

## **Chapter 7**

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

## **THE PROBLEM-SOLVING PROCESS: RESOLUTION TEACHING NOTES**

Curriculum Resource Material for  
Local Long-Term Care Ombudsman Programs

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**August 2007**

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<b>Symbol Legend</b>	
	= Handout
	= Video or CD
	= Key teaching concepts

## THE PROBLEM-SOLVING PROCESS: RESOLUTION CURRICULUM CHAPTER

### Teaching Notes

#### Purpose

This chapter provides an introduction to the resolution stage of the problem-solving process. It is a continuation of the chapter, “The Problem-Solving Process: Investigation.” This content includes factors to consider when planning for resolution, fundamental resolution skills and approaches, follow-up, and guidance for pursuing action beyond the facility.



#### Learning Objectives

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

- The ombudsman representative’s role in resolving problems.
- How to use the information gained through investigation to plan resolution strategies.
- The primary ombudsman representative’s approaches in resolving problems.
- Ombudsman representative’s responsibilities with follow-up after a resolution agreement.

#### Basis for Approach

This chapter demonstrates how a long-term care ombudsman representative (LTCO) approaches problem-solving on behalf of residents. The specific aspects of a resolution process and follow-up are introduced, modeled, analyzed, and applied through case studies.

The focus is introductory and immediately relevant to beginning work as a LTCO. Improving a LTCO’s resolution skills and learning to effectively deal with more challenging situations will need to be addressed during in-service training. Using a range of systems advocacy techniques is another topic for future training after LTCO are effectively resolving complaints within facilities. To attempt to teach everything an individual needs to know about resolution would be overwhelming during the initial training.

This chapter covers LTCO resolution and follow-up processes that are consistent with the scope of LTCO responsibilities delineated in the Older Americans Act (OAA). The approach to problem-solving and to resolution 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 cover settings such as residential care facilities for the elderly (RCFEs). Specific resources to use in teaching LTCO problem solving in these settings are listed in Section VII of the Teaching Outline.


## 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. The recommended teaching option is 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 the curriculum resource content to a specific case. Areas that are covered are the LTCO process in planning an approach to resolution, acting to resolve, follow-up, and community resources and support. If trainees have read the content before attending class, you can focus on the application of the content to specific cases, skills practice, a few typical dilemmas where judgment and discretion are required, and additional cases for problem-solving.  
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. In an effort to avoid overwhelming trainees, you may need to focus only a few topics, skills, or potential variations. If trainees have strong backgrounds in resolution skills, adjust the time allocation to provide more opportunities for practice in working through situations as an ombudsman and to discuss situations where more judgment and discretion are required for an effective resolution.
- **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 contains:

- An agenda.
- A teaching outline.
- Handouts .
- The narrative resource material that is the basis for this teaching chapter.


This chapter uses two videos which were distributed to all State Long-Term Care Ombudsman Programs by the National Long-Term Care Ombudsman Resource Center (NORC). In 2005, Linda Sadden, Louisiana State Long-Term Care Ombudsman, distributed edited and captioned versions on CD-Rom. The CD version is included with this curriculum material distributed by the California Office of the State Long-Term Care Ombudsman (OSLTCO). Either version of the videos (CD or VHS) can be used in teaching this content.

**The CD contains both videos in two versions, with and without captions.** The VHS version of the dispute resolution skills video contains several additional scenarios that are not part of this chapter and are not on the disk version.


The videos are:

- *Basic Complaint Handling Skills for Ombudsman*, by NORC. Contact the OSLTCO if additional copies are needed. 
- *Dispute Resolution Skills for Long Term Care Ombudsmen*, by the California Office of the State Long-Term Care Ombudsman Program, distributed by NORC, the National Association of State Units on Aging. Contact the OSLTCO if additional copies are needed. 


**The CD is:**

- *Basic Complaints Dispute Resolution Skills*, distributed by the California Office of the State Long Term Care Ombudsman Program. Contact the OSLTCO if additional copies are needed. 

### Supplies You Will Need

Videos or CD 

- “Basic Complaint Handling Skills for Ombudsman,” NORC video<sup>1</sup>.
- “Dispute Resolution Skills for Long Term Care Ombudsman,” NORC video.
- “Basic Complaints Dispute Resolution Skills,” CD distributed by the California Office of the State Long Term Care Ombudsman Program.

Copies of handouts :

- ► You need to provide some additional state policies or program 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 resolution, follow-up, referring complaints to another agency, systems advocacy, ethical issues, and access to records.
  - The National Ombudsman Reporting System (NORS) forms and case notes forms used in your program: blank forms for trainees to use to practice documentation.
  - Excerpts of federal and state laws and regulations pertinent to additional case situations you choose to use.
- **Appendix**
  - The Problem-Solving Process.
  - Resolution Planning, completed for Mrs. Woods.
  - Case Notes (Case No.: 7/01STAR, p. 3+): 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 for your program, using a different form or format if necessary.
  - Case Planning Work Sheets (blank)
    - Interview Plan
    - Observation

<sup>1</sup> Included on a CD distributed with this California LTCOP curriculum. Additional copies are available from the CA OSLTCO or from the National Long-Term Care Ombudsman Resource Center, National Citizens' Coalition for Nursing Home Reform, 1828 L St., NW, Suite 801, Washington, DC 20036, (202)332-2275. [www.ltombudsman.org](http://www.ltombudsman.org).

- Resolution Planning
  - Case Situations
    - Mrs. Wilder
    - Hidden Cove Family Care Home
  - Role Play Triad
    - Administrator
    - Long-Term Care Ombudsman Representative
    - Coach
- ▶ Provide consent forms used by your local LTCOP to review resident's records
- The Problem-Solving Process: Resolution, Guidelines for Practice, included in the Curriculum Resource Material and not included in the Teaching Notes.
- Flip chart and markers, chalk board, or blank transparencies and pens
- Pens or pencils and paper for trainees who need them
- Equipment to show the video or CD

### 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 additional activities in Sections VI or VII of the outline. The use of one or more of the activities in these sections is strongly encouraged. To use the additional activities or to go into more depth in an area will require some adjustment in the agenda times. This content may be taught in more than one session.

Session Time (Hours)	Topic
1.0	Refresher on the Problem-Solving Process: Investigation
1.75	Analysis and Planning
2.5	Resolution
2.5	Follow-Up
2.0	Resolution Approaches and Skills
9.75	Total <i>approximate</i> time <i>without</i> time for breaks


## Teaching Outline for Content

Teaching Notes	Your Notes
<p><b>Purpose</b> This chapter covers the resolution stage of the problem-solving process for LTCO.</p> <p><b>Learning Objectives</b></p> <p>At the conclusion of this chapter, individuals will know:</p> <ul style="list-style-type: none"> <li>• The ombudsman representative's role in resolving problems.</li> <li>• How to use the information gained through investigation to plan resolution strategies.</li> <li>• The primary LTCO approaches in resolving problems.</li> <li>• LTCO responsibilities with follow-up after a resolution agreement.</li> </ul> <p><b>Reminder</b></p> <ul style="list-style-type: none"> <li>• If necessary, remind trainees that they are learning a problem-solving process. Their complaint cases frequently will be more complicated than Mary's, but they will use the same skills and process.</li> <li>• This training primarily discusses interactions between LTCO and a resident who is the complainant or who can express a choice. There will be many cases when LTCO work with residents who cannot express their views or when LTCO work with family members. What is learned in class is applicable to other situations. The key is to remember that the resident and the resident's perspective is fundamental to all LTCO work.</li> </ul> <p><u>Tip:</u> As you teach, occasionally interject tips for LTCO practice when the resident cannot express a choice or when the complainant is the family or facility staff.</p>	



Teaching Notes	Your Notes
<p><b>I. Refresher on the Problem-Solving Process</b> (One hour, depending upon teaching options selected and amount of discussion)</p> <p> Talk with trainees about what they will be doing as LTCO by reminding them about the “Basic Complaints/Dispute Resolution Skills” CD segments they have seen and discussed. This chapter is a sequel to the investigation chapter. More information on investigation and verification is in the Investigation chapter. Both investigation and resolution are components of the problem-solving process.</p> <p>A. Investigation: Review the primary tools used in an investigation by asking questions about what Mary has done. If reminders are needed, refer trainees to the “The Problem-Solving Process: Investigation, Guidelines for Practice,” in the appendix of the Curriculum Resource Material, “The Problem-Solving Process: Investigation,” or to the case notes handout from the investigation chapter. If there has been a time lapse since trainees have seen the video/CD, show Situation Three, “Report Back to Resident.” Ask questions to facilitate an interactive review of the points covered during the investigation chapter.</p> <p>1. What did Mary <u>do</u> during her investigation?</p> <ul style="list-style-type: none"> <li>• Checked with Mrs. Woods about concerns to address, asked what steps Mrs. Woods had taken, gained permission to act without revealing Mrs. Woods’ identity.</li> <li>• Talked with other residents.</li> <li>• Talked with resident council president.</li> <li>• Observed coffee service as she made other observations about issues not related to the one under investigation.</li> <li>• Talked with food services supervisor.</li> <li>• Looked at applicable laws and regulations (handout from “Residents’ Rights Chapter”) and a CMS 2567 (“Case Notes” from “Investigation Chapter”).</li> </ul> <p>2. What tools of investigation did Mary use?</p> <ul style="list-style-type: none"> <li>• Interviews</li> </ul>	


Teaching Notes	Your Notes
<ul style="list-style-type: none"> <li>• Observations</li> <li>• Review of official documents</li> </ul> <p>B. Verification</p> <ol style="list-style-type: none"> <li>1. What did Mary do after she completed her information gathering (investigation)? <ul style="list-style-type: none"> <li>• Determined that she had enough information supporting Mrs. Woods’ concerns to work to resolve the issues [“Verification Work Sheet” or remind trainees of this exercise in the “Investigation Chapter”]</li> <li>• Met with Mrs. Woods to: <ul style="list-style-type: none"> <li>– Report on her findings.</li> <li>– Verify that Mrs. Woods wants to seek resolution.</li> <li>– Introduce ideas about the resolution process.</li> <li>– Encourage Mrs. Woods to participate in the resolution (resident empowerment).</li> </ul> </li> </ul> </li>   <li>2. What are the problems related to the coffee service that Mary identified? <ul style="list-style-type: none"> <li>• Coffee is cold at mealtimes.</li> <li>• Coffee is not available at other times when residents would like to have it, including being able to offer coffee to guests.</li> <li>• Focus responses on the verified problems that must be fixed in order to resolve the concerns of Mrs. Woods’ and other residents. If trainees say the problems are insufficient staff, lacking of staff training, violation of residents’ rights, or other issues, make the distinction between a problem statement related to the resident’s expressed concern (presenting complaint) and listing contributing factors that might need to be addressed in order to achieve a desired outcome for the resident.</li> <li>• The point is to sharpen the trainees’ awareness of the need to be clear about the problem that will be the focus of resolution. <ul style="list-style-type: none"> <li>– A clear problem statement(s) is needed before identifying actions that will fix the problem.</li> <li>– The problem statement needs to directly relate to</li> </ul> </li> </ul> </li> </ol>	

Teaching Notes	Your Notes
<p>an outcome that will satisfy the resident.</p> <ul style="list-style-type: none"> <li>– Point out that sometimes the presenting complaint may differ from the problem that emerges following an investigation and analysis of the information gained. One example is Mrs. Bronner saying, “My purse is missing!” (Investigation Chapter) After investigating, the LTCO could find that the problem is that Mrs. Bronner wants a compact and lipstick tube to carry with her. Give other brief examples.</li> </ul> <p>➔ <b>Key Points</b></p> <ul style="list-style-type: none"> <li>• It is essential to have a clear understanding about what the problem is that must be resolved.</li> <li>• Before acting to resolve problems, it is important for LTCO to take time to analyze and plan.</li> </ul> <p><b>II. Stage II: Analysis and Planning</b> (One hour and seventy-five minutes)</p> <p>A.  Distribute the handout, “The Problem-Solving Process,” or refer trainees to page 9 or A-2 in “The Problem-Solving Process: Investigation Curriculum Resource Material.” After verifying a complaint, LTCO analyze the information gathered during their investigation to determine why the problem occurred and to plan resolution strategies. There are three steps in this stage of the problem-solving process:</p> <ol style="list-style-type: none"> <li>1. Analyzing the situation.</li> <li>2. Identifying potential solutions.</li> <li>3. Identifying potential obstacles.</li> </ol> <p>B. Consider how Mary might proceed in planning to resolve the coffee issues.</p> <ol style="list-style-type: none"> <li>1. If there is sufficient time, ask trainees to look at Mary’s investigation case notes. These case notes, pages A-10 and A-11 of the “Investigation Teaching Notes”, were handouts for the investigation chapter. <ul style="list-style-type: none"> <li>• Ask, “Why is the coffee cold at mealtimes?” List responses on a flip chart. Then ask, “Why is coffee</li> </ul> </li> </ol>	

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not available to residents at other times during the day?” Trainees will need to speculate. You are asking them to brainstorm potential reasons based on the facts they have and what they know about facilities.

- Refer to the lists of potential answers to the questions you raised. Using a different color of marker, label several of the responses by category such as short staffing, policies and procedures for staff convenience, lack of attention to impact on residents, lack of communication with residents, or retaliation against out-spoken residents.

2.  Refer trainees to “A Quick Reference for Problem-Solving, Stage II: Analysis and Planning,” in the appendix of “The Problem-Solving Process: Resolution Curriculum Resource Material,” or copy these pages as a handout.

- Either quickly review the questions under “Why did the problem occur?” or ask the class to see how their lists of potential reasons compares to the potential reasons listed.
- Ask, “Why it is important for LTCO to know why the problem occurred?” Capture key thoughts on the flip chart. Listen for responses such as:
  - Need to know what the cause of a problem is in order to fix it.
  - The cause of a problem is often different from the stated complaint.
  - Determine if LTCO has enough information to act to resolve the issue.
  - Helps shape the approach to resolving the problem.
  - Avoids accepting a resolution that does not address the real problem; thus the problem arises again.
- LTCO may not always be certain about the cause of the problem but should have key indicators as a result of their investigation. Not being sure about the underlying cause does not mean that the case is closed. Ombudsman Representatives can work


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<p>to achieve the outcome the resident wants.</p> <ul style="list-style-type: none"> <li>• Point out that the enumerated questions are examples, not an exhaustive list. These are a good reference and can serve as a self-check when LTCOs are “stuck” about how to move ahead with a complicated case.</li> </ul> <p>3. Ask trainees to look at the next two questions in the Quick Reference. “What justification or explanation does the facility offer for the problem?” “Who or what is responsible for the problem?”</p> <ul style="list-style-type: none"> <li>• Ask, “Why are these questions important for a LTCO to consider? How can thinking through these questions help with resolving a problem?” Remember that the list of potential answers is an example; a LTCO might have a different list of potential responses following an investigation. A few reasons for thinking through these questions might be helpful are to: <ul style="list-style-type: none"> <li>– Avoid surprises in a meeting by thinking through various perspectives in advance.</li> <li>– Introduce new ideas by considering the facility’s perspective.</li> <li>– Add clarity to LTCO thinking about resolution.</li> <li>– Identify the individuals who need to participate in a resolution discussion and agreement.</li> </ul> </li> </ul> <p>4. Use a similar dialogue process to review the other steps in Stage II, “Consider Possible Solutions” and “Identify Potential Obstacles to Resolution.”</p> <ul style="list-style-type: none"> <li>• Briefly discuss the importance of brainstorming possible solutions and involving the resident in this process before a resolution meeting occurs. Responses might include: <ul style="list-style-type: none"> <li>– Introduces some creative ideas.</li> <li>– Promotes thinking broadly about what might be an acceptable outcome and how to obtain it.</li> <li>– Helps resident see that there might be different ways to get the desired outcome.</li> <li>– Introduces a measure of flexibility in attitude and options that can be helpful in a resolution</li> </ul> </li> </ul>	

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meeting.

- Provides something constructive to bring to the resolution meeting.

-  Distribute the handout, “Case Notes: Resolution Planning.”

- Ask trainees to read the notes.
- Ask for questions.
- Discuss any points that you want to emphasize such as:


- Question 1 which identifies the root cause of the problem. Although there may be multiple contributing factors (causes or reasons) a problem exists, this question asks LTCO to identify the underlying reason for the problem.
- Question 3 which asks about resident participation is another opportunity to reinforce:

1. Resident empowerment.
2. The reality that some residents might decide to not proceed to resolution.
3. That LTCO take direction from the residents even if it means not pursuing further action.
4. The ethical decision about encouraging a resident to seek resolution (empowerment) versus exerting undue influence to persuade the resident to go along with the LTCO’s desire to resolve the issue.

- Question 6 asks about a rationale for prioritizing which solutions to offer if the facility does not come up with acceptable strategies.

- Use Questions 8 and 9 to move into “Section A, Choose an approach of Stage III: Resolution and Follow-up” in the “Guidelines for Practice”.
- Discuss the importance of knowing how LTCO will know if the problem is fixed, Question 9.

**Your Notes**

Teaching Notes	Your Notes
<p><b>➤ Key Points</b></p> <ul style="list-style-type: none"> <li>• Taking time to adequately analyze the situation paves the way for a successful resolution.</li> <li>• These questions help LTCO prepare for resolution and are a good self-check, even if the answers are not written.</li> <li>• Not every case will require this amount of detailed analysis.</li> </ul> <p><b>III. Stage III: Resolution</b> (Two &amp; one-half hours)</p> <p>A. What is resolution? Write the definition on a flip chart for emphasis. Add the three steps under #3 as you discuss them.</p> <ol style="list-style-type: none"> <li>1. Resolution simply means solving a problem.</li> <li>2. In LTCO practice, who needs to be satisfied with the solution? The resident.</li> <li>3. Resolution involves: <ul style="list-style-type: none"> <li>• Choose an approach.</li> <li>• Act to resolve the problem.</li> <li>• Evaluate the outcome via follow-up.</li> </ul> </li> </ol> <p>B.  Follow Mary's problem solving through to the resolution. After examining Mary's case notes, verification and resolution planning work sheets, watch what happens when she implements her plan. Play Situation Four, "Planning and Problem Resolution," on the captioned CD version distributed with the "Problem-Solving Process: Investigation Chapter." Reinforce key points as the video/CD plays.</p> <p>Engage the trainees in an analysis and discussion of the skills, actions, reactions and resolution strategies demonstrated in this situation. While focusing on this scenario, extend the discussion to help trainees think strategically and to act according to LTCO principles. Rely upon the curriculum resource material for teaching points and ways to connect the specific discussion</p>	

Teaching Notes	Your Notes
<p>about Mary and Mrs. Woods with principles for LTCO actions.</p> <ol style="list-style-type: none"> <li>1. How does Mary prepare the residents for the meeting? <ul style="list-style-type: none"> <li>• Why is this preparation important?</li> <li>• What might have happened during the meeting with the Food Services Supervisor (FSS) if Mary had not met with the residents before the FSS joined them? <ul style="list-style-type: none"> <li>– Differences of opinion might have surfaced.</li> <li>– The residents might have deferred to Mary to deal with Mrs. Flores.</li> <li>– Point out that these same principles are applicable when LTCO work with family members whether the LTCO is present during a resolution meeting or is providing guidance to the family via telephone.</li> </ul> </li> <li>• What was accomplished during the pre-meeting with Mrs. Woods and Mr. Bernstein? <ul style="list-style-type: none"> <li>– Discussed each person’s role in speaking during the meeting: who would go first, who would state the issues.</li> <li>– Confirmed with the residents what issues would be discussed and what outcomes they wanted.</li> <li>– Asked for the residents’ feedback on the LTCO’s suggestions and ideas about how the meeting would proceed.</li> <li>– Did not promise that the residents would get everything they wanted. (Reinforce the principle that LTCO do not promise things that they cannot control.)</li> <li>– Empowered the residents by encouraging their direct participation, inviting their suggestions, and reiterating their right to ask for the changes they want.</li> </ul> </li> </ul> </li> <li>2. Focus on the resolution meeting with Mrs. Flores. <ul style="list-style-type: none"> <li>• What role did Mary assume? <ul style="list-style-type: none"> <li>– A facilitator and resident advocate: explained the</li> </ul> </li> </ul> </li> </ol>	



Teaching Notes	Your Notes
<p>meeting's purpose, contributed factual information, kept the dialogue focused, engaged the residents in speaking for themselves, summarized the next steps at the end of the meeting.</p> <ul style="list-style-type: none"> <li>– Mary avoided being pulled into directly responding to Mrs. Flores' questions and comments by involving the residents in the discussion. <ul style="list-style-type: none"> <li>• Point out that it may be easier, and instinctive, for the LTCO to directly respond to the staff in this situation instead of redirecting the response to the resident.</li> <li>• If there is time, ask trainees about the difference in the impact on staff and residents between Mary's approach on the video/CD or if Mary had answered Mrs. Flores' questions.</li> </ul> </li> <li>• What techniques or skills did Mary use? <ul style="list-style-type: none"> <li>– How did Mary get the Food Services Supervisor, Mrs. Flores, to talk directly to the residents? <ul style="list-style-type: none"> <li>• Redirected FSS to the residents by physically turning to them and by asking them to respond.</li> </ul> </li> <li>– How did Mary keep Mrs. Flores in the meeting when she tried to leave? <ul style="list-style-type: none"> <li>• Leaned forward, placed hand on table while assertively saying that there are other issues to discuss (nonverbal and verbal communication techniques).</li> <li>• What other techniques might work in a similar situation? <ol style="list-style-type: none"> <li>1. Ask for a brief demonstration of some of the techniques the trainees suggest.</li> <li>2. Ask the class what response they think Mrs. Flores might have to various</li> </ol> </li> </ul> </li> </ul> </li> </ul>	

Teaching Notes	Your Notes
<p style="text-align: center;">techniques on the list.</p> <ul style="list-style-type: none"> <li>• What are other techniques for preventing a premature end to a meeting or for maintaining control of a meeting? If trainees suggest actions that might prove counterproductive, ask the class, “How would you respond to that action/statement?” You might put yourself in the FSS role, “Here’s what I’d say or do, if you said that to me...”</li> </ul> <p>– How did Mary respond when Mrs. Flores became defensive?</p> <ul style="list-style-type: none"> <li>• Mary offered her observations, letting Mrs. Flores conclude that she does not need to buy new coffee makers; thus taking away a fiscal objection.</li> <li>• She acknowledged that Mrs. Flores does have a big job.</li> <li>• Why do you think Mary offers observations instead of telling Mrs. Flores what the problem (root cause) with the coffee temperature was?             <ol style="list-style-type: none"> <li>1. Allowed Mrs. Flores to identify the problem instead of being told what’s wrong in her department. Ask about how a person’s response might differ when identifying a problem yourself, based on factual information, or being told what the problem is in your area that you have missed.</li> <li>2. Opened the door for dialogue about the situation. There might be other contributing factors in addition to Mary’s observation that coffee is poured before residents are seated. One potential root cause is that warm-ups or refills are not offered so the coffee cools quickly or that the type of cup used quickly loses heat.</li> </ol> </li> </ul> <ul style="list-style-type: none"> <li>• Mrs. Flores said, “We can’t please</li> </ul>	

**Teaching Notes**

everyone...” What do you think might have happened if Mary had responded with a remark such as, “It is your job to give residents what they want!”

- Who controlled the meeting and the agenda?
- How?
  - Mary by:
    1. Following her plan.
    2. Facilitating the dialogue instead of dominating it.
    3. Sticking to the issues.
    4. Not being derailed by pursuing other issues with Mrs. Flores.
    5. Staying focused on the topics and not responding to Mrs. Flores’ voice tone or challenges.
    6. Asking for agreement on outcomes, closing summary about actions and responsibilities.
  - How do you think the residents would have responded if Mary had been intimidated by Mrs. Flores?
  - What would have happened if Mary had not stuck to her agenda and pursued the issues the residents wanted addressed?
- How does the residents’ behavior change during the meeting?
  - They become more confident.
  - They begin talking without waiting to be asked to speak.
  - They offer solutions.
  - They push for an expanded resolution to include residents who do not leave their rooms.

**Your Notes**

Teaching Notes	Your Notes
<ul style="list-style-type: none"> <li>• They offer to help with information gathering.</li> <li>– What does the meeting accomplish?</li> <li>• Agreements to:               <ol style="list-style-type: none"> <li>1. Pour coffee when residents are seated so that it stays hot, an observable outcome.</li> <li>2. Try two additional coffee service times a day at times residents select.</li> <li>3. Check into using carafes to serve residents who are in their rooms.</li> <li>4. Consider having coffee available for residents when they have guests.</li> </ol> </li> <li>• Identification of individuals who are responsible for different actions.               <ol style="list-style-type: none"> <li>1. Resident Council President and FSS will work together to identify the coffee times after the survey is completed. [This connects residents directly with staff without LTCO as intermediary.]</li> <li>2. Everyone knows that Mary will follow-up with residents later to see if the outcomes are working.</li> </ol> </li> <li>– Who decides what solutions are acceptable?</li> <li>– What should Mary and the residents do if Mrs. Flores had refused to make any changes?               <ul style="list-style-type: none"> <li>• Inform Mrs. Flores that they will meet with the administrator.</li> <li>• Schedule a meeting with the administrator as soon as possible.</li> <li>• Continue working up the chain of command if the administrator is unyielding.</li> </ul> </li> <li>– What could Mary do if Ms. Flores has not implemented the additional coffee times when</li> </ul>	


Teaching Notes	Your Notes
<p>Mary returns? Use the list that trainees generate and talk about appropriateness and potential consequences of some of the actions. Possible actions include:</p> <ul style="list-style-type: none"> <li>• Meet with the residents to see what they have done and what they want at this point.</li> <li>• Meet with Mrs. Flores again, discuss, set a reasonable target date.</li> <li>• Confirm agreement in writing.</li> <li>• Meet with facility administrator after talking with Mrs. Flores and informing her that you will be meeting with the administrator.</li> </ul> <p>3. Resident empowerment and participation is time consuming. Ask trainees about the advantages of empowering residents. Relate the discussion to what they have seen on the video/CD and to discussion during previous training chapters and to the Ombudsman Code of Ethics.</p> <ul style="list-style-type: none"> <li>• What is gained?</li> <li>• Are there any downsides?</li> <li>• Who benefits from LTCO encouraging residents to engage in self-advocacy? Discuss the benefits to the facility as well as to residents and to the LTCOP.</li> <li>• Does any other program have resident empowerment and resident direction as its primary principle for action? Licensing and Certification, surveyors? Adult protective services? Case managers? (Their adherence to client direction may be constrained by eligibility guidelines or service requirements or limitations.)</li> <li>• How can LTCO encourage resident empowerment in a facility where residents are intimidated or fear repercussions? How can LTCO pursue action on behalf of residents in this type of facility?</li> </ul> <ul style="list-style-type: none"> <li>– Work with resident council, help to form one.</li> <li>– Work with family council or help to form one even for a specific focus or time.</li> <li>– Talk with provider, administrator, or key caregivers, about their perspectives, care issues,</li> </ul>	

**Teaching Notes****Your Notes**

and approaches; suggest ideas or educational resources.

- Offer to conduct an in-service training in the facility that addresses a few major issues.
  - Work with surveyors or other agencies with responsibility for oversight of this facility.
  - Work to resolve issues based on LTCO observations. Caution: Take care to avoid creating a situation where residents will experience retaliation because of LTCO's actions.
  - Depending upon the severity of the issues, consider pursuing action outside of the facility. Talk with your local LTCOP Coordinator for assistance before taking such action.
- How might a resolution meeting with resident participation be conducted in a facility where the residents are very frail and have difficulty sitting in a meeting or in a conference room?
    - Take the meeting to the resident's room and have the resident in his/her most comfortable setting and position.
    - Conduct the meeting at a time of day when the resident functions best.
    - Outline some tentative plans to resolve the issue by the LTCO working with the staff, then key staff and LTCO go to the resident for discussion, revision, and agreement before the plan is finalized.

**IV. Stage III: Follow-Up** (Two and a half hours)**A. Mary's Approaches**

 Pay attention to the approaches Mary uses and to the results during her follow-up visit. Play Situation Five, "Follow-Up and Negotiation and Mediation with Residents" on the "Basic Complaint Handling Skills" on the captioned CD version distributed with the "Problem-Solving Process: Investigation Chapter." Reinforce key points as the video/CD plays.

**Teaching Notes**

Engage trainees in a discussion about LTCO techniques, communication skills, and follow-up. Use information from the curriculum resource material and from trainees' comments to make teaching points relevant to the class. Sample questions that can guide dialogue are listed. The answers are a partial list of factors to notice. There are others that may be added by the class or by you.


1. What did Mary do well in her:


- Communication with residents, verbal and non-verbal?
  - Faced residents when talking with each one.
  - Physically close enough to be seen and heard by residents, sat between residents when the three were talking.
  - Positioned herself so it would be easy for Mrs. Krepps to see Mary's face without straining.
  - Lowered her voice tone when talking with Mrs. Krepps.
  - Asked Mrs. Woods' permission to ask Mrs. Krepps to turn down TV volume.
  - Asked Mrs. Krepps' permission to talk with her about another issue (hearing difficulty).
- Negotiation and mediation skills?
  - Did not respond to derogatory comments residents made about each other.
  - Focused residents on solutions by asking what was most important times or shows.
  - Suggested ideas for resolution.
  - Checked with residents to see if they agreed to try the suggestions or had other suggestions.
- Responsibility to both residents?
  - Did not side with one resident over the other, e.g. telling Mrs. Krepps that her TV was so loud it was infringing upon Mrs. Woods' right to have quiet; and expecting Mrs. Krepps not listen to the TV


**Your Notes**

Teaching Notes	Your Notes
<p>until her head set arrived if Mrs. Woods' was in the room.</p> <ul style="list-style-type: none"> <li>– Briefly discuss LTCO responsibility to each resident when there are disagreements, especially when one resident clearly is infringing upon the rights of another resident. Draw upon content in the curriculum resource material chapters and the LTCOP policies and procedures in your state for guidance during this discussion. Include situations such as: <ul style="list-style-type: none"> <li>• The LTCO likes one resident and really does not like the other one.</li> <li>• One resident has dementia and his actions are not intended to create problems for other residents.</li> <li>• The resident who is infringing the rights of other residents is acting intentionally and insists that he/she is exercising his/her rights.</li> <li>• The action that is upsetting other residents is illegal.</li> </ul> </li> </ul> <p>2. What and how could Mary have improved in this exchange?</p> <ul style="list-style-type: none"> <li>• Asked residents what they thought might work instead of offering a solution after the residents stated what was most important (TV show, quiet time of day).</li> <li>• Asked the residents if they had previously tried to resolve this disagreement and what happened.</li> <li>• Talk with Mrs. Krepps in another location that would have been more private <u>if</u> the topic was one that Mrs. Krepps seemed uncomfortable discussing with Mrs. Woods in the room. Ask trainees for ideas about where to go or how to accomplish this type of move.</li> </ul> <p>3. What could Mary have done if the residents refused to accept a mutually agreeable compromise?</p> <p>4. What was accomplished during this visit?</p> <ul style="list-style-type: none"> <li>• Assume that Mrs. Woods confirmed that the coffee service issues were resolved.</li> <li>• Short-term solution to a problem between the</li> </ul>	



Teaching Notes	Your Notes
<p>roommates.</p> <ul style="list-style-type: none"> <li>• Plan for a solution that might result in Mrs. Krepps being able to listen to the TV whenever she wants without disturbing Mrs. Woods (ear phones).</li> <li>• Begin work on another issue; Mrs. Krepps' ability to hear.</li> </ul> <p>5. Is it Mary's role to pursue obtaining ear phones for Mrs. Krepps?</p> <ul style="list-style-type: none"> <li>• It is better for Mary to connect Mrs. Krepps with social services director to contact her niece?</li> <li>• What difference does it make whether Mary contacts the niece or if the social services director makes the contact?</li> <li>• Discuss the LTCO role in trying to improve relationships between residents and staff even when that step might be more time consuming than if the LTCO gets what the resident needs.</li> <li>• The LTCO role is to get others to fulfill their responsibility to residents; so that when the LTCO is not present, staff are responsive to residents.</li> </ul> <p>6. How does Mary document the meetings with both residents?</p> <ul style="list-style-type: none"> <li>•  Distribute the remainder of the Case Notes, beginning with the date, 7/27/01. Allow time for trainees to review Mary's notes.</li> </ul> <p style="padding-left: 40px;">▶ If your program has a different expectation about case notes, create a form that models what is expected to cover the same content as this handout does.</p> <ul style="list-style-type: none"> <li>• Ask for comments and questions. <ul style="list-style-type: none"> <li>– Do these notes capture the primary points?</li> <li>– By reading these notes, would you know what Mary did without watching the video/CD?</li> <li>– What do you like about the way these notes are written? List responses on flip chart to reinforce key points.</li> <li>– Do these notes conform to what we previously learned about how to write case notes?</li> </ul> </li> </ul>	


Teaching Notes	Your Notes
<p>7. Is the complaint case about the coffee service resolved?</p> <ul style="list-style-type: none"> <li>• Assume that Mary also checked with Mr. Bernstein who said residents are satisfied with the availability and the way the coffee is being served.</li> <li>• Yes.</li> </ul> <p>B. What do LTCO do with resolved cases?</p> <p>1. What is a closed case?</p> <ul style="list-style-type: none"> <li>• “A case is closed when all complaints which are part of the case have been resolved and/or no further ombudsman action can be taken.” [for reasons listed under “Complaint Disposition”]<sup>1</sup></li> <li>• You could explain the difference in closing a complaint and closing a case. If you do this, be careful that trainees do not become confused, overwhelmed with details, and sidetracked from the primary teaching of the resolution process and basic documentation.</li> <li>• Is Mary ready to close the complaint about the coffee issues? Yes.</li> </ul> <p>2. What does closing a complaint entail?</p> <ul style="list-style-type: none"> <li>•  ► Distribute a NORS case report form, or whatever form will be used by the trainees. <ul style="list-style-type: none"> <li>– Have the form completed for the coffee case and walk trainees through the information on the form about this case. <u>or</u></li> <li>– Ask everyone to mark the form as you explain the various sections and decision points.</li> </ul> </li> </ul> <p>3. Point out that even when a complaint is referred to another agency, the LTCO needs to follow-up to see if action has been taken.</p> <ul style="list-style-type: none"> <li>• “Ombudsman sometimes must refer complaints to another agency for resolution. The ombudsman should follow up on these complaints and record the outcome under the appropriate category.”<sup>2</sup></li> <li>• ► If your local LTCOP has policies or procedures to follow when an unresolved complaint needs to</li> </ul>	

Teaching Notes	Your Notes
<p>be referred to another agency, explain these.</p> <ul style="list-style-type: none"> <li>•  ► If there is a form to be used for a referral to another agency, mention the form or distribute a copy of it (CDA 223). <ul style="list-style-type: none"> <li>– If time is available, enlist the trainees in writing a referral to the licensing and certification agency on the coffee complaint.</li> <li>– Model what your program expects in summarizing or stating issues that go to another agency for action.</li> <li>– If you do this activity, be careful to avoid overwhelming trainees. They may not be making referrals of their cases to other agencies until they have worked on several cases.</li> <li>– Tell the trainees who to work with if they think a referral is necessary on one of their complaint cases, such as the local LTCOP Coordinator.</li> </ul> </li> </ul> <p>C. Evaluating the Outcome</p> <ol style="list-style-type: none"> <li>1. What if Mary visited the facility three months later and found that similar problems with the coffee were recurring? What actions might she take? <ul style="list-style-type: none"> <li>• Open another case.</li> <li>• Investigate to determine what the current issues are.</li> <li>• Gather information to determine if a different process needs to be changed or if a systemic issue needs to be addressed.</li> <li>• Work to resolve with time frames for implementation.</li> <li>• If problems recur, consider options for achieving lasting solutions that might involve working with others outside the facility, such as making a referral.</li> </ul> </li> <li>2. Factors to remember about complaints regardless of the thoroughness of the LTCO's investigation and skills with resolution. <ul style="list-style-type: none"> <li>• Some complaints cannot be resolved. <ul style="list-style-type: none"> <li>– Resolution might require a change in a law or</li> </ul> </li> </ul> </li> </ol>	

Teaching Notes	Your Notes
<p>policy that cannot be achieved to help one particular resident.</p> <ul style="list-style-type: none"> <li>– Residents might withdraw their complaint before resolution is attempted.</li> </ul> <ul style="list-style-type: none"> <li>• LTCO abide by a resident's wishes, acting only with their permission.</li> <li>• LTCO can check to see if other residents have a similar problem and are willing to pursue resolution.</li> <li>• LTCO can pursue resolution if there is enough evidence of a widespread, systems issue and it does not breach resident confidentiality subject resident to retaliation.</li> </ul> <ul style="list-style-type: none"> <li>• Resolution is not always clear cut. <ul style="list-style-type: none"> <li>– The problem may go away and crop up later.</li> <li>– Some parts of the problem may be corrected but other aspects remain.</li> <li>– The resident may be satisfied with the outcome but the LTCO, or family members, may want more to be accomplished.</li> </ul> </li> </ul> <p>➔ <b>Key Points</b></p> <ul style="list-style-type: none"> <li>• If the issue is one that the facility needs to address, LTCO should give the facility the first option to correct the problem. The resolution begins with the facility.</li> <li>• The resident directs the resolution approaches and the outcome that is pursued.</li> <li>• LTCO encourage residents to participate in the resolution meeting and support their involvement.</li> <li>• A resolution agreement needs to include specific outcomes (e.g., hot coffee served to residents who want it), who is responsible for the actions necessary to achieve the outcomes, and a time frame for completion.</li> <li>• LTCO provide follow-up after resolution to see if the resident is satisfied before the case is closed.</li> </ul>	

Teaching Notes	Your Notes
<ul style="list-style-type: none"> <li>• If necessary, LTCO pursue resolution beyond the facility.</li> </ul> <p><b>V. Resolution Approaches and Skills</b> (Two hours)</p> <p><b>A. Three Primary Resolution Strategies</b></p> <p>There are three resolution strategies most frequently used by LTCO. Either refer trainees to the chart containing these three approaches in the curriculum resource material for this chapter, or write these on a flip chart, leaving space for additional comments under each item. This discussion should be a review of information the trainees have already read. Engage them in a dialogue to determine if they understand the content and the role of LTCO. Watch the time to keep the discussion moving. Leave time for additional video/CD examples and another case.</p> <p>Listed in order from minimal LTCO advocacy involvement to the most LTCO advocacy representation, these are:</p> <ol style="list-style-type: none"> <li>1. Self-advocacy: The LTCO encourages the resident (complainants) to take action themselves, with guidance and information from the LTCO as necessary.</li> <li>2. Mediation: Resident and facility personnel (other party) meet and develop a mutually agreeable solution with a mediator present, setting ground rules and moving the dialogue along.</li> <li>3. Negotiation: Resident, typically with assistance from a LTCO, or a LTCO representing a resident, bargains with facility personnel to arrive at an agreement. LTCO usually follow the rules of principled negotiation.</li> <li>4. Briefly discuss each of these three. For each approach, ask questions such as: <ul style="list-style-type: none"> <li>• How independent or assertive does a person need to be to make this an appropriate approach to resolve an issue?</li> </ul> </li> </ol>	

Teaching Notes	Your Notes
<ul style="list-style-type: none"> <li>• What might discourage a resident from using this approach?</li> <li>• What is the role of the LTCO with this approach?</li> <li>• In what type of situations might this approach be effective for a resident? Be prepared with some examples for each approach in case trainees do not have enough knowledge to offer concrete examples.</li> <li>• With mediation, discuss the potential that the resident will lose an advocate voice or support if the LTCO serves as the mediator. <ul style="list-style-type: none"> <li>– LTCO are to be a resident’s advocate.</li> <li>– If a LTCO acts as a mediator there is a risk that both parties will transfer their hostilities to the mediator. This role might change the way the LTCO is viewed by residents in the future.</li> <li>– LTCO sometimes suggest that an outside mediator be engaged when the circumstances are appropriate for mediation to work.</li> </ul> </li> </ul> <p>5. What factors will influence your choice of an approach? Answers to listen for include:</p> <ul style="list-style-type: none"> <li>• The power, or lack of, that each party has. (Power includes knowledge as well as position or actual control.)</li> <li>• Resident’s ability to express him/herself and to make decisions.</li> <li>• The culture or attitude that exists within a facility regarding discussing problems with staff.</li> <li>• Resident’s previous experience in seeking changes in that facility.</li> <li>• Resident’s willingness to have a direct role, or any role, in resolution.</li> <li>• The nature of the issue and what is at stake.</li> <li>• The clarity of the applicable law or regulation.</li> <li>• The responsiveness of facility personnel in the past with fulfilling agreements in a timely manner.</li> </ul> <p>6. Regardless of the approach, the LTCO style is:</p> <ul style="list-style-type: none"> <li>• Fair</li> <li>• Firm</li> <li>• Friendly</li> </ul>	

