

OMBUDSMAN INITIATIVES

ADDRESSING

NEGLECT AND ABUSE

Developed by Sherer Murtiashaw, Esquire, Consultant

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ABOUT THE AUTHOR

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ABOUT THE PAPER

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INTRODUCTION

Many elders do not reach their deathbeds due to age but are forced there by incompetent, uncaring, and abusive nursing homes and staff. Victims of abuse and neglect are often unable to defend themselves, or speak out about the mistreatment, and many do not have immediate family that can assist them. Often, those who can speak out do not for fear of retaliation against the resident.

Elder abuse and neglect is any act that results in harm or threatened harm to a resident. This may include physical, psychological, sexual or financial abuse or neglect. It may be intentional or unintentional. Intentional abuse and neglect is a conscious attempt to inflict harm or injury whereas unintentional abuse and neglect is usually due to ignorance, inexperience, or lack of ability or desire. Abuse and neglect includes the withholding of food, shelter, clothing, or services that are needed to maintain physical and mental health.

The Ombudsman Initiative Addressing Abuse/Neglect details information on how long-term care ombudsman programs have successfully impacted neglect and abuse in long-term care facilities. Thirteen (13) programs were identified that have developed different approaches to combating abuse and neglect. An analysis is provided of each program includes:

- Program overview
- Contact person
- Project need
- Goals and objectives
- Project description
- Barriers
- Area served
- Staff
- Funding source/cost
- Outcome
- Program critique
- Quotes
- Material available at the Ombudsman Resource Center.

The first Appendix provides the data collected when the states were initially surveyed. There were several programs that could not be included in this paper but which are useful to know about. Appendix 2 is an overview of each program that is detailed in the report. Finally, Appendix 3 gives a breakdown of the training/target group that each program addresses.

INFORMATION STRATEGIES TO COMBAT ELDER ABUSE

California

Ombudsman: “Shows what they are doing compared to the overall program, see cases opened, categories and resolution rate.”

PROGRAM OVERVIEW: A Windows based software program designed to interface with the National Ombudsman Reporting System (NORS) and compile data that is more user friendly. The data can be searched by ombudsman, resident, facility, or complainant. The program compiles historical data on complaints.

Name of Project: Information Strategies to Combat Elder Abuse
Contact Person: Kathy Badrak, Executive Director
Address: Long-Term Care Ombudsman Services of Santa Barbara County,
1235 B. Veronica Spring Road, Santa Barbara, CA 93105
Telephone Number: 805-563-6025
Email: Kbadrak@aol.com

PROJECT NEED:

- Saw an increased number of abuse complaints.
- Wanted to be able to evaluate different aspects of abuse and neglect; see if there were patterns either in types of abuse or particular facilities; and determine how well the ombudsmen were responding to the abuse complaints.
- Data needed for the National Ombudsman Reporting System (NORS) that was inputted into OmTrak was not user friendly.
- Wanted a system that could take the information in OmTrak and allow easy access to generating various reports.

GOALS & OBJECTIVES:

1. For OmView to be a comprehensive management information system that reads the data files created by OmTrak.
2. To serve as both a traditional report generation system to meet predictable, periodic information needs and as an on-line analytical tool to address a broad range of ad-hoc information needs.
3. To answer specific questions raised by the standard reports.

PROJECT DESCRIPTION:

The Ombudsman Program was frustrated that Omtrak was not user friendly. They had a programmer write a new program from crystal reports (existing software) and created Omview.

OmView was designed using the concept of a Management Information Hierarchy. LTC ombudsman programs involve a broad base of areas to be managed. Some areas relate to operation of the program as a whole, such as the ability to demonstrate meaningful outcomes being achieved by the program or ensuring compliance with grant/contract requirements. Other aspects require focus on a particular issue or type of stakeholder such as individual long-term care providers, staff or volunteer ombudsmen, or on specific types of resident issues (physical

abuse, proper administration of medication). Managing all of these elements creates the need to be highly effective in handling individual complaints brought to the program on behalf of long-term care residents. Omview allows searches by various methods: ombudsman, resident, facility, and/or complainant.

The data needed for the National Ombudsman Reporting System (NORS) is collected. OmTrak provides the mechanisms to enter and maintain this valuable data about LTC ombudsman programs, fully implementing the data set specified for NORS.

