

# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Nursing Home Involuntary Discharge Survey and Count

Survey of Long-Term Care Ombudsmen



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Nursing Home Involuntary Discharge Survey and Count

Survey of Long-Term Care Ombudsmen

Dr. Matthew Nesvet, PhD, post-doc scientist, IU School of Medicine

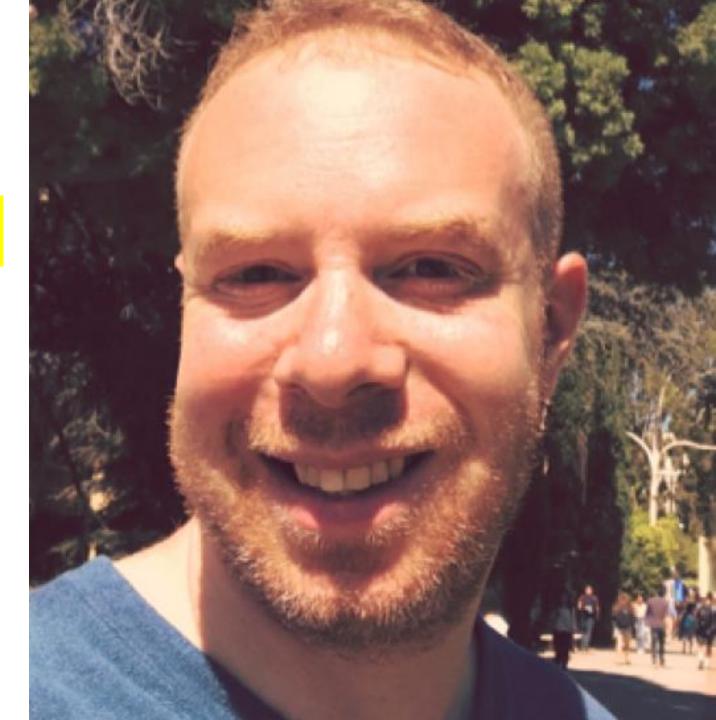
Dr. Kathleen Unroe, MD, Indiana Univ. School of Medicine / IU-CAR

Thank you all for the helpful comments & suggestions shared at 11/13 office hours!

This slideshow presents sign-up survey and involuntary discharge count/survey questions I shared @the office hours. The survey questions are now updated based on your feedback.

The sign-up survey & discharge survey will go live later this month (Dec 2023)

Please email me (Matt) at <a href="mailto:nesvet@iu.edu">nesvet@iu.edu</a> to offer further comments and suggestions.



# We want to support the work LTC ombudsmen do in nursing homes

- Learn about and support mediation and advocacy work in nursing homes
- Co-design research with Ombudsmen to support nursing home residents
- Harness the power of medical institutions to support rights-based approaches in healthcare
- Make critical data available to Ombudsmen
- Longer-term partnership between IU School of Medicine, Regenstrief Institute, and LTC ombudsmen

# # Involuntary Discharges Ombudsmen Addressed

#### **Involuntary Discharge Complaints Increased Pre-Pandemic**

Year	Involuntary Discharge Complaints	Total Annual Complaints
2019	<mark>10,508</mark>	198,502
2017	10,610	201,460
2016	9,439	199,493
2015	9,192	199,238
2014	8,515	191,553

- How many residents are involuntary discharged every year?
   Including involuntary discharges ombudsmen do not handle.
- Who is being discharged? What risk/equity factors?
- How does the discharge process **impact residents**?

- Sign-up Survey
- Discharge Surveys

Sign-up Survey: 13 Questions ☐ Privacy (IRB, No Client PII). Survey Purpose. ☐ Ombudsman Name, Email, Phone Number, ☐ State. No other location information sought. ☐ Paid or Volunteer? ☐ Can you accept \$25 gift? For time and effort. ☐ Attempted to informally discharge resident? ☐ Have questions? Or want to discuss survey? ☐ Population Demographics. Sex, race, degree.

Enrollment Survey

Sign-up Survey: 13 Questions

Summary of the 13 multiple choice questions	
☐ Privacy (IRB, No Client PII). Survey Purpose.	
☐ Ombudsman Name. Email. Phone Number.	
☐ State. No other location information sought.	
☐ Paid or Volunteer?	
☐ Can you accept \$25 gift? For time and effort.	
☐ Attempted to informally discharge resident?	
☐ Have questions? Or want to discuss survey?	
☐ Population Demographics. Sex, race, degree.	

Enrollment Survey

	Sign-up Survey: 13 Questions
<u>cep Survey</u>	☐ Privacy (IRB, No Client PII). Survey Purpose.
nent Survey	Ombudsman Name. Email. Phone Number.
	☐ State. No other location information sought.
	☐ Paid or Volunteer?
	☐ Can you accept \$25 gift? For time and effort.
Question 8 (of 13).	
After completing one survey for each nursing home resident you received a discharge notice for in the month of September, we would like to thank you for your time and efforts. Can we send you a \$25 gift card? Will you be able to accept this gift as a thank you for working on the surveys and your insights?	
○ Yes.	
○ No.	

O No.

Maybe, I must check with my supervisor or ethics office.

- I can accept the gift card to purchase food for my office.
- O I cannot accept a gift card, but you can send my office food as a thank you in lieu of sending the gift card.

Enrollment Survey

Sign-up Survey: 13 Questions
☐ Privacy (IRB, No Client PII). Survey Purpose.
☐ Ombudsman Name. Email. Phone Number.
☐ State. <i>No other location information sought.</i>
☐ Paid or Volunteer?
☐ Can you accept \$25 gift? For time and effort.
☐ Attempted to informally discharge resident?
☐ Have questions? Or want to discuss survey?
☐ Population Demographics. Sex, race, degree.

Enrollment Survey

Sign-up Survey: 13 Questions
☐ Privacy (IRB, No Client PII). Survey Purpose.
☐ Ombudsman Name. Email. Phone Number.
☐ State. No other location information sought.
☐ Paid or Volunteer?
☐ Can you accept \$25 gift? For time and effort.
☐ Attempted to informally discharge resident?

Question 9 (of 13).

In the last 12 months, have you spoken to <u>any</u> nursing home resident(s), family members or guardians who told you the **staff or management told them the resident should leave, or might have to go?**Only answer "yes" if a resident, guardian, or family member told you they were informally warned that the resident may have to go. (Do not count written notices.)

O Yes.

O No.

Enrollment Survey

Sign-up Survey: 13 Questions
☐ Privacy (IRB, No Client PII). Survey Purpose.
☐ Ombudsman Name. Email. Phone Number.
☐ State. No other location information sought.
☐ Paid or Volunteer?
☐ Can you accept \$25 gift? For time and effort.
☐ Saw any irregularity/illegality in discharges?
☐ Have questions? Or want to discuss survey?
☐ Population Demographics. Sex, race, degree.

- Enrollment Survey
- Discharge Survey

**Discharge Survey: 10 Questions** ☐ How did you receive notice? ☐ Reason(s) the facility cited? ☐ Discharge Plan safe, complete? ☐ Any actions ombudsmen took? ☐ Describe the discharge process. ☐ Discharge \*appear\* compliant? ☐ After discharged: housing type? Client demographics (if known) ☐ Sex ☐ Race/ethnicity ■ Approximate age

- Enrollment Survey
- Discharge Survey
  - Fill out 1 survey
     for <u>every</u> notice
     received in Sept
     2023 or Jan 2024

Discharge Survey: 10 Questions
☐ How did you receive notice?
☐ Reason(s) the facility cited?
☐ Discharge Plan safe, complete?
☐ Any actions ombudsmen took?
☐ Describe the discharge process.
☐ Discharge *appear* compliant?
☐ After discharged: housing type?
☐ Client demographics (if known)
□ Sex
☐ Race/ethnicity
☐ Approximate age

- Enrollment Survey
- Discharge Survey

	Discharge Survey: 10 Questions	
	☐ How did you receive notice?	
	☐ Reason(s) the facility cited?	
	☐ Discharge Plan safe, complete?	
	Any actions ombudsmen took?	
Р	lease complete one survey for each resident you receive a discharge notice for.	
	Question 1 (of 10)	•••
	How did you receive the notice that a resident would be involuntarily discharged? (select all that apply)	
	☐ Email from the nursing home.	
	Letter from the nursing home.	
	State ombudsman office informed me they received a notice.	
	Another district ombudsman informed me they received written or emailed notice.	
	<ul> <li>During a physical visit to the nursing facility, learned a resident had received notice.</li> </ul>	
	☐ The resident's family member, friend, and/or a guardian notified me (by any means).	
	Other (describe how you learned the resident faced being involuntary discharged?):	

- Enrollment Survey
- Discharge Survey

Discharge Survey: 10 Questions
☐ How did you receive notice?
☐ Reason(s) the facility cited?
☐ Discharge Plan safe, complete?
☐ Any actions ombudsmen took?
Question 2 (of 10)
Why did the nursing facility say the resident would be discharged? (select all that apply)
The resident's needs cannot be met in the facility.
The resident no longer needs the facility's services.
The safety of others in the facility is endangered by the resident's presence.
The health of others in the facility is endangered by the resident's presence.
The resident has failed to pay for nursing facility services, despite notice of nonpayment.
☐ The nursing facility is closing.
The facility did not write or check in their notice the reason for the involuntary discharge.
Other (describe what other reason the facility gave to involuntary discharge the resident.

- Enrollment Survey
- Discharge Survey

	Discharge Survey: 10 Questions
	☐ Discharge Plan safe, complete?
3 0	of 10
_	ook at the Involuntary Discharge Notice. Does the written <b>Discharge Plan clude any of the following</b> elements? (Select all that apply)
	The facility left blank (did not articulate) a plan when notifying of the resident's pending discharge.
	Plans to transfer resident to another nursing home.
	Plans to transfer resident to a mental health facility.
	Plans to transfer resident to a known private home.
	Plans to transfer resident to an institutional facility lacking nursing services (aka shelter or bridge housing).
	Plans to obtain at-home nursing or behavioral health services for the resident after involuntary discharge.
	The discharge plan included a feature not listed above (please describe what else was mentioned):

- Enrollment Survey
- Discharge Survey

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**What actions** did you or another ombudsman take after receiving the discharge notice? (Select all that apply):

No contact or attempted contact with resident and no other actions to report.  Attempted to contact resident, family/friend, or guardian but could not reach.  Visited and spoke to the resident in person.  Called and spoke to the resident by phone.  Called the resident's family member, friend, or a legal guardian to discuss.  Mediated with facility management and/or staff for the resident to remain.  Helped the resident find another facility to move to, or attempted to do so.  Advised the resident about the right to challenge an involuntary discharge.  Advised the resident on the process to challenge an involuntary discharge.  Helped resident request a hearing to challenge the involuntary discharge.  Helped family member(s), friend(s), or guardian challenge the discharge.  Represented the resident before a hearing officer.  Explained to the resident the result of the hearing.  After a hearing, mediated with the nursing facility.  Gave other assistance to the resident (describe):	
Visited and spoke to the resident in person.  Called and spoke to the resident by phone.  Called the resident's family member, friend, or a legal guardian to discuss.  Mediated with facility management and/or staff for the resident to remain.  Helped the resident find another facility to move to, or attempted to do so.  Advised the resident about the right to challenge an involuntary discharge.  Advised the resident on the process to challenge an involuntary discharge.  Helped resident request a hearing to challenge the involuntary discharge.  Helped family member(s), friend(s), or guardian challenge the discharge.  Represented the resident before a hearing officer.  Explained to the resident the result of the hearing.  After a hearing, mediated with the nursing facility.	No contact or attempted contact with resident and no other actions to report.
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<ul> <li>Mediated with facility management and/or staff for the resident to remain.</li> <li>Helped the resident find another facility to move to, or attempted to do so.</li> <li>Advised the resident about the right to challenge an involuntary discharge.</li> <li>Advised the resident on the process to challenge an involuntary discharge.</li> <li>Helped resident request a hearing to challenge the involuntary discharge.</li> <li>Helped family member(s), friend(s), or guardian challenge the discharge.</li> <li>Represented the resident before a hearing officer.</li> <li>Explained to the resident the result of the hearing.</li> <li>After a hearing, mediated with the nursing facility.</li> </ul>	Called and spoke to the resident by phone.
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Helped resident request a hearing to challenge the involuntary discharge.  Helped family member(s), friend(s), or guardian challenge the discharge.  Represented the resident before a hearing officer.  Explained to the resident the result of the hearing.  After a hearing, mediated with the nursing facility.	Advised the resident about the right to challenge an involuntary discharge.
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Represented the resident before a hearing officer.  Explained to the resident the result of the hearing.  After a hearing, mediated with the nursing facility.	Helped resident request a hearing to challenge the involuntary discharge.
<ul><li>Explained to the resident the result of the hearing.</li><li>After a hearing, mediated with the nursing facility.</li></ul>	Helped family member(s), friend(s), or guardian challenge the discharge.
After a hearing, mediated with the nursing facility.	Represented the resident before a hearing officer.
	Explained to the resident the result of the hearing.
Gave other assistance to the resident (describe):	After a hearing, mediated with the nursing facility.
	Gave other assistance to the resident (describe):

- Enrollment Survey
- Discharge Survey

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What happened within 60 days following facility giving notice? (Select all that apply)

Unknown (no information on what followed notification)
No hearing requested: Resident moved out
No hearing requested: Resident/family/guardian mediated
No hearing requested: Ombudsman mediated
Hearing scheduled: resident moved out before hearing could occur
Hearing occurred: ombudsman represented and/or assisted resident
Hearing occurred: resident represented themselves
Hearing occurred: private attorney attended
Hearing occurred: legal aid attorney attended
Hearing occurred: resident ordered to move out
Heading occurred: hearing officer allowed resident to remain
Hearing occurred: hearing officer allowed resident to remain, facility still discharged
Hearing occurred: hearing officer allowed resident to remain, facility then sent resident to hospital
Hearing occurred: and something else happened (please describe):

- Enrollment Survey
- Discharge Survey

Discharge Survey: 10 Questions	
☐ Discharge *appear* compliant?	
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To your knowledge, were <i>all</i> parts of the involuntary discharge process <u>that you be served,</u> even if you just reviewed the notice and no further action was taken <b>FULLY compliant with <i>all</i></b> State and Federal laws and/or administrative rules	
Yes	
No	
l lack enough info to say that I believe a violation 'likely' occurred.	

OPTIONAL: What did not appear compliant with rules and/or law?

- Enrollment Survey
- Discharge Survey

Discharge Survey: 10 Questions		
<b>]</b>	After discharged: housing type?	
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Where did the resident go immediately after discharge? (Select all that apply)		
	Unknown	
	Resident remained at facility at least 60 days after the notification	
	Another nursing facility	
	Behavioral health facility	
	Shelter or other conjugate housing without 24/7 nursing services	
	Private home: family, friend, and/or informal caregivers present	
	Private home: live alone and/or no informal caregivers present	
	Hospital (or another live-in healthcare facility not listed above)	
	Jail, prison, or other facility resident was judicially assigned to	

Other (describe):

- Enrollment Survey
- Discharge Survey

**Discharge Survey: 10 Questions** ☐ How did you receive notice? ☐ Reason(s) the facility cited? ☐ Discharge Plan safe, complete? ☐ Any actions ombudsmen took? ☐ Describe the discharge process. ☐ Discharge \*appear\* compliant? ☐ After discharged: housing type? ☐ Client demographics (if known) ☐ Sex ☐ Race/ethnicity ■ Approximate

- Enrollment Survey
- Discharge Survey
  - Fill out 1 survey
     for every notice
     received in Sept
     2023 / Jan 2024

# **Discharge Survey: 10 Questions** ☐ How did you receive notice? ☐ Reason(s) the facility cited? ☐ Discharge Plan safe, complete? ☐ Any actions ombudsmen took? ☐ Describe the discharge process. ☐ Discharge \*appear\* compliant? ☐ After discharged: housing type? Client demographics (if known) ☐ Sex ☐ Race/ethnicity ■ Approximate age

#### Deliverables

#### Nationwide:

- Inform you <u>how many residents</u> discharged.
  - Factors accompanying discharge
    - What % inv discharges legal?
    - What % inv discharges safe?
    - Equitable? Adverse impact?
  - Data and analysis backed by a peer-review
  - Full Report (idea: Consumer Voice releases?)
  - Roundtable: what to do w/ discharge data?

#### **Estimate:**

#### **Health impact** of an involuntary discharge

(Within 30 days post-discharge, risk of hospital E.D. visit?)



## We are working for and with you.

#### **Filling out Surveys Takes Time**

- Up to 2-5 minutes to complete sign-up survey.
- Up to 5-7 minutes per discharge notice survey.

*In addition, must also locate:* 

• All September 2023 involuntary discharge notices.

or

• <u>All January 2024 involuntary discharge notices.</u>



# We are working for and with you.

#### **Filling out Surveys Takes Time**

- 3-5 minutes for the first survey.
- 5-10 minutes for second survey.
- Locating all Sept or Jan notices.

Designed for clients. And for you.



## We are working for and with you.

#### **Filling out Surveys Takes Time**

- 3-5 minutes for the first survey.
- 5-10 minutes for second survey.
- Locating all September notices.

Designed for clients. And for you.

We are here to talk. And to listen.

- Matt (msg anytime), nesvet@iu.edu
- Kathleen Unroe, kunroe@iu.edu