Teaching Notes	Your Notes
<p data-bbox="245 338 719 373">B. Negotiation Strategy and Skills</p> <p data-bbox="285 413 1084 556">1. Because self-advocacy as an approach is discussed throughout this training and mediation is infrequently used by LTCO, more time will be spent on negotiation., specifically principled negotiation.</p> <p data-bbox="321 558 1084 594">What are the key elements in principled negotiation?</p> <p data-bbox="321 596 959 632">List these on a flip chart as trainees respond:</p> <ul data-bbox="321 634 898 863" style="list-style-type: none"> <li>• Negotiate on the merits.</li> <li>• Separate the people from the problem.</li> <li>• Focus on interests, not positions.</li> <li>• Invent options for mutual gain.</li> <li>• Insist on using objective criteria.</li> <li>• The tone is professional friendliness.</li> </ul> <p data-bbox="285 900 1084 972">2. Additional key points regarding LTCO and negotiations.<sup>3</sup></p> <ul data-bbox="321 974 1084 1787" style="list-style-type: none"> <li>• LTCO do not negotiate facility requirements. If a complaint relates to a clear violation of applicable law or regulation, LTCO do not negotiate about a facility's responsibility to comply. <ul data-bbox="350 1163 1084 1381" style="list-style-type: none"> <li>– In the process of resolving a complaint, LTCO ask the provider to correct problems on behalf of residents.</li> <li>– If a provider refuses to do so, the LTCO may refer the problem to the regulatory agency with the residents' permission.</li> </ul> </li> <li>• In LTCOP practice, negotiation is more about <u>how</u> to achieve a desired outcome than about whether change is required.</li> <li>• Typical LTCO negotiations focus on accommodations of individual needs and preferences; strategies and time frames for implementing care plan provisions; areas of resident decision-making; and upholding the rights of one resident as well as the rights of other residents when issues arise.</li> </ul> <p data-bbox="285 1864 1084 1900">3.  Watch a LTCO begin a negotiation with an</p>	

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administrator. Ask trainees to pay attention to her actions, voice tone, and the responses of the administrator. Play Vignette 1 “Conflict Resolution Skills,” from the “Dispute Resolution Skills” CD file name “DRS Captions”. (3:26)

- What was accomplished?
- What was the administrator’s attitude? What gave you that opinion?
  - Administrator’s voice tone.
  - Administrator’s body language.
  - Administrator’s statements such as:
    - “I don’t really have much time.”
    - “Who exactly has complained to you?”
    - “We could serve gourmet meals here and the people would still complain!”
    - “We’ve never had a problem with licensing. The food meets all of the legal standards.”
    - “Some of the people forget they’ve been fed.”
    - “People always complain about food.”
- How did the LTCO respond, verbal and nonverbal?
  - Calm voice.
  - Persistent.
  - Stayed focused on issue of food complaints from several residents; she had factual information.
  - Acknowledged difficulty of administrator’s job (empathy).
  - Offered sincere praise for staff based on LTCO’s observations.
  - Did not respond to administrator’s challenging tone nor to opportunities to be sidetracked by statements about residents not remembering that they have been fed.
  - Did not argue with administrator.
  - Was prepared to respond to question about who complained without becoming flustered or defensive or going into too much detail about confidentiality.
  - Had direct observations to share instead of arguing with administrator about satisfying

**Your Notes**



Teaching Notes	Your Notes
<p>residents and reliability of residents' memories.</p> <ul style="list-style-type: none"> <li>– Sincerely acknowledged an interest in gaining the administrator's perspective; thus giving administrator a way to make a positive contribution.</li> <li>– Provided a connection between the issue and the administrator, "I don't think you would find....very appealing either."</li> <li>– Suggested a way to address the issues, "Let's focus on the issues one at a time."</li> <li>– Did not quote the law and regulations regarding accommodation of individual needs and preferences, menus, and food service.</li> </ul> <ul style="list-style-type: none"> <li>• Ask trainees what might have happened if the LTCO had begun the meeting by listing the applicable standards or handed a list of these to the administrator?</li> <li>• Briefly discuss the difference in impact and results by beginning a resolution meeting by listing the issue(s) instead of pointing out potential violations in regulations. <ol style="list-style-type: none"> <li>1. Focusing on residents' issues instead of the law and regulations provided leverage to discuss what residents wanted as an outcome.</li> <li>2. Focusing on the law and regulations might have resulted in arguing about the fact that surveyors had not cited facility on food service and compliance issues. The result could have been a polarization without an outcome acceptable to residents. Then the LTCO would have few recourses left to deal with the residents' issues.</li> </ol> </li> <li>• Ask trainees to take a moment and reflect on their usual approach. <ol style="list-style-type: none"> <li>1. Do they point out someone's deficiencies or failures? Do they critique first before</li> </ol> </li> </ul>	

Teaching Notes	Your Notes
<p>looking at the positives?</p> <ol style="list-style-type: none"> <li>2. Do they calmly state a problem and ask someone to help them resolve it?</li> <li>3. If they need to make adjustments to effectively help residents, what will they change?</li> <li>4. Invite any comments or dialogue about adjusting personal styles.</li> <li>5. Emphasize the importance of planning approaches before rushing into resolution and finding yourself responding in a defensive manner or being sidetracked.</li> </ol> <ul style="list-style-type: none"> <li>• How did the LTCO's response affect the administrator? <ul style="list-style-type: none"> <li>– After some venting and attempts to digress and to discount the information sources, administrator agreed to discuss the issues.</li> <li>– The administrator felt acknowledged and understood by the LTCO's empathic listening.</li> <li>– Administrator's voice tone became more calm.</li> <li>– Her body language became more relaxed.</li> <li>– She began to have more of the same posture and tone as the LTCO.</li> </ul> </li> <li>• Was the LTCO prepared for this meeting? <ul style="list-style-type: none"> <li>– What makes you think she was prepared?</li> <li>– If she was not prepared, what are the indicators?</li> </ul> </li> </ul> <p>4. The P.E.P. Method is an effective LTCO technique. In this video/CD vignette, the LTCO demonstrated P.E.P. You could see and hear the results. Thinking about what we previously discussed will help you understand the P.E.P. method. This method is a useful way to plan your resolution meeting.</p> <ul style="list-style-type: none"> <li>• What is P.E. P.? Write P.E.P. on flip chart and add the words as you discuss the steps.</li> </ul>	

**Teaching Notes****Your Notes**

- Point.
  - Evidence.
  - Repeat Point.
  - It may take 3 – 10 times through this process to change the other person’s behavior. Be patient.
- The LTCO began with her point, needing to discuss food complaints.
  - She stated her evidence saying the complaints were from several residents.
  - She stuck with the point, food complaints need to be addressed.
  - The LTCO used empathetic listening before and during the P.E.P.
    - She listened to the administrator without interrupting.
    - She did not take up any issue or challenge.
    - She acknowledged the administrator’s feelings and position. However, the LTCO did not agree with inappropriate statements by the administrator about gourmet meals and complaints or implying that residents do not know what they are reporting about food.
  - After listening to the administrator, the LTCO repeated the P.E.P.
  - The LTCO stayed focused until the administrator was ready to focus on addressing the reason for meeting, the food complaints.
    - The LTCO acted like a broken record in sticking with her agenda. She kept returning to the issue.
    - This technique was key to moving to resolution of the issue at hand.
  - You might ask two people to read aloud the case example of this method that is in the curriculum resource material.

**C. Assertiveness as a Communication Skill**

1.  Watch another situation where a LTCO stays

**Teaching Notes**

focused and uses the P.E.P. method. Although this vignette shows the LTCO acquiring information during her investigation, it clearly demonstrates a skill that is useful in all aspects of ombudsman work. You will use this during resolution as well as other times.

Ask trainees to pay attention the LTCO's actions, voice tone, and the responses of the nurse. Play Vignette 3 "Assertiveness," from the "Dispute Resolution Skills" CD file name "DRS Captions". (3 minutes) Prepare a flip chart page with two columns. At the top of one, write "Nurse". At the top of the other, write "LTCO". As you discuss the vignette, write the actions of each in the corresponding column on the chart.

- Access to residents' records is restricted. Requests to access records typically raises red flags for the facility. Why do you think this response occurs? Briefly discuss covering legal requirements, confidentiality, residents' rights. Bottom line: LTCO access records only when necessary and following LTCOP guidelines. "The Problem-Solving Process: Investigation" contains a full discussion about this topic.
- How did the LTCO prepare for this encounter?
  - Had permission form to release the record signed by resident and with her.
  - Knew the law about LTCO access to records.
  - Had anticipated obstacles to her request and knew how to respond appropriately.
- What did the LTCO do?
  - Stayed calm.
  - Clearly stated her request (P of the P.E.P.).
  - Stuck to the facts.
  - Was confident in her role and knowledge, explained right to see record (E of the P.E.P.).
  - Repeated her request (P of the P.E.P.).
  - Listened to the nurse without interrupting.
  - Acknowledged the nurse's statement about being very busy.
  - Did not accept a challenge and a "put down" from

**Your Notes**

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the nurse, gave a positive reply, "I'll ask for help if I need it."

- Would it have been better if the LTCO had credentials to say she was a registered nurse? A former surveyor? A former nursing home administrator?
  - Why or why not?
  - Briefly discuss that the point is staying on track, right to access resident's record with proper consent, regardless of the LTCO's credentials.
- Did not yield confidential information, "Maybe we can discuss that later if there is a problem."
- Maintained control of the situation by saying that she would take the request to the administrator.
- Why is this important?
  - What difference would it make whether the LTCO took the issue to the administrator or if the nurse went to the administrator about the LTCO's request?
- Told the nurse that if she (LTCO) had to go to the administrator, it would be because the nurse was interfering with the LTCO duties under the law.
- Why did the LTCO say this to the nurse?
  - Why wouldn't the LTCO wait and tell the administrator without telling the nurse?
  - How might each of the above actions influence future interactions between the LTCO and the nurse?
- What might have happened if the LTCO had responded to the nurse's challenges?
- Escalation of challenges.
  - Increased volume of voices, even to the point where residents might overhear.
  - Potential for LTCO to say things she would regret later.

**Your Notes**

Teaching Notes	Your Notes
<ul style="list-style-type: none"> <li>• Moving issue to a personal level instead of keeping it between two professionals.</li> <li>• Digression from purpose.</li> <li>• Diminished respect for LTCO.</li> <li>• Barriers to future dialogue.</li> <li>• Wasted time and LTCOP resources.</li> <li>• Loss of control of the situation.</li> </ul> <ul style="list-style-type: none"> <li>• What did the nurse do? <ul style="list-style-type: none"> <li>– Challenged the LTCO’s expertise.</li> <li>– Tried to intimidate the LTCO.</li> <li>– Tried to avoid giving the record to the LTCO.</li> <li>– Asked about the resident’s problem.</li> <li>– Let the LTCO know that her request was a big imposition and not important.</li> </ul> </li> <li>• Why do you suppose the nurse changed her behavior when the LTCO informed her about the laws regarding interfering with LTCO work and access to records?</li> <li>• Point out that a good technique is to practice (role play) the conversation you expect with someone else before you go into the real situation. Honing your skill through practice can build confidence and provide more options before you get into a confrontational situation. For most of us, it takes practice to remain calm and focused.</li> </ul> <p>2. Key Aspects of Assertiveness</p> <ul style="list-style-type: none"> <li>• Honesty</li> <li>• Openness</li> <li>• Confidence</li> <li>• Adequate preparation</li> <li>• Persistence</li> <li>• Calmness</li> </ul> <p>3. An optional method for viewing this video/CD vignette is to stop the situation after some of the nurse’s statements. Ask trainees to suggest appropriate responses, then watch more of the vignette.</p> <p>D. Dealing with Authority Figures</p>	

Teaching Notes	Your Notes
<p>1. Everyone has to deal with authority figures.</p> <ul style="list-style-type: none"> <li>• Let's list a few examples of authority figures. Record the trainees' responses on a flip chart. Frequent answers include: <ul style="list-style-type: none"> <li>– Police officer</li> <li>– Teacher</li> <li>– Parent</li> <li>– Boss</li> <li>– Pastor/Priest</li> <li>– President</li> <li>– Judge</li> </ul> </li> <li>• Looking at the list of authority figures, which ones have actual power over you? Why? <ul style="list-style-type: none"> <li>– Note answers beside the authority figure being discussed.</li> <li>– How do you usually respond when you are confronted by an authority figure? Quickly list responses.</li> <li>– What do you do when you need to talk with an authority figure about something that you know the person does not want to hear? List these responses.</li> <li>– If either list contains examples of the following typical responses discussed in the curriculum resource material, point them out and label them on the flip chart pages. <ul style="list-style-type: none"> <li>• Avoidance</li> <li>• Awe</li> <li>• Anger</li> </ul> </li> </ul> </li> <li>• Reflect on the vignettes previously discussed. <ul style="list-style-type: none"> <li>– LTCO frequently interact with authority figures.</li> <li>– Describe behavior that would be appropriate for LTCO when interacting with authority figures. List the responses, such as: <ul style="list-style-type: none"> <li>• Assertive</li> <li>• Direct</li> </ul> </li> </ul> </li> </ul>	


Teaching Notes	Your Notes
<ul style="list-style-type: none"> <li>• Focused on issues and outcomes</li> <li>• Respectful</li> <li>• Prepared with factual knowledge</li> </ul> <p>– Compare the list of appropriate LTCO actions with the two lists of actions based on typical, personal responses.</p> <ul style="list-style-type: none"> <li>• Point out any major differences.</li> <li>• If there are several differences, ask trainees to think about how they can move from their typical response to the type of response that an ombudsman needs to exhibit.</li> </ul> <ol style="list-style-type: none"> <li>1. Briefly discuss ideas if trainees are willing to share.</li> <li>2. Ask trainees to take a moment and write a personal goal for growth in this area. It is not necessary to share the goals.</li> <li>3. Challenge trainees to continually evaluate themselves, seeking ways to improve their resolution skills.</li> </ol> <p>2. LTCO Assertiveness with Authority Figures</p> <ul style="list-style-type: none"> <li>•  Use Situation Six, “Assertiveness with Administrator,” on the “Basic Complaint Handling Skills” on the captioned CD version distributed with the “Problem-Solving Process: Investigation Chapter.” Reinforce key points as the CD plays. Ask trainees to pay attention to the skills Mary uses and the administrator’s responses.</li> </ul> <p>– What did Mary want from the administrator, Mr. Delgado? Resolution to a couple of complaints.</p> <p>– What was accomplished? An appointment to discuss the complaints.</p> <p>– What were the administrator’s concerns?</p> <ul style="list-style-type: none"> <li>• More complaints.</li> <li>• Busy schedule, demands on his time.</li> <li>• Mary going over the heads of his staff to deal</li> </ul>	



Teaching Notes	Your Notes
<p>with him, not using the chain-of-command in the facility.</p> <ul style="list-style-type: none"> <li>– Why is it important to understand the perspective of the other person in a confrontational situation? <ul style="list-style-type: none"> <li>• Understanding their viewpoint can help you choose an appropriate response or strategy. <ol style="list-style-type: none"> <li>1. Mr. Delgado was very busy and wanted to delay talking with Mary.</li> <li>2. Mary did not pressure him to discuss the complaints on the spot. She listened for an opening in his calendar and asked for an appointment.</li> </ol> </li> <li>• Understanding their viewpoint may help you consider options for resolution that appeal to that person’s interest such as resolving an issue without the resident filing a complaint with the regulatory agency.</li> </ul> </li> <li>– Mary suggested that the conversation with Mr. Delgado be continued in his office and began walking to the office. <ul style="list-style-type: none"> <li>• Why did Mary take this action? <ol style="list-style-type: none"> <li>1. Mr. Delgado’s voice was getting louder as he was complaining about the LTCOP and Mary’s actions. <ol style="list-style-type: none"> <li>(a) “Do you ever come in here without finding a problem?”</li> <li>(b) “I don’t have time for this.”</li> </ol> </li> <li>2. Changing the location provided: <ol style="list-style-type: none"> <li>(a) A break in the dynamics and escalation of Mr. Delgado’s venting and attacking Mary.</li> <li>(b) A shift in the focus of the interaction.</li> </ol> </li> </ol> </li> </ul> </li> </ul>	

Teaching Notes	Your Notes
<p style="text-align: center;">(c) A place to talk without residents and staff hearing the exchange.</p> <ul style="list-style-type: none"> <li>• What do you think would have happened if Mary had stayed in the hallway and listened until Mr. Delgado finished his tirade?</li> <li>• Is there any difference on the impact on the willingness of residents and staff to talk with Mary between Mary standing in the hallway until Mr. Delgado was finished or Mary moving the conversation to the administrator's office? If so, what is the difference?</li> <li>• From an administrator's perspective, why should he or she listen to you?</li> </ul> <p>– What behaviors or skills did Mary use?</p> <ul style="list-style-type: none"> <li>• Assertive.</li> <li>• Direct.</li> <li>• Focused on purpose.</li> <li>• Respectful.</li> <li>• Prepared with factual knowledge.</li> <li>• Had done her homework, followed procedures.</li> <li>• Appealed to Mr. Delgado's authority, "You are the one who needs to take action."</li> </ul> <p>– If Mr. Delgado refused to meet with Mary, what is the next step in resolving the issues?</p> <ul style="list-style-type: none"> <li>• Inform Mr. Delgado that the LTCO will continue working to resolve the complaints.</li> <li>• Inform Mr. Delgado that if necessary, the LTCO will talk with the facility's Board of Directors, regional manager, or owner, if applicable.</li> <li>• Inform Mr. Delgado that if appropriate, depending upon the nature of the complaints, the LTCO will file a complaint with the regulatory agency or another agency with jurisdiction.</li> </ul> <p>1. Ask trainees, "How would you go about making this type of referral?" Listen to see</p>	

Teaching Notes	Your Notes
<p>if they retained the information previously discussed about LTCO referrals.</p> <ol style="list-style-type: none"> <li>2. Briefly mention a few reasons why the regulatory agency may not verify and/or cite a deficiency when the agency investigates the LTCO's complaint.</li> <li>3. Point out that many times LTCO can achieve immediate, or at least faster, satisfaction for a resident than will occur if the complaint is only referred to the regulatory agency for action. "The power of an ombudsman!"<sup>4</sup> <ul style="list-style-type: none"> <li>• Ask trainees, "Why would you inform Mr. Delgado that you will take further action on the complaint?"               <ol style="list-style-type: none"> <li>1. Make teaching points as necessary.</li> <li>2. Affirm correct responses.</li> </ol> </li> </ul> </li> </ol> <p>E. Community Resources and Support Systems</p> <ol style="list-style-type: none"> <li>1. LTCO may encounter situations that require resources or knowledge that the LTCOP does not have or where action by someone else is needed.</li> <li>2. What are some of the community resources you know or have used? Make a list of the responses on the flip chart.</li> <li>3. Add any other key resources that have not been mentioned.</li> <li>4. Briefly discuss why and when LTCO might connect someone with each of the resources on the list. What services do they offer pertinent to long-term care residents?</li> <li>5. Reiterate that the role of the LTCO is to:       <ul style="list-style-type: none"> <li>• Connect residents with resources.</li> <li>• Refer the facility to resource(s) to tap on behalf of residents.</li> </ul> </li> </ol>	


Teaching Notes	Your Notes
<p>• Have a broad range of potential partners and options for working on behalf of residents.</p> <p>• Continually be alert to new resources that might be useful.</p> <p>➤ <b>Key Points</b></p> <ul style="list-style-type: none"> <li>• LTCO need to be prepared for a resolution meeting.</li> <li>• Use an approach that is appropriate for the parties involved, is consistent with the role of the LTCO, and is likely to produce the desired outcome.</li> <li>• Maintain a focus on the issue, use facts, remain calm and persistent.</li> <li>• Begin with a clear statement of the problems and the impact of the problem on resident(s).</li> <li>• Know the pertinent law and regulations; use if necessary, but typically not as the first argument.</li> </ul> <p><b>VI. Additional Exercises</b></p> <p>For more practice with resolution and to boost the confidence of trainees, use one or more of the following exercises. Providing this type of additional experience is a good indicator of the extent to which trainees understand the LTCO approach and are able to take appropriate actions. The time necessary to do each of these <u>is not</u> included in the agenda for teaching this session. Each exercise will take some time to conduct in order to adequately debrief and to interject teaching points. In deciding what to do, remember that you want trainees to leave the class with clear visual and auditory images of good LTCO practice. Use methodology that ends the session with a model of appropriate LTCO planning and actions.</p> <p>A.  ► If trainees worked through additional cases during “The Problem-Solving Process: Investigation” chapter, such as Ezra Jones, Mrs. Ann Jones, or expanded situations from “What Does This Mean,” use the same case for planning an approach and resolving the issue. Trainees will need their worksheets and case notes from</p>	

**Teaching Notes**


the investigation chapter or you can provide these as handouts that are completed through the investigation stage. You fill in the necessary information before class. The following exercise may be done as an individual exercise or with a partner.

Ask trainees to:

1. Complete the Resolution Planning sections of the worksheet handout that is in the appendix of this chapter.
2. Write their case notes recording what happened.

 **► Depending upon the time available, ask trainees to document the case on a NORS form.**


3. Debrief by asking trainees to exchange case notes and worksheets and give each other feedback regarding:
  - Logical problem-solving sequence and steps based on the information given.
  - Clarity and completeness of notes.
  - Factual statements instead of subjective statements.
  - Any ideas about other approaches.
4. Alternately, you could ask one or two volunteers to read their plans and case notes to the group. Invite a dialogue regarding key points for LTCO practice. If there is time, the class might role play the resolution meeting and the follow-up meeting.

B.  Use another one of the case situations in the appendix of this chapter and follow the steps listed in A, beginning with resolution planning.

1. Another option for integrating knowledge and skills is to practice the problem-solving process from the beginning through follow-up. There is value in trainees tackling a case situation and working it through from the beginning to the conclusion. This can be an individual exercise or done with a partner.


**Your Notes**

**Teaching Notes**

- Ask trainees to complete the entire worksheet.
-  ► Provide references to the specific sections of the law and regulations that trainees need to consult to avoid using a lot of time looking for references.
- You could interject some role play or dialogue during sections of this assignment to make teaching points and to vary the methodology.
- Be alert to opportunities to integrate teaching points about LTCO role, procedures, communication skills, the aging process, and good provider practices during the debriefing dialogue.
- Allow ample time for this exercise because it is time consuming.

2. If you find trainees becoming overwhelmed or confused by the need to invent some details about the situation in order to complete this exercise, pull the class together and develop some key facts about the case through dialogue.

3. List the agreed upon facts on the flip chart as a reference for trainees.

4.  ► Another way to expedite this exercise is for you to prepare case notes completed through investigation and at least the verification work sheet for the case. Distribute these as handouts.

**C. Role Play Resolution Skills**


1. Use the role play situation in the appendix to practice resolving issues with someone who is resistant.

2. If you use this with groups of three individuals, use the “Coach” handout as well as the role descriptions.

- Listen and observe to ensure that correct LTCO skills and responses are being reinforced.
- Debrief with everyone. Reinforce key points and respond to questions.

3. If you use this exercise with the entire group, you might be the “Coach” and invite comments and

**Your Notes**

Teaching Notes	Your Notes
<p>assistance from the audience at key points.</p> <ul style="list-style-type: none"> <li>• Step in at key times, stop the action, and move the situation into a more positive demonstration of skills if necessary.</li> <li>• Change the dynamics a bit to present new challenges if the group is showing a solid understanding of the skills and approach.</li> </ul> <p><b>VII. Resolution in Residential Care Facilities for the Elderly (RCFEs)</b></p> <p>A. The problem-solving process focuses on an approach that LTCO can use in any type of facility. The examples in this chapter are SNF settings. Depending upon the facilities the trainees will be visiting as LTCO and their need for more specialized training, there are two excellent resources. Using the first resource as an in-service training session within the first year of working as a LTCO is strongly recommended for LTCO working in RCFEs. It could be added as another chapter in this basic training as long as doing so does not overwhelm the trainees who are trying to retain a lot of new material.</p> <p>1. “Translating Nursing Home Ombudsman Skills to Assisted Living: Something Old, Something New,” by Robyn Grant, for the National Long-Term Care Ombudsman Resource (NORC) Center in March, 2003,  <a href="http://ltcombudsman.org/ombpublic/251_1340_8674.cfm">http://ltcombudsman.org/ombpublic/251_1340_8674.cfm</a> is a guide that can be used for training.</p> <ul style="list-style-type: none"> <li>•  ► Two case studies with discussion questions were developed for a conference training call on this topic and are included in the appendix of these notes. <i>If time permits, use one or both of these cases in class to focus on differences between advocating in SNFs and in RCFEs.</i></li> </ul> <ul style="list-style-type: none"> <li>– Adapt the case studies as needed.</li> <li>– Use the cases: <ul style="list-style-type: none"> <li>• as small group exercises,</li> <li>• as individual exercises, or</li> <li>• work through one with the entire group, then</li> </ul> </li> </ul>	

Teaching Notes	Your Notes
<p>ask trainees to work through the second case.</p> <ul style="list-style-type: none"> <li>– Provide applicable background and resource information for trainees to read and/or to refer to as they respond to the case questions.</li> <li>– To extend the exercise and provide additional practice, provide worksheets with key questions and forms for documenting and for recording any NORS data. Use similar methods to those used to work through problem solving (investigation and resolution) in the preceding nursing facility cases.</li> </ul> <p>2. “Ombudsman Advocacy Challenges in Assisted Living: Outreach and Discharge,” by the National Association of State Units on Aging for NORC, March 2001, also contains case examples, a discussion of the LTCO role, and resources. The link to this document is:  <a href="http://ltcombudsman.org/uploads/SAchallengesinALdischarge.pdf">http://ltcombudsman.org/uploads/SAchallengesinALdischarge.pdf</a></p> <p>3. “Uses of Mediation in Assisted Living – And Some Advice Thrown In: An Ombudsman Training Chapter,” by the National Association of State Units on Aging for NORC, February 2001, is available on the NORC website. It identifies mediation strategies and issue LTCO should be aware of when addressing conflicts in assisted living settings. The link to this document is:  <a href="http://ltcombudsman.org/uploads/MediationInAL.pdf">http://ltcombudsman.org/uploads/MediationInAL.pdf</a></p> <p>4. “Advocacy Practices in Assisted Living: A Manual for Ombudsman Programs,” National Association of State Units on Aging, 1999, is a third resource on this topic. It is available for purchase from NASUA, (202)898-2578, <a href="http://nasua.org/">http://nasua.org/</a></p>	

<sup>1</sup> Instructions for Completing the LTCOP Reporting Form for the National Ombudsman Reporting System, NORS, October 2006, Administration on Aging.

<sup>2</sup> Ibid.



<sup>3</sup> Based on, "Ombudsman Training And Certification: Toward A Standard Of Best Practice," Wayne Nelson, Appendix VI. NASOP, The Long-Term Care Ombudsman Program: Rethinking and Retooling for the Future, Proceedings and Recommendations." April 2003.

<sup>4</sup> From the PowerPoint presentation, "The Long-Term Care Ombudsman Program, History and Responsibilities under the Older Americans Act," in the "History and Role of the Long-Term Care Ombudsman Program," Curriculum chapter. National Long-Term Care Ombudsman Resource Center. May 2004. [www.ltombudsman.org](http://www.ltombudsman.org)

**APPENDIX: Handouts for Exercises**

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## THE PROBLEM-SOLVING PROCESS

<b>STAGE 1 INTAKE AND INVESTIGATION</b>	
<b>Receive the Complaint</b>	Receive problems, complaints, concerns.
<b>Gather Information</b>	Collect information from interviews, observations, and records.
<b>Identify the Underlying Problem</b>	Review information gathered. Assess what seems to be at the root of the problem. The complaint may be only a symptom.
<b>STAGE 2 ANALYSIS AND PLANNING</b>	
<b>Analyze the Situation</b>	Once you identify the problem, consider the causes.
<b>Consider Solutions</b>	Generate alternative solutions or approaches. Who should be involved? When? How? Why?
<b>Identify Obstacles</b>	Anticipate obstacles to help select an appropriate approach.
<b>STAGE 3 RESOLUTION AND FOLLOW UP</b>	
<b>Choose an Approach</b>	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.
<b>Act</b>	Proceed with the selected plan, but be prepared to use an alternative.
<b>Evaluate Outcome</b>	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.

## **RESOLUTION PLANNING: MRS. WOODS**

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

### **1. What is the root cause of the problem?**

NOTE: The “root cause” is the problem you find after an investigation. It explains why the problem occurred. The one reported by the complainant may have been only a symptom of a larger problem. Solving the root problem will solve the complainant’s and similar problems.

Procedure for pouring coffee results in coffee getting cold. Facility has not responded to resident council’s concerns about the limited availability.

### **2. What outcome does the resident want?**

Coffee to be hot at mealtimes, more often than current break times and coffee available to serve to guests.

### **3. Is the resident willing to participate in the resolution process? If so, how?**

Yes, as part of a group of individuals meeting with the food services supervisor.

### **4. Who needs to be involved?**

FSS, Resident Council President, complainant

### **5. What are some possible solutions to the problem? (List at least 2 for each problem.)**

- a. To address problem of coffee being cold at mealtime:
  - i. Don’t serve coffee before residents are seated.
  - ii. Reheat coffee in a microwave for residents who request it.
- b. To address problem of only one coffee break:
  - i. Add a second coffee service during the day.
  - ii. Have coffee available all day long.

**6. Of the possible solutions, which one do you want to try first and why?**

- a. (i) This is the simplest solution and doesn't require as much individual attention by staff.
- b. (i) It's a good start and won't be as expensive or require as much staff time.

**7. What objections might the facility (or others) have to your proposed solution? How will you respond to the objections?**

- a. Objection: This will require a change in procedure and might take extra staff time.

Response: Ask staff to think about how much coffee is being wasted now and how important the issue is to the residents. If necessary, remind them about law regarding accommodation of needs.

- b. Objection: This may add a significant expense.

Response: this may be true. However, again, the issue is very important to residents. If the expense truly is very great, perhaps the facility can seek donations or sponsor a fund raising event. If necessary, remind them about the law regarding accommodation of needs.

**8. What actions (approaches) will you take to resolve the problem?**

Arrange a meeting with the food services supervisor, the resident council president, the complainant and myself. Try and develop solutions together.