OmView is a Microsoft Windows-based management information system to aid LTC ombudsman programs. It maximizes their effectiveness in improving the quality of life for residents of long term care facilities. OmView directly reads the data files created by OmTrak in order to generate a broad range of management reports.

BARRIERS:

None

AREA SERVED:

Statewide

STAFF:

- Executive Director - part of daily activities/complaint investigation - 2 to 4 hours a week.
- Utilizing 35-field ombudsman (volunteers), the majority are providing daily input of information.

FUNDING SOURCE/COSTS:

OmView was originally developed at no cost for the Santa Barbara ombudsman program. A grant was acquired from the Administration on Aging (AoA), Operation Restore Trust (ORT) - \$20,000 - to implement the program statewide.

The Software program license fee for a single site is \$800. Multiple-site discounts are available from the vendor. The fee does not include the cost of the Crystal Reports software that is required to make OmView functional, (\$130 per computer), training, or telephone/other software support.

OUTCOME:

By utilizing the different reports, OmView is able to evaluate the abuse rates, trends and characteristics. Four years of data are now available.

Uses of the reports include:

- Assess whether specific types of complaints are becoming more or less prevalent.
- Quickly locate the number and composition of complaints of a particular type, such as abuse cases.
- Evaluate whether a group of complaints is occurring at a disproportionate rate in nursing facilities and/or board & care facilities, allowing more focused visits and education efforts by ombudsmen.
- Evaluate the origin of cases to see if a greater education effort by ombudsmen needs to be targeted to a particular group, such as residents or provider staff.

- Identify specific facilities with the greatest number of complaints lodged. High incidences of complaints against specific facilities, indicating that more aggressive work may be needed to improve conditions at those facilities
- Low rates of closed complaints, indicating difficulty in resolving issues with a particular facility or by a particular ombudsman
- Low rates of verification of complaints, indicating a need for additional training of the ombudsmen involved or other actions to improve the quality of complaints received
- Low rates of resolution for verified complaints or long time frames needed to resolve cases, possibly indicating the need to assist the ombudsmen involved through training or other support to help resolve outstanding complaints and improve the future rate of resolution.
- Great information for writing grants because of variability of extracting data

The Ombudsman has approached the State Surveying Agency regarding providing this information prior to surveys. The Agency is contacting this program, in advance of survey, in order to obtain this information and utilize it during the survey process.

The program has been able to take the following action steps because of the knowledge gained from good information:

- Changed the facility visitation patterns, concentrate Ombudsmen where there is the most need.
- Have done facility training; follow up with administrators/staff, and resident/family councils.
- Have trained Ombudsman and given support on their investigations of abuse cases. Training is more focused-based to the specific needs of the ombudsman as reflected in the profile report.
- Have stepped up community education efforts through Adult Education classes (city college/community college) and local conferences.

PROGRAM CRITIQUE:

- Need to include more data, than is required by OmTrak, to expand information base.
- Need to develop more outcome measures based on core elements of ombudsman program such as complaint investigation, visitation, patterns of poor practice, community education, public policy, and program administration.

QUOTES:

- *Nursing Home Administrators* – “Like the information because it is a non-threatening way to resolve issues at the facility level.” (Facilities do not get information by resident, only demographic data)
- *Ombudsman* – “Shows what they are doing compared to the overall program, see cases opened, categories and resolution rate.”

MATERIALS AVAILABLE:

- Sample Reports
- OmView Management Information System

QUALITY OF CARE PROJECT

Colorado

Participants: “A lot of eye openers. I feel every CNA should take a class like this. Made me more aware of abuse.”

PROGRAM OVERVIEW: A training program for CNAs modeled after the CARIE program.

Name of Project: Quality of Care Project
Contact Person: Donna Singer, Program Coordinator
Address: Denver Regional Council of Governments, 2480 W. 26th Avenue, Suite 200-B, Denver, CO 80211-5580
Telephone Number: 303-480-6796
Email: dsinger@drcog.org

PROJECT NEED:

The ombudsman program had been documenting increases in abuse and mistreatment of the elderly in nursing homes in the Denver metropolitan area. As a pro-active approach to the problem, the Quality of Care Project was implemented to help prevent abusive incidents from occurring in the first place. This was accomplished by providing training on abuse prevention to certified nurse aides (CNAs) working in nursing homes.

Results from the Coalition for the Rights of the Infirm Elderly (CARIE) – a Philadelphia-based advocacy program - found that training programs that help CNAs to identify and defuse potentially abusive situations can have a powerful impact. The CARIE program, which is what the Quality of Care Project is patterned after, showed this type of program to be statistically sound. Most of the abuse information was statistical data gathered by the local program located. For example, during 1995, the ombudsmen participated in the investigation of 243 cases of resident abuse in nursing homes (physical, sexual, verbal, emotional and mental abuse/neglect) and an equally high number of resident rights infractions.

Data was also used from N. Forner and other researchers that have documented the difficulties and dilemmas faced by CNAs on a daily basis. In “The Caregiving Dilemma: Work in an American Nursing Home” Forner describes the “physically straining and emotionally wearing” job that CNAs face every day. A 1990 study of 250 nursing homes by the Office of the Inspector General found that CNAs and orderlies who never receive stress training are those at highest risk for certain problems in nursing homes.

GOALS & OBJECTIVES:

1. Increase nursing home staff awareness and identification of mistreatment of residents in nursing homes;
2. Equip CNAs with appropriate conflict-intervention strategies;
3. Prevent/reduce maltreatment of persons living in long-term care facilities;
4. Create a collaborative coalition, which will help open lines of communication to safeguard the well being of residents in nursing homes;
5. Assist in developing cooperative teams that will respond more effectively to suspected incidents of maltreatment and thus reinforce nursing home workers’

- utilization of the training techniques with facility staff, health department and ombudsmen; and
6. Enhance the quality of care nursing home residents receive by heightening CNAs' empathy towards elders and reducing CNAs' stress levels through learned coping and intervention skills.

The project will not be completed until December 2000; however, the program has met or will meet the goals and objectives set forth. The project has increased the nursing home staff's awareness and identification of resident abuse, and has equipped CNAs with conflict and stress management tools. The preliminary research report (December 1999) and the program evaluations by the CNAs support this conclusion. Participants were overwhelmingly positive in their overall evaluation of the program with 72% rating it as excellent and 27% as good; 97% said they could relate the material covered to their own experiences on the floor; and 99.5% reported they would recommend this training to other nurse aides.

The program has prevented or reduced the mistreatment of residents in nursing homes, through both research and empirical data. The preliminary research report has shown that the training resulted in a decrease in abuse of staff by residents and resident abuse committed by CNAs (self-reported). The ombudsman office has received calls from CNAs who took the training and who have further questions about abuse or who need help in problem solving difficult cases. The training evaluations and CNA comments have shown that many CNAs were unaware that some of their actions were abusive.

The goals/objectives to increase collaborative efforts did not take the form originally designed in the grant, but the program has been successful at increasing collaboration in the area of abuse prevention through management staff in-services and how CNA's are trained.

PROJECT DESCRIPTION:

A grant from the Retirement Research Foundation was awarded in December 1996. The program coordinator was hired in March 1997 and detailed work in setting up the program began at that time. The Quality of Care Project was a three-year grant that was extended to four years (no additional money). The project is scheduled to end in December 2000. The program is working at securing additional funding to keep the project going. It was set up as a one time pilot project, however there are plans to seek on-going funding.

The project utilizes a community-based coalition and training team to improve the quality of care received by residents of long-term care facilities by providing training to enhance the knowledge and skills of Certified Nurse Aides (CNAs). A training team, led by the project coordinator, teaches an eight-part curriculum, "Ensuring an Abuse-Free Environment: A Learning Program for Nursing Home Staff." This course was developed by the Coalition for the Rights of the Infirm Elders (CARIE) in Philadelphia and has been proven to have a positive effect on reducing abuse in nursing homes. The CARIE program was modified to fit Colorado abuse standards. Volunteer trainers were identified and trained in the workshop materials. The course helps CNAs recognize abuse, develop skills to deal with escalating situations, and learn intervention strategies to reduce abuse. CNAs take pre-tests and post-tests to evaluate training effectiveness.

The eight-hour course is provided free of charge and offered on-site at individual nursing home facilities for ten or more CNAs. Long-term care corporations have the option of hosting a joint workshop at a central location for their nursing homes. Joint workshops allow each facility

in the corporation to send a much smaller number of CNAs and yet still benefit from having some staff trained by the program. The Colorado Health Care Association sponsored eight workshops of this joint-facility type.

The hosting facilities are asked to provide the refreshments for the day, lunch, a private meeting space and a TV/VCR. The program provides all the trainers, participant manuals, evaluation/research instruments, and training supplies. At the CNA workshop, the participants are administered a “pre-test” research questionnaire. Approximately six to eight weeks following the workshop a “post-test” questionnaire is administered, either by mail or in person through a return trip to the facility.

As a bonus for individual nursing homes hosting a CNA training session at their facility, which was attended by ten or more CNAs, the program provides a free 1-1 ½ hour in-service for the management staff and/or entire staff in-service on abuse prevention. This option is a way to help support the CNAs who receive the expanded workshop, since management is not always clear on what constitutes abusive behavior. The program also developed a six-hour workshop for RN/LPNs on abuse prevention strategies for management staff.

A coalition of aging/elder abuse professionals was formed to assist in the creation and implementation of the project. The Quality of Care Coalition was comprised of state health department staff, ombudsmen, victim’s advocates, long-term care administrators, police officers, and adult protection staff. Pulling these individuals together on a quarterly basis has provided great insight for the project and developed an increased sense of cooperation among the participants. The Colorado Health Care Association (a professional association for long-term care providers) has been a great supporter of the project and has sponsored 8 CNA workshops and an RN/LPN course. They also purchased “Quality Care” pins for CNAs who attended training. This has been a mutually beneficial teaming of the Ombudsman program and long-term care providers. The Colorado Board of Nursing also supported the project by approving this course for CNAs needing to take training to reinstate certification, which was suspended due to a minor abusive incident.

CNAs are trained to properly identify abusive and neglectful actions and taught the importance of reporting suspected abuse immediately. The training also provides staff with tools to lower their stress and cope with conflict situations more skillfully. The stress and conflict component of training serves to prevent the most common form of abuse by staff – reactive abuse.

BARRIERS:

The biggest barrier was the eight-hour length of the CARIE training program. Over the course of the project there was a serious CNA shortage in the Denver metro area. Facilities were having trouble getting enough CNA to care for residents, so letting 8-10 CNAs attend an 8-hour training was out of the question for many facilities. No matter how great the training, pulling 10 CNAs off the floor for a workshop was an extreme hardship on some facilities and their residents. Since the entire program was based on providing training this was a serious problem. Because of this, the program started offering joint facility workshops. Joint workshops allowed each nursing home to send a much smaller number of CNAs and yet still benefit from having some staff trained by the program. This did effect the ability to collect some research data but it dramatically increased the number of CNAs trained and the number of facilities reached.

AREA SERVED:

The Denver metropolitan area, consisting of seven counties.

STAFF:

- 1 project coordinator - 20 hours per week (hired specifically for program)
- 1 project supervisor – 10% of regular hours (already on staff)
- 1 secretary – 10% of regular hours (already on staff)
- 1 research analyst - salaried position - Dr. Karl Pillemer and staff from the Cornell University Applied Gerontology Institute, acted as the project's research analyst.
- 12-15 volunteers (10 hours per month) - Serve as coalition, who advised on the implementation of the grant, and as trainers for the CNA workshop. The coalition meets quarterly (more frequently during the initial phases of the project) and tries to have at least one volunteer trainer at each CNA workshop along with the project coordinator.

FUNDING SOURCE/COSTS:

Three-year grant from the Retirement Research Foundation with matching funds. The original funding was from CARIE.

The cost of the project, not including in-kind or matching funds, was approximately \$86,000. This was for a three-year grant that was extended to four years so the approximate yearly cost was \$21,500 in grants money, plus matching funds.

OUTCOME:

The research will not be completed until December 2000 but the program has impacted abuse occurrences and reporting. The preliminary research report has shown that the training resulted in a decrease in abuse of staff by residents and a decrease in resident abuse committed by CNAs (self-reported). As a direct result of the training, the Ombudsman office has received calls from CNAs and management staff who have further questions about abuse or needed help in problem solving difficult cases. A few have called the Ombudsman office to report abuse after no action was taken through their nursing home chain of command.

The training evaluations and CNA comments have shown that many CNAs were unaware and shocked that some of their actions were abusive. At every workshop at least one CNA said out loud "I didn't know that was abuse!," so the program knows it is providing needed information. CNAs have also shared that they feel they are "told to abuse" by supervisors who say "Just do it!" This happens in regards to providing care that goes against a resident's will – i.e. having to shower a resident who refuses to bathe. Comments like these prompted the addition of the management staff in-services, all staff in-services, and the RN/LPN workshop on abuse prevention. This way the project is attacking the problem from many angles.

The program initially wanted to poll residents about whether the care improved after the training. Due to input from the research analyst, they decided this would not provide valid research information since only a hand-full of CNAs from each facility would be trained at a time. There would be too many factors that could attribute to an increase or decrease in quality of care as perceived by residents.

Follow-up consists of contacting the CNAs by mail or in person and administering a post-test questionnaire six to eight weeks after the initial workshop. The follow-up research was to test whether the training made a positive impact on abuse prevention.

PROGRAM CRITIQUE:

Several important improvements were made to the project during the course of the grant. Most prominent improvements were:

- Providing the option of joint facility workshops, set up through nursing home corporations, and the Colorado Health Care Association.
- Adding management staff in-service or all staff in-service on abuse prevention for facilities that hosted the 8-hour CNA training. This was both an incentive for the nursing home and an additional way for us to educate.
- Finding collaborative opportunities whenever possible.

Should there be additional funding for this project, the following improvements would be made:

- Provide the 8-hour CNA workshop on a regular basis at a specific location, so the training is available on an on-going basis.
- Develop more 1-2 hour in-services on abuse prevention for nursing home staff to solve the length problem with the CARIE program.
- Present the RN/LPN workshop on a regular basis.
- Switch to the newer CARIE training model for CNAs “Competence with Compassion: An Abuse Prevention Training Program for Long-Term Care Staff.”
- Work more closely with nursing homes to meet their needs in the area of abuse prevention training. During the project they were tied to providing the information in very limited ways due to the grant proposal and the fact that the research had been done. Provide the information in flexible and creative ways.
- Open the training up to assisted living facilities, hospitals, hospices and pool agencies.
- Train the trainer for other State Ombudsmen.

They would do this project again with the improvements previously listed and are currently seeking funding to continue the program. The reasons they feel abuse prevention training is so important for the Ombudsman program to continue to provide are:

- Nursing home staff shortages are reaching critical levels in metro Denver.
- The research has shown that short staffing is the number one cause of stress among nursing home staff.
- Increased staff stress has a direct correlation to increased resident abuse.

QUOTES:

Participants:

- “I didn’t know that was abuse!”
- “I enjoyed being able to give input and hear the input of my peers. I enjoyed learning how better to deal with abuse from residents. I feel the best thing about this training is that it will be beneficial to us and to the residents.”
- “I liked the discussion and the ability to ask questions about abuse openly.”
- “Learned a lot about how sometimes we may treat a resident poorly and not realize it.”
- “A lot of eye openers. I feel every CNA should take a class like this.”
- “Helped me to understand the resident’s point of view.”
- “It was very educational. I learned a lot of things I didn’t know. Made me more aware of abuse and who I need to talk to in case of abuse problems.”

- “The speaker made me feel like I am not the only one who feels angry with my job, made me feel like my job is important and so am I.”
- “I really do make a difference and I don’t have to be afraid to take a stand for what is right. Thanks!”

MATERIALS AVAILABLE:

- Original Grant Proposal
- Preliminary Research Data
- Training Manual – Ensuring an Abuse-Free Environment”
- Training Data as of May 2000
- Description of Project Materials
- Pre and Post Test
- “Keys to Creating an Abuse-Free Environment” Handbook
- Articles
- CARIE Program Materials

BARRIERS TO GOOD NUTRITION IN NURSING HOMES

Georgia

Ombudsmen: “Not surprised with the results.
Worthwhile, good tool to use.”

PROGRAM OVERVIEW: Assessment tool developed to record information on residents during mealtimes and compare the data with charting on residents intake.

Name of Project: Barriers to Good Nutrition in Nursing Homes
Contact Person: Karen Boyles, Atlanta Long-Term Care Ombudsman Program Manager
Address: Atlanta Legal Aides Society, 246 Sycamore St., Suite 248, Decatur, GA 30030
Telephone Number: 404-371-3802
Email: Kjboyles_alas@yahoo.com

PROJECT NEED:

The Council of Community Ombudsmen (COCO) was concerned about staff shortages in nursing homes and how that affects nutrition. (Local ombudsmen formed COCO when they were having problems getting results from the SLTCO. This has since changed and there is a good working relationship between the SLTCO and COCO. The two coordinate their efforts. COCO empowers the local ombudsmen.)

All of the articles that were compiled found a problem with nutrition due to lack of training, short staff, and turnover.

GOALS & OBJECTIVES:

1. To determine if short staffing was a barrier to good nutrition in nursing homes.
2. To observe mealtimes in nursing homes.
3. To record meal consumption for randomly chosen residents to compare with nursing home charting.
4. To record conditions in dining rooms and resident rooms for atmosphere and staff involvement.

PROJECT DESCRIPTION:

The program was adopted as an issue by the Council of Community Ombudsmen (COCO) in March 1998 and completed in February 1999. An assessment tool was developed in a month. It took nine months to gather data and two months to analyze the data and write a final report. The project was a one-time initiative.

Residents were interviewed during mealtimes, which turned out not to be a good time. It would have been better to interview them later.

BARRIERS:

One local ombudsman program declined to participate because the State Ombudsman did not require it.

AREA SERVED:

Statewide program - 80 nursing homes were surveyed out of approximately 300 homes.

STAFF:

19 Community Ombudsmen, 2 State Ombudsmen, and 4 Atlanta volunteers completed the project as part of their routine visits.

FUNDING SOURCE/COSTS:

No additional funds were used for this project. Some additional time was needed for analyzing the results and completing the report.

OUTCOME:

- The results found that there was a major disparity between what was charted and what the ombudsman had observed.

| <u>% Consumed</u> | <u>Ombudsman Observation</u> | <u>NH Chart</u> |
|-------------------|------------------------------|-----------------|
| 0-50% | 87 | 35 |
| 50-100% | 53 | 85 |

- NCCNHR staff members have used the report generated.
- Georgia Ombudsmen will be training NY Ombudsmen on how to implement the study.
- Found out that one nursing home was going to use the assessment tool, thought it had come from HCFA and would trigger a survey.
- Follow-up was not part of the project.

PROGRAM CRITIQUE:

Revise the assessment tool - review questions for objectivity, eliminate hydration section and do hydration as a separate issue from nutrition, and reduce or eliminate the resident interview.

This would be a good educational tool for training nursing staff, used in one local LPN program by ombudsman. Once completed, present to nursing home industry for their response. (This has not been done to date as they are waiting to include this data in another abuse/neglect project they are working on.). They would do the program again.

QUOTES:

Ombudsmen:

- “Not surprised with the results.”
- “Worthwhile, good tool to use.”
- “Using survey tool when responding to a food complaints.”

MATERIALS AVAILABLE:

Survey Tool

ELDER/VULNERABLE ADULT ABUSE PREVENTION COMMITTEE

Maryland

Ombudsman: “The number of calls to the hotline has increased.”

PROGRAM OVERVIEW: Coalition of federal and state agencies, private and non-profit organizations, and concerned citizens working together to improve coordination and responsiveness to the problem of abuse in the community and institutional settings.

Name of Project: Elder/Vulnerable Adult Abuse Prevention Committee (EVAAPC)
Contact Person: Patricia L. Bayliss, State LTC Ombudsman
Address: Maryland Department of Aging, 301 West Preston St., Room 1007, Baltimore, MD 21201
Telephone Number: 410-767-1074
Email: plb@mail.oaa.state.md.us

PROJECT NEED:

- Based on the Ombudsman Annual report, there was an identified problem.
- To meet the mandates of Title VII of the Older American Act, Elder Abuse Prevention, requiring states to coordinate efforts with other agencies and develop programs and activities to address the problem.
- To respond to the problem of abuse, neglect, and exploitation which was identified through the Ombudsman Program, community and institutional staff in NH.

GOALS & OBJECTIVES:

1. To reduce the frequency and impact of abuse on the elderly and vulnerable adults.
2. To establish a toll-free hotline number to report cases of abuse or request information
3. To develop an educational program for professionals, paraprofessionals, and the public.
4. To develop a public awareness campaign, *Abuse Is Wrong At Any Age*, to heighten public awareness (this included PSAs, TV appearances, brochures, billboards, flyers, etc.).

Most of the goals were obtained or developed as far as they could be with very limited funding. For example, a hotline was donated by an EVAAPC member agency; however, it was until recently only operational from 9 a.m. – 5 p.m. It would cost \$13,000 to make the needed adjustments to the phone system to make the hotline fully operational. The hotline has been privatized and is not 24 hours. Further, many EVAAPC members were unable to commit the time to carry out more activities because of demands from their agencies.

PROJECT DESCRIPTION:

The project was begun in 1994 and is on going. The EVAAPC is a coalition of more than 20 federal/state agencies, private and non-profit organizations, and concerned citizens working together to improve the coordination, cooperation, and responsiveness to this problem in the community and institutional settings.

At this time EVAAPC is undergoing organizational changes. The EVAAPC will soon be chaired by the Department of Human Resources, a member agency, and will rotate the chair

every two years among the member agencies. Also the EVAAPC has been made a standing committee of the Maryland Interagency Aging Committee (IAC), which consists of representatives of major state agencies involved with the elderly. Results of the restructuring are pending.

BARRIERS:

The biggest barrier was retaining representatives from the various member agencies. If an EVAAPC member left his/her position, the agency often did not readily fill the position or identified other priorities for the new staff to work on.

AREA SERVED:

The EVAAPC targeted all elderly and vulnerable adults in the community or institutional setting statewide.

STAFF:

The LTC Ombudsman provides the staff support for the EVAAPC. There are four subcommittees chaired by EVAAPC members from other agencies. Finally, there are EVAAPC members from various agencies and organizations.

There is no paid EVAAPC staff. The EVAAPC attempted to identify other funding or methods to provide on going, paid staff support.

All EVAAPC members serve on a voluntary basis. There are approximately 25-30 members in the group. All do not attend on a regular basis.

Hours varied according to the projects being worked on. For example, the EVAAPC sponsored a luncheon for 400 participants during Elder Abuse Prevention Week, which required several hundred hours. The Ombudsman spends about 10 hours/week on this activity. Other members may spend about 5-7 hours/month attending regular EVAAPC meetings and subcommittee meetings.

Senior aides are paid through AoA senior aid program, Title V.

FUNDING SOURCE/COSTS:

Some of the Elder Abuse funds were used for carrying out the EVAAPC . The EVAAPC also receives donations of funds or items needed to carry out specific projects.

The funds were obtained through the Department of Aging or directed requests, Title VII. There were no matching funds.

The average annual allocation for the EVAAPC is \$5,000. Additional funds are needed.

OUTCOME:

Citizens have contacted the hotline for assistance or information. The number of calls to the hotline has increased – 96 calls in 1999, up from 8 originally. Also, 100 professionals received training through our Train-the-Trainer Program in 1998. Of this number, 86 were certified for 2 years to conduct training under this program. The EVAAPC educated 400 professionals at a luncheon in 1997 and others over the years. Hundreds of informational/educational materials have been distributed.

PROGRAM CRITIQUE:

Provide the necessary resources to carry out all needed activities. Empower the EVAAPC to make needed administrative changes. Provide needed staff support.

QUOTES:

None

MATERIALS AVAILABLE:

- *Abuse is Wrong at Any Age* - Educational program
- Breaking the Silence video
- Public Awareness Campaign
- Abuse Definitions
- Elder Abuse Prevention Week Kickoff Luncheon
- Physician Campaign Against Family Violence - Abuse and Neglect

ELDER ABUSE PREVENTION EDUCATION PROGRAM

Michigan

Staff: "Enjoy knowing how to handle situation
when resident hurts staff, intervention techniques."

PROGRAM OVERVIEW: A training program targeted to nursing home administrators, in-service directors, and social workers on how to promote an abuse free environment.

Name of Project: Elder Abuse Prevention Education Program
Contact Person: Anne Marie Koelbel, Elder Abuse Education Specialist
Address: Citizen's for Better Care, 1605 West St. Joseph Highway, Suite 211, Lansing, MI 48917
Telephone Number: 517-886-6797
Email: EACBC@aol.com

PROJECT NEED:

Targeting nursing home administrators or in-service directors on how to train their staff in an abuse-free environment.

The number one quality of care issue of nursing home residents according to the 1985 NCCNHR report, *A Consumers' Perspective on Quality Care: The Resident's Point of View*, was a well-trained staff. In the Foreword of the Training Manual, the 1990 "Issue Paper on Institutional Abuse" presented by the National Association for State Long Term Care Ombudsman Programs, the relation to percentages of types of abuse witnessed by staff in nursing homes was discussed.

GOALS & OBJECTIVES:

1. To offer clear concise tools to nursing home in-service directors, social workers, and/or management staff on how to promote an abuse free environment in their home.
2. To effectively train nursing home staff on abuse, neglect, and exploitation issues, in order to reduce, even eliminate, incidents in their nursing home.

PROJECT DESCRIPTION:

- A Seminar was produced in 1995 with 6 modules:
 - (1) Overview of nursing home residents and staff,
 - (2) Identifying abuse, requirements on state reporting,
 - (3) Possible causes of abuse and attempts to educate on the feelings of caregiving,
 - (4) Culture and ethnic diversity of residents,
 - (5) Resident abuse of staff, and
 - (6) Intervening strategies and exercises for staff.
- The program is ongoing.
- Trainings are conducted yearly with an average of 40 participants per training. There are generally at least two trainings offered in different areas of the state annually. Program covers a 25 county region out of 82 counties in Michigan. Individuals outside of the catchment area are able to attend if there are seats available.
- Evaluations are sent out 30-days after the training and one-year post training.

BARRIERS:

Some defending of facility practices, but by and large staff come openly and willing to learn. There appears to be little or no financial barriers for each nursing home regarding number of participants.

AREA SERVED:

Offered once a year in at least two areas of the state.

STAFF:

- Program director of Elder Abuse Prevention Education Program and support staff for registration.
- Consultant occasionally used to present seminar.
- 40-50 hours per training - stuffing, mailing, preparing manuals, presentation.

FUNDING SOURCE/COSTS:

- Funding: Title VII
- Matching funds required
- Costs for program - 1 day \$60 that includes food
- Consultant - \$1,000
- Expenses – varies depending on number of trainers and participants

OUTCOME:

- Staff continue to evaluate the merit of the trainings, through 30 day and one year evaluations of the information and the effects on nursing home staff.
- Received favorable feedback on using at least parts of the information for in-home trainings. Not able to determine merit statistically.
- Training to administrators (25%), in-service directors/social workers (50%), and 25% to other staff - presidents, human resources, admissions, and director of nursing.
- Training provided to 43 nursing homes last year.
- Facilities use the parts they need, may do one module at a time.
- The goal is continuously being met. Offered yearly in different parts of state and response is overwhelmingly positive.

PROGRAM CRITIQUE:

- Continually looking for updated studies and statistical information on nursing home abuse.
- Would do the program again.
- On-going initiative. Staff turnover is so high that after one year, there is usually a need for the home to repeat the in-service.
- Partner with the nursing homes to help them with the in-service.

QUOTES:

Staff - “Enjoy knowing how to handle situation when resident hurts staff, intervention techniques.”

MATERIALS AVAILABLE:

Training Manual with overheads, agenda, evaluation

SERVE – SERVING ELDERLY RESIDENTS WHO ARE VICTIMS OF CRIME

Missouri

Ombudsman: “We realized that victim advocacy is a different animal than Ombudsman advocacy.”

PROGRAM OVERVIEW: To provide victim advocacy to the elder abuse victim residing in long term care facilities.

Name of Project: SERVE – Serving Elderly Residents who are Victims of Crime
Contact Person: Dorothy Erickson, Executive Director
Address: Long Term Care Ombudsman Program, 9011 Manchester Rd., Suite 1, Brentwood, MO 63144
Telephone Number: 314-918-8222
Email: dlerickson@msn.com

PROJECT NEED:

We found that there were no follow up services to victims of abuse in long term care facilities, as there are for elder abuse victims in the community. We believed that this was a hidden issue within the long-term care setting and needed to be addressed for the sake of the resident - from staff, outsiders, and residents.

The Program utilized the State and Regional statistics on the number of abuse cases reported to the hot line as well as the number of cases verified, although verification turned out not to be a criteria for this funding source, for the elderly resident to be considered a victim.

Division of Aging pulled out numbers the ombudsman did not see at the state level based on mandatory reporting. The ombudsman became involved in victims’ advocacy.

GOALS & OBJECTIVES:

1. To provide victim advocacy to the elder abuse victim residing in long term care facilities.
2. To provide support, counseling, advocacy, and if needed, education regarding victim’s compensation and justice.

As we continue in the project, we realized that victim advocacy is a different animal than Ombudsman advocacy. It is imperative that a victim advocate is on hand as soon as possible - in the home 1 to 2 days after the abuse or crime takes place. This is not occurring in our project because we must rely primarily on our enforcement agency to give us the referrals and they still do not comprehend the need for a timely referral. Most of our referrals are 1-2 months after the fact. When we are on the scene within just a few days, the services we provide are much greater.

PROJECT DESCRIPTION:

The project began in October 1996. When the Division of Aging receives a report of an abuse, they are to fax the information on a form designed by the project. LTCOP then assigns either a staff member or a trained Ