

Aging and Disability Services Division Long Term Care Ombudsman Program Quality Assurance Form Instructions

Purpose:

The Aging and Disability Services Divisions (ADSD) mission is to ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.

The Nevada Long Term Care Ombudsman Program (LTCOP) was established under federal mandate through the Older American's Act. The program was initiated to improve the quality of care in America's nursing homes. The word Ombudsmen is of Swedish origin meaning advocate. Federal law requires each state to have a LTCOP managed by a State Long Term Care Ombudsman. Ombudsman (OMB) receive, investigate and attempt to resolve complaints made by or on behalf of residents who reside in long term care facilities including homes for individual residential care, residential facilities for groups and nursing homes. Ombudsman work on behalf of the resident and his or her wishes and desires. Services provided by the Long-Term Care Ombudsman Program are confidential and based on resident consent.

The LTCOP follows the National Ombudsman Reporting System (NORS) Guidelines. These guidelines provide for a core set of principles and common expectations to assist with consistency in policy and practice for Long Term Care Ombudsman Programs nationwide.

The Quality Assurance Review Form is a tool for the Quality Assurance Team to address areas in need of improvement, as well as to ensure quality services are provided across the state. The Quality Assurance Review Form is a tool for supervisors to train new and ongoing staff in areas of proficiencies and deficiency. The form is also used to identify areas where policy and procedure may need to be updated or changed within the program.

Instructions: Provided are summaries of how to consider and review each question for completing the ADSD, OMB Quality Assurance Form. All questions on the Quality Assurance Form are required. If a question is not applicable to a case being reviewed, check "N/A". Utilize the comment field to identify irregularities in a case (i.e., A case open for over 90 days requiring supervisor approval). Additionally, use the comment section to identify needed corrections and provided positive feedback for the local Ombudsman. Comment sections should be viewed as a training tool for supervisors to use with staff.

Ombudsman Approach to Effective Resolution:

How to review this question set: Ombudsman response time to routine complaints shall be made within seven (7) business days after receipt of complaint. Ombudsman response to **urgent** complaints shall be made within (1) business day after receipt of complaint (Section 114 of Policy Manual).

NRS 427A.135 Section 1(a) Upon a complaint by or on behalf of a resident, investigate any act or policy which the Ombudsman or advocate has reason to believe may adversely affect the health, safety, welfare or civil rights of any resident of a facility for long term care. Section 2. The Ombudsman or an advocate may enter any facility for long-term care and any area within the facility at reasonable times with or without prior notice and must be permitted access to residents of the facility at all times.

The Ombudsman adheres to consent requirements in the Older Americans Act. The resident or the resident's representative communicates informed consent to the disclosure and the consent is given in writing or with auxiliary aids and services. The resident or resident representative communicates informed consent orally, visually, or with auxiliary aids and services and such consent is documented in case notes (see NRS427A.145).

A person-centered approach means the ombudsman includes the resident in decision-making throughout the advocacy process. The ombudsman only performs duties with the resident's wishes in mind.

1. Response time was appropriate to complaint(s)

- "Yes", OMB met (or attempted to meet) with resident within 7 working days.
- "No", OMB did not meet with resident within 7 working days.
- "N/A", if resident is unavailable (i.e. at the hospital) and OMB did not make an attempt to visit the facility where resident lives.

2. Ombudsman (OMB) visited the site where the services were rendered.

- "Yes", OMB met with resident where services were rendered.
- "No", OMB did not meet with resident where services were rendered.
- "N/A", if OMB was unable to meet with resident (i.e. resident died, discharged home, etc.)

3. OMB used observation during investigation.

- "Yes", if OMB used observation during investigation.
- "No", if OMB did **not** use observation during investigation.
- "N/A", if resident does not consent to investigation, not requiring observation.

4. Documentation shows OMB used Person Centered approach with the resident to identify where assistance was needed and developed a plan to provide that help.

- "Yes", if Person Centered approach was used by OMB to assist where needed and to develop a plan to provide that help.
- "No", if Person Centered approach was not used by OMB to assist where needed and to develop a plan to provide that help.
- "N/A", if OMB was unable to meet with resident or consent was not provided.

5. OMB made an appropriate decision regarding review of resident records.

- “Yes”, if OMB made an appropriate decision regarding review of resident records (i.e. OMB reviewed Medication Administration Record (MAR) regarding medication concerns, after obtaining consent).
- “No”, if OMB did **not** make an appropriate decision regarding review of resident records (i.e. without resident consent, OMB reviewed MAR to confirm medications concerns reported or OMB did not review resident records when necessary).
- “N/A”, if OMB was unable to meet with resident or obtain did not obtain consent prior to reviewing resident records.

6. OMB discussed consent to advocate with resident

- “Yes”, OMB informed resident of OMB role and consent driven advocacy.
- “No”, OMB did not discuss OMB role and consent driven advocacy.
- “N/A”, if OMB was unable to meet with resident (i.e. resident died, discharged home, etc.)

7. Consent was obtained from resident.

- “Yes”, OMB obtained consent from resident to advocate.
- “No”, OMB advocated without obtaining consent from resident (i.e. talking to staff without meeting with resident to obtain consent to discuss further).
- “N/A”, if OMB advocating on behalf of resident or unable to meet with resident.

8. Consent was documented appropriately.

- “Yes”, OMB documented appropriately a statement regarding consent (this can be obtained consent or did not obtain consent).
- “No”, OMB did **not** document consent appropriately (i.e. no statement was documented regarding consent).
- “N/A”, if OMB was unable to meet with resident.

9. The consent checkbox in OmbudsManager was checked appropriately.

- “Yes”, if the consent was given to advocate checkbox was marked.
- “No”, if consent checkbox was not checked appropriately (i.e. yes, checked consent was given, not checked if consent was not given).
- “N/A”, if resident is unable to provide consent and OMB is advocating on behalf of resident.

10. Follow-up was completed to determine if resolution was effective, timely, and appropriate to complaint.

- “Yes”, if follow-up was completed with the resident to determine if resolution was effective, timely, and appropriate to complaint.
- “No”, if follow-up was **not** completed with the resident to determine if resolution was effective, timely, and appropriately to complaint.
- “N/A”, if OMB did not obtain consent to discuss; not requiring a follow-up.

11. OMB looked for opportunities to improve care for all residents.

- “Yes”, if OMB looked for opportunities to improve care for all residents.
- “No”, if OMB did **not** look for opportunities to improve care for all residents.
- “N/A”, if not appropriate due to specific resident concerns.

Documentation & Compliance with Program Policies and Procedures:

How to review this question set: Each question in these sections are based on the Program Policies and Procedures. Review all investigation activity documented in Ombudsmanager. Documentation is to be completed within 5 working days of any investigation activity unless there are extenuating circumstances. LTCO Supervisor is to be notified of any extenuating circumstances.

Verification is determined at the completion of your investigation based on the facts and information uncovered during the investigation. LTCO should indicate in the Case Summary Journal what the verification disposition is for each code.

Abbreviations are acceptable if listed on the approved State Long Term Care Ombudsman abbreviations list. Each journal entry shall have proper grammar and spelling.

All documentation related to the investigation shall be uploaded into Ombudsmanager. There should be a total of 3 Journal entries to each case; “Intake Journal”, “Investigation Journal”, and “Closing Summary” (if case closed at the time of the review). All cases open past 90 days require Supervisor’s approval and a journal entry stating the allotted time for case to remain open (Please refer to Section 114 of the Policy Manual).

12. Entries reflect time spent on investigation/travel and documented appropriately.

- “Yes”, if entries reflect time spent on investigation/travel and documented appropriately (i.e. ‘15 minutes, 15 minutes travel time’- spelled out and placed at the end of each journal entry).
- “No”, if entries do **not** reflect time spent on investigation/travel and/or **not** documented appropriately (i.e. no documentation regarding time spent or “15/30”).

13. Documentation was completed timely and in accordance with policy and procedure manual (within 5 working days).

- “Yes”, OMB completed documentation timely within 5 working days.
- “No”, OMB did **not** complete documentation within 5 working days.

14. Relevant demographic information was obtained.

- “Yes”, OMB obtained all relevant demographic information (i.e. marital status, ethnicity, gender, DOB)
- “No”, OMB did **not** obtain all relevant demographic information.
- “N/A”, if OMB was unable to meet with resident to obtain information.

15. Documentation is clear and understandable (e.g. use of professional names).

- “Yes”, if documentation is clear and understandable (full names listed and titles if applicable)
- “No”, if documentation is **not** clear and understandable (full names listed and titles if applicable)

16. Acronyms are used appropriately.

- “Yes”, if acronyms are used appropriately according to approved acronym list.
- “No”, if acronyms are **not** used appropriately according to approved acronym list.
- “N/A”, if OMB did not use acronyms.

17. Case is free of grammar and spelling errors.

- “Yes”, if case is free of grammar and spelling errors.
- “No”, if case is **not** free of grammar and spelling errors.

18. Documentation includes a description of whether resident appeared alert and oriented.

- “Yes”, if the documentation includes description of resident appearing alert and oriented.
- “No”, if there is **not** documentation that describes whether resident appears alert and oriented.
- “N/A”, if OMB was unable to meet with the resident.

19. Original complaints were documented and advocated appropriately.

- “Yes”, if original complaints were documented and advocated appropriately.
- “No”, if original complaints were not documented and/or advocated appropriately.

20. Subsequent complaints were documented and advocated appropriately.

- “Yes”, if subsequent complaints were documented and advocated appropriately.
- “No”, if subsequent complaints were **not** documented and/or advocated appropriately.
- “N/A”, if there were no subsequent complaints to the case.

21. Complaint(s) were accurately applied and documented.

- “Yes”, if complaint(s) were accurately applied and documented.
- “No”, if complaint(s) were **not** accurately applied and documented.

22. OMB contacted complainant to inform them case was opened.

- “Yes”, if OMB contacted complainant to inform them a case was opened.
- “No”, if OMB did **not** contact the complainant to inform them a case was opened.
- “N/A”, if complainant was anonymous and unable to contact.

23. If case was open longer than 90 days, the OMB informed supervisor, obtained approval, and documented appropriately.

- “Yes”, if case was open longer than 90 days, OMB informed supervisor, obtained approval, AND documented appropriately.

- “No”, if case was opened longer than 90 days, OMB did **not** informed supervisor, or obtained approval, or documented appropriately.
- “N/A”, if case was not open longer than 90 days.

24. Verification was accurately selected and is supported by narrative.

- “Yes”, if verification was accurately selected and is supported by narrative.
- “No”, if verification is **not** accurately selected and/or is **not** supported by narrative.
- “N/A”, if the case is still open and no verification has been made.

25. Disposition was accurately selected and is supported by narrative.

- “Yes”, if the disposition was accurately selected and supported.
- “No”, if the disposition was **not** accurately selected and supported.
- “N/A”, if case is still open and no disposition has been made.

Referrals to Other Agencies:

How to review this question set: Review ‘Investigation Journal’ in Ombudsmanager to verify referrals were appropriately offered and discussed with the resident. Ensure necessary ‘referrals’ were made on behalf the of resident including referrals made to regulatory and/or licensing agencies. Verify efforts were appropriately documented.

It is the role of the Ombudsman to determine when a referral is necessary and to which entity the referral is most appropriate. All referrals must be completed with resident consent and reviewed and approved by the Ombudsman Supervisor or designee prior to submission (see section 116 of Policy Manual).

26. Consent was obtained and documented to send appropriate referrals.

- “Yes”, if consent was obtained AND documentation supports appropriate referrals to be sent.
- “No”, if consent was **not** obtained AND documentation does **not** support appropriate referrals to be sent.
- “N/A”, if a referral was not needed/appropriate for case.

27. OMB referred complaint(s) to other agencies for resolution when appropriate and necessary efforts by the OMB have been exhausted (law enforcement, BHCQC, legal services, etc.).

- “Yes”, if OMB referred complaint(s) to other agencies for resolution and was appropriate and necessary after efforts by the OMB have been exhausted.
- “No”, if OMB did **not** refer complaint(s) to other agencies for resolution when appropriate.
- “N/A”, if referrals were not needed for the case or OMB did not receive consent for referrals.

28. Referrals were sent timely upon identification.

- “Yes”, if referrals were sent timely upon identification.

- “No”, if referrals were **not** sent timely upon identification.
- “N/A”, if referrals were not needed for this case.