**9. How will you know the problem is fixed?**

Check back with residents within agreed upon time-frame to see if improvements have been made and if implemented solutions are working as planned.

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### CASE NOTES

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

7/27/01 AM

Had brief pre-planning meeting with residents to confirm desired outcome. Asked RCP to take lead. FSS joined meeting. FSS agreed to advise staff before next meal and morning shift to wait for residents to be seated before pouring coffee. RCP asked for a warm-up during meals. FSS said she would consider this. FSS expressed concerns about staff time and supplies for additional coffee breaks.

RCP agreed to poll residents to find two times when residents would like additional break. Complainant will help with poll. RCP was concerned about residents who are unable to come to dining room. RCP suggested carafe. FSS said service for these resident sis the responsibility of the nursing staff.

8/1/01 AM

Met with complainant in her room to check on progress on poll and whether the coffee service at mealtimes had improved. Residents asked for coffee at 10 am and 2:30 pm. Administrator agreed. New coffee breaks to begin next week. Coffee now served hot at mealtimes.

While meeting with complainant, roommate (Mrs. Krepps) was there. TV was loud enough that it made it difficult to have a conversation. I asked if it would be possible to discuss the issue of the TV volume now. Roommate agreed to limit TV viewing to certain programs if the complainant would agree not to "harp" about it during those times. Complainant agreed. I then spoke to roommate alone. TV is equipped for headphones. I asked if roommate had considered using headphones. Roommate said I should contact her niece regarding purchase. I

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agreed to do so. I asked roommate if she has had her hearing checked recently. She has not.

8/3/01 PM

Called Social Worker for contact information for Mrs. Krepps' niece (Allison Hampton, 555-7846). Called niece at work. Niece will purchase headphones.

8/10/01 PM

Visited facility and observed afternoon coffee service. Complainant stated she was very pleased. Complainant plans to approach FSS about coffee for guests between times.

8/18/01 AM

Met complainant in lobby. Complainant reported that FSS had arranged with administrator that the coffee available all day for staff could be served to guests. Congratulated complainant on her success. Asked if she had any thoughts on improving community involvement in the home.

**CASE PLANNING WORKSHEET  
ANALYSIS OF LAW AND REGULATION**

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

What laws, regulations, and/or standards might apply to these problems? NOTE: Be sure that you are not relying on the summarization included in the Curriculum Resource Material. Check the actual source documents for the complete provision and accurate language.

**OBRA '87 (Federal Nursing Home Reform Law)**

**Medicaid/Medicare Requirements (Federal Requirements)**

**State Law**

**State Regulations**



**INTERVIEW PLAN**

*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

## **OBSERVATION**

What do you want to observe? Why?

## **DOCUMENT REVIEW**

What documents (other than laws and regulations) might you want to consult? Why?

## RESOLUTION PLANNING

1. What is the root cause of the problem?
2. What outcome does the resident want?
3. Is the resident willing to participate in the resolution process? If so, how?
4. Who needs to be involved?
5. What are some possible solutions to the problem? (List at least 2 for each problem.)
6. Of the possible solutions, which one do you want to try first and why?

### Resolution Planning Work Sheet continued

7. What objections might the facility (or others) have to your proposed solution?  
How will you respond to the objections?
8. What actions (approaches) will you take to resolve the problem?
9. How will you know the problem is fixed?

## MRS. WILDER

*Adapted from a case developed by Jean Wood<sup>1</sup>*

Mrs. Wilder is an 85-year old resident of a nursing home whose care is paid for by Medicaid. One day while visiting as a long-term care ombudsman representative you stop and talk with her. She says, "I'm thirsty." You notice that there is no water at her bedside. With her permission, you ask someone to fill her water pitcher.

You continue visiting residents throughout the facility, observing whether others have sufficient water. You conclude that nearly a third of the 30 residents you visited do not have water in their pitchers or have no pitchers. From your conversations with residents and your observations you realize that many of the residents display symptoms of dementia and have dry lips.

Because you know that residents with dementia may not know what to do with water pitchers on their bedside tables, you look for other ways that residents are encouraged to drink. When you do not see any indications of water being offered except with meals, you know there is a problem to be addressed.

1. Complete a Case Planning Worksheet showing how you will deal with the problems you have identified.
2. Document your actions in case notes and supply additional information as necessary.

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<sup>1</sup> Developed for LTCO training when Jean was employed by the National Association of State Units on Aging and working with the National Ombudsman Resource Center. Jean previously was the Ohio SLTCO and currently is Executive Director of the Minnesota Board on Aging.

## HIDDEN COVE FAMILY CARE HOME

You have heard a buzz in the community about the Hidden Cove Family Care Home. You decide to visit the facility since it is in the area you cover as a long-term care ombudsman representative. Before you do, you check the LTCOP files and find no complaints and little information about this home.

The outside appearance of the home gives you an uneasy feeling. You can understand why it is named Hidden Cove. As you enter, the home's owner and administrator, Mr. Wish, greets you at the door. He is scowling and demands to know who you are and why you think you can just walk in. When you tell him you are a LTCO, he grudgingly lets you enter but warns you not to upset his people.

You see beds for fifteen residents. There are eight residents inside while you are there. In talking with some of the residents they very quietly tell you that the food is "not fit to eat", especially at the end of the month. They get whatever special diet the administrator is on during the current month. One resident says something about people just disappearing at night but refuses to say anything more about this. A few of the residents do not respond to your attempts to establish a connection. All of the residents are cautious when talking with you and want you to know that living here is better than being in a nursing home. They are thankful for food and shelter in spite of some problems. You hear two people yelling at each other in another part of the home and doors slamming. You have seen and heard enough to decide that you need more information and a little time to think through what to do as a LTCO.

On your way out of the home, Mr. Wish stops you. He demands to know what the residents said. After all, how can he fix problems if he doesn't hear about them?

1. How do you respond to Mr. Wish?
2. Complete a Case Planning Worksheet showing how you will deal with **one** of the problems you have identified.
3. Document your actions in case notes and supply additional information as necessary.

## **ROLE PLAY TRIAD GUIDE**

Developed by Wayne Nelson, Ph.D., Department of Health Science,  
Towson University, Towson, Maryland

### **The Roles**

1. **Coach**
2. **Ombudsman Representative**
3. **Nursing Home Administrator**

### **The Situation for the LTCO**

You are a LTCO who has received a complaint of poor personal care at a local nursing home. The complainant, a concerned family member, tells you that the quality of care is in serious decline and that resident hygiene is especially poor. You visit the facility over the next three days and discover an inordinate number (8+) of residents who have been lying in their own waste for various unacceptable amounts of time. Call bells are rarely answered and when they are, resident requests are often ignored, denied or delayed.

### **LTCO role is to practice the following:**

1. Listening and acknowledging feelings (empathetic listening)
2. Point
3. Evidence
4. Point
5. Repeat the first four steps as necessary until the administrator listens
6. Closure

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### **Administrator**

You are angry and defensive. You've worked hard to provide good care, but you are facing the seasonal shortage that drains you of your direct care staff as they leave for more lucrative work in the hospital or the nearby tourist resorts. You are frustrated, threatened, and you really resent the nit-picking LTCO who would be much more help to you if she (he) would help with resident activities or become trained to help with feeding during lunch. You are fully aware of the problems and you resent the LTCO's untrained intrusion. The national and state talk about culture change and quality is not helping. It adds to your stress because of your staffing issues. That's all you need, having everyone seeking "high quality" when you are struggling to cover the basics!

You will vent your anger and frustrations to the LTCO and present numerous excuses for the present situation.

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### **Coach**

Your job is to keep the role-players on target by helping them fulfill their roles. You may stop the interaction to give advice, to encourage a different approach, to offer help, or give examples. Afterwards, you will facilitate a three-way discussion and critique and review of what went on in the simulation.

What worked?

What didn't?

In the plenary wrap up you may be asked to share some of your observations.



## **Translating Nursing Home Ombudsman Representative Skills To Residential Care Facilities For The Elderly**

*Adapted from a Case Developed by Robyn Grant, Consultant  
National Long-Term Care Ombudsman Resource Center*

### **Case Study #1**

When Elizabeth Peters was admitted to the residential care facility for the elderly (RCFE), she was assessed and determined to meet the criteria for the facility's "Level 1" package of services. Eight months later, Mrs. Peters received a notice informing her that the nursing staff has determined that she now needs more nursing assistance and has been switched to the "Level 2" package of services. Staff particularly note that Mrs. Peters needs help getting in and out of the bathtub as she has already fallen two times (without injury) while bathing. The cost for the Level 2 services is higher than it is for the Level 1 package. Mrs. Peters and her family do not believe she needs the care included in the Level 2 package and certainly don't want to be charged a higher rate.

Mrs. Peters has asked you, the ombudsman representative, to help her fight the change to Level 2 services.

### **Discussion Questions**

1. Identify some of the issues in this case.
  
  
  
  
  
  
  
  
  
  
2. Does California have any RCFE regulations that you could use to help Mrs. Peters? If yes, identify 2-3 regulations that would be most helpful.
  
  
  
  
  
  
  
  
  
  
3. What else might you use "as leverage" to help Mrs. Peters in addition to or instead of RCFE regulations?
  
  
  
  
  
  
  
  
  
  
4. Identify the specific steps you would take to investigate and resolve this case.

## **Translating Nursing Home Ombudsman Representative Skills To Residential Care Facilities For The Elderly**

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### **Case Study #2**

Mr. William Phillips has lived in a residential care facility for the elderly (RCFE) for 18 months. He recently suffered a stroke that has left him paralyzed on his left side. Despite extensive rehabilitation therapy, he is no longer ambulatory and is unable to maneuver a wheelchair on his own. The facility has issued Mr. Phillips a transfer/discharge notice, stating that it can no longer meet his needs.

Mr. Phillips wants to remain in the facility and asks you to help him. He tells you that one reason he chose this facility was because he was told he could “age in place” and not have to move to a nursing home.

### **Discussion Questions**

1. Identify some of the issues in this case.
  
  
  
  
  
  
  
  
  
  
2. Does California have any RCFE regulations that you could use to help Mr. Phillips? If yes, identify 2-3 regulations that would be most helpful.
  
  
  
  
  
  
  
  
  
  
3. What else might you use “as leverage” to help Mr. Phillips in addition to or instead of RCFE regulations?
  
  
  
  
  
  
  
  
  
  
4. Identify the specific steps you would take to investigate and resolve this case.