the individual's decision-making capacity. Other influential factors are: the environment, who explains the alternatives, how the options are presented, who determines that a reasoned decision in fact has been made. (For more information about Decision Making Capacity, see “Working Through Ethical Dilemmas in Ombudsman Practice,” written by Sara Hunt, 1989)

2. Best Interest

A principle of acting in the interests of someone's well-being, health and welfare. This principle has its origins in the judicial system as cases have been litigated

regarding treatment for patients who are incompetent. In the medical field, it implies that the benefits of treatment are weighed with the burden of treatment in order to determine what best interest is. It is acting with beneficence or benevolence. Patient health and welfare are the controlling values (Caplan, 1985).

If someone were applying this principle, the "reasonable person" standard would be used. The patient's interests are promoted as they would probably be conceived by a reasonable person in the patient's circumstances, selecting from within the range of choices that reasonable people would make. (The Hastings Center, 1987)

The outcome of this principle depends upon the way best interest is determined. The person making the decision about best interest, a surrogate decision-maker, plays a critical role in what happens.

Key questions are:

- Who is making this decision: family members? physician?
- If there's more than one physician, which one(s) decides?
- Are decisions made according to the best interest of the patient/resident or for the family/caregiver?
- Is best interest determined on the basis of allocation of health care resources?
- Does ageism influence the decision-making process?

3. Substituted Judgment

Clinicians, or other decision-makers, attempt to decide about the acceptability of medical interventions as the patient would have decided had he or she been fully competent. Individual autonomy, following what the individual wants or would choose, is a priority value (Caplan, 1985). This takes into primary consideration what is known about the person's values and preferences. It usually requires some reflection about statements the individual made, actions which indicate personal values, preferences the individual expressed, talking with the individual's closest family members or friends, and looking at the individual's lifestyle and enduring characteristics.

Comparison of These Three Principles

By definition these three principles, informed consent, best interest and substituted judgment, are quite distinct. The principle of informed consent presumes that the individual can make a decision for himself/herself. In the case of best interest or substituted judgment, someone else is making a decision for the person.

If the best interest standard is used, the decision-maker uses his/her own values, knowledge, and expertise regarding treatment/services to make a decision for someone else. The underlying assumption is that the decision will be for the individual's "good," will support their well-being and health.

In the case of substituted judgment, decision-makers ask, "What would this person choose, if he/she were able to express a choice?" An attempt is made to identify what is known of the values and preferences of that individual. Then a decision is made according to that

knowledge. At least one research study has shown a significant congruence between the decisions generated by this approach and what elderly individuals would choose for themselves. (Tomlinson, 1987)

For individuals who cannot exercise informed consent as a decision-making process, it seems that the principle of substituted judgment is more compatible with the principle of individual autonomy than best interest. The beginning point for this principle is trying to determine what the individual might choose were he/she able; thus upholding the concept of self-rule, autonomy.

GUIDANCE FOR OMBUDSMAN REPRESENTATIVES

- Ombudsman representatives should seek to assure that informed consent is utilized to the greatest extent possible.
 - When the principle of informed consent isn't applicable, Ombudsman representatives may choose to advocate for the use of substituted judgment as a decision-making principle. Undoubtedly it may be more time consuming and difficult than using best interest as the decision-making principle.
 - There may be situations where best interest may either be appropriate or the only recourse. Other cases may call for a combination of substituted judgment and best interest, with neither being applied to the exclusion of the other.
 - Ombudsman representatives must consider a resident's decision-making capacity and ways to reinforce the resident's autonomy when choosing which decision-making principle would be applicable to a case.
-

Listening Self-Evaluation

How often do you use the following ten important skills of effective listening? Check yourself carefully on each one. A score below 70 means you need to work on your listening. A score between 71 and 90 means you listen well. Over 90 means you are a great listener.

	Almost Always 10 Pts.	Usually 8 Pts.	Sometimes 6 Pts.	Seldom 4 Pts.	Never 2 Pts.
I encourage others to talk by listening instead of speaking					
I give others my full attention when they speak to me.					
I assume everyone has something worthwhile to say.					
I use questions to guide speakers so they will make their message clear to me.					
I respond to speakers nonverbally with actions and facial expressions.					
I give verbal feedback to tell speakers how they are getting through to me.					
I relay messages for clarity, ex: "This is how I heard what you said...."					
I am aware of voice tone and actions that give away unstated messages.					
I draw mental outlines or images as I listen to capture important points.					

I review mental outlines as I listen so I don't forget important points.					
TOTAL =					

Interviewing Skills: Information for **Instructors**

Ezra Jones Case

Developed by Sara S. Hunt, Consultant

1. Divide the class into groups of four.
 - a. Each person gets to be interviewed and each person gets to assume the role of Ombudsman and interview someone.
 - b. Group members who are not participating in the interview are to observe and give feedback to the participants.
2. Instructions for the groups (handout): Before each interview, take a couple of minutes to:
 - a. read your part;
 - b. review the guidelines for interviewing (handout);
 - c. organize your thoughts for the interview you will conduct.
3. Others can make notes about their observations and what they've learned while members are preparing for the interview.
4. Conduct the interviews, setting a time for each—maybe about 5–10 minutes for each individual to be interviewed; a couple of minutes to make notes afterwards.
5. Ask the individuals in each group to give feedback to each other regarding the interviews.
6. Afterwards, ask what was learned.
7. Discuss this exercise, reinforcing the content in this chapter.
8. Extend this discussion of interview skills by asking, “What are some tough interview situations you’ve encountered?” Discuss these with the entire group interjecting teaching points and reinforcing appropriate use of skills, attention to setting, timing, and other techniques.
9. Extend this exercise through the investigation process by asking:
 - a. Who else would you want to interview?
 - b. What do you want to observe?
 - c. List any documents you must consult to help complete your investigation.
 - d. What is the underlying problem(s)? (The class will need to make some assumptions.)
 - e. Is this complaint verified?
 - f. If Ezra Jones lived in an assisted living facility (or another type of long-term care facility), what changes would you make in interviewing? Why?

Interviewing Skills Instructions Ezra Jones Case

Developed by Sara S. Hunt, Consultant

This exercise provides an informal opportunity to practice your interviewing skills. Refer to the information in the “Guidelines for Interviews” handout and in the Investigation chapter for tips. Relax and enjoy this exercise! It is a unique time to sharpen your skills and improve your self-awareness among friends.

1. Before each interview, take a couple of minutes to:
 - a. read your part;
 - b. review the guidelines for interviewing;
 - c. organize your thoughts for the interview you will conduct; and/or
 - d. make notes about your observations and what you learned while other group members are preparing for the next interview.
2. Conduct the interviews, according to the times given by the instructor.
3. Immediately after each interview everyone needs to jot down a few notes about the interview, referring to the “Guidelines for Interviews” handout.

Ezra Jones Case: Ombudsman

Everyone will assume the *Ombudsman* role and conduct **one** interview. The individuals to be interviewed are:

- Sandra Peters, the daughter;
- Ezra Jones, the resident;
- Betty Waters, the social worker, and
- Mabel Smith, the charge nurse.

In each group, interview the daughter first, Ezra Jones second, then the facility personnel.

Ezra Jones Case: Daughter, Sandra Peters

Developed by Sara S. Hunt, Consultant

Your father, Ezra Jones, lives at Happy Times Nursing Home. After your mother died his life fell apart. More than once he was found down the road, roaming through yards saying he was looking for his wife. He was not eating regularly even with home delivered meals. He complained of dizziness and had bruises from falls. You knew he was forgetting to take his medicine or would take too many pills at once. After several hospitalizations and trying different home care arrangements, his doctor insisted that the nursing home was the best place for your dad at this time.

Reluctantly, you made the decision to move him into Happy Times. Whenever you visit your father, he's agitated and angry. You are at the end of your rope and do not know what to do! The home has suggested that you visit less often and has asked you to agree to let them call the doctor for something to calm him. They've suggested that if that does not work, they will ask you to take your father somewhere else because he is so unmanageable and disruptive. They imply that he can be a danger to himself and others. You are worried because this is the only nursing facility close enough for frequent visits. It is only twenty minutes from your house.

You have several concerns about your father's care. He looks very poorly groomed in contrast to the way he always was most of his life. On several occasions, you have found him unclean from incontinence and covered with food crumbs. You try to clean him up but he angrily resists. He always eats alone in his room and doesn't seem to have anything to do or people to talk to.

Every time you visit, a different aide is responsible for his care. You never knows who it will be next or who to talk to about his care. The aides avoid you and they seem very distant from your father. The administrator is never available and the Director of Nursing is always dealing with a crisis when you try to talk with her.

Ezra Jones Case: Ezra Jones

Developed by Sara S. Hunt, Consultant

You are Ezra Jones. You are 81 years old and have lived at Happy Times for two months. You moved here after the death of your wife, Edith. You have crippling arthritis in your hands and other joints. There are times when you cannot control your bladder, a source of unimaginable embarrassment. As hard as it is to admit, you cannot take care of yourself. Edith was anchor and kept you going.

Your children told you that you had to go to the nursing home after Edith died. You were doing OK at home. In spite of some falls, you still took walks outside. There were times when Edith seemed so real, you were searching for her, maybe calling for her. You ate when you were hungry but without Edith, nothing tasted good. The pill dispenser Sandra left was confusing to use, besides, you were stretching your money when you felt all right by skipping a few pills.

You prefer to be by yourself and hesitate to speak to all these strangers, so you often respond angrily when spoken to. At least that way people leave you alone with your thoughts. You think about Edith and you think about dying. You don't feel like eating and you certainly don't need these young girls coming in and telling you to eat. You do not fit in and you wish life would just leave you. You never thought you'd live this long to reach such a state! You would rather be home alone, even if you died a few years earlier than to be subjected to these indignities at this point in life.

Ezra Jones Case: Social Worker, Betty Waters

Developed by Sara S. Hunt, Consultant

Undaunted by a challenge, you decided to visit Mr. Jones every day. Initially your presence was ignored. You learned that if you bombarded Ezra with a string of questions about his actions, he would yell at you to get out of the room. You began using short, friendly greetings and a few moments of silence. After a few weeks of daily visits, Ezra finally returned your greeting so you started telling him tidbits from the morning news. It turned out all he wanted was the sports news so now you make a point of checking the box scores before you go to see him.

Mr. Jones gradually begins to talk to you and tells you how heartbroken he is that his wife of 48 years has died and left him alone. He doesn't understand why his kids have abandoned him to the nursing home and he feels unwanted and useless. You've tried to ask the aides to be more gentle and patient with him, but it doesn't seem to work as yet. No one will be with him for more than a day at a time. Mr. Jones has told you he's humiliated to have them care for his personal hygiene, that he doesn't want a female aide to see him unclothed. The activities are strange and frivolous to him. The dining room is just as frustrating. You've discovered that he's hard of hearing, especially in his left ear. He seems mostly lonely and depressed to you.

Ezra Jones Case: Charge Nurse, Mabel Smith

Developed by Sara S. Hunt, Consultant

You are Mabel Smith. Every day you face numerous challenges, including trying to supervise unreliable staff and stretching resources. There's one resident who is especially difficult to handle. Every aide assigned to him leaves his room upset, asking you to get someone else to deal with him. They aren't any happier when they have to leave the facility looking for him because he has wandered off another time. You've heard Mr. Jones yell at the aides. He is angry and refuses to help with his care. Every time you try to engage him in interaction he either withdraws or lashes out. You are concerned that he could assault Mrs. Goins, a frail resident with Alzheimer's who wanders into other residents' rooms. After a few weeks of trying to work with Mr. Jones, you are very discouraged.

Sandra Peters, Mr. Jones's daughter, is constantly on your case about his care. She expects perfection! You'd like to see her care for him as he is now. She also harasses the aides until they are either in tears or give an angry response. Ms. Peters just keeps things stirring and her visits upset her father even more. You are ready to discharge Mr. Jones unless you can get a doctor's order for something to calm him and can keep Ms. Peters out of your hair.

GUIDELINES TO FOLLOW DURING INTERVIEWS

- Maintain objectivity. Do not make assumptions about the validity of the information.
 - Try to establish rapport before addressing the problem.
 - Explain the purpose of the interview and the function of the Ombudsman, especially consent and confidentiality.
 - Attend to the physical and emotional needs of the individual being interviewed. Calm the excited or emotionally upset person. Consider the person's physical comfort before enlisting his or her cooperation.
 - Use open-ended questions to encourage responses about the problem area.
 - Use close-ended questions to obtain specific details and facts.
 - Ask concise questions, one at a time.
 - Use language that is easy to understand; explain any technical terms.
 - Allow time for the interviewee to elaborate and explain.
 - Be sure you understand don't be afraid to admit you are confused or don't understand a term.
 - Make a mental note of inconsistencies, follow-up later with questions.
 - Guide the interview toward the desired goals, yet be flexible enough to adjust the goals according to any new information received.
 - Be polite but firm.
 - Let the interviewee know when the interview is about to end; summarize what has been accomplished.
 - Explain how the information will be used.
-

Role Play: Mrs. Ann Jones

Adapted from the Louisiana Long-Term Care Ombudsman Program

The following role play gives you the opportunity to apply your interviewing skills. Use your imagination in the role play.

Interviewer:

You have been asked to investigate the following complaint.

A Mrs. Newman, daughter of Mrs. Ann Jones, who is a resident of Ace Facility, complained that whenever she visits Mrs. Jones she finds her sitting in a chair with nothing to do. She said her mother never has anything to do but would like to engage in some activities. She said her mother is sometimes confused and rambling in her speech. Mrs. Newman recently noticed that there are young people living in the facility. She thinks their presence might add some sparks of life and interest although their music is a bit loud. Mrs. Newman is really exasperated because her mother is paying a lot of money to live in Ace but Mrs. Jones does *nothing* except stay in her room! The staff say that if Mrs. Jones chooses to stay in her room, that's her right.

You are now at the door of Mrs. Jones's room. The purpose of your visit is to determine if Mrs. Jones does want to engage in other activities and if she wants to pursue this further.

Role Play: Mrs. Ann Jones

Adapted from the Louisiana Long-Term Care Ombudsman Program

The following role play gives you the opportunity to apply your interviewing skills. Use your imagination in the role play.

Interviewee:

Your name is Ann Jones. You are 87 years old and widowed. You are frequently confused and are currently preoccupied with the loss of friends and relatives and with what you used to do (keeping house, taking care of children, gardening). There are some younger people living in this facility and their behavior scares you. The few times you have ventured out, you cannot find where you want to go. All of the halls look alike. Nothing looks familiar. When the interviewer asks you questions, your answers tend to wander away from the present.

You spend a great deal of time sitting alone with nothing to do, some of which you enjoy. You would, however, like to do some arts and crafts in a small group. Most of the activities in this home take place in a larger group, which tends to confuse and upset you. With the younger residents roaming the halls, playing loud music, and using awful language, staying in your room seems safe. *If the interviewer makes you feel comfortable and asks appropriate questions, you share this information.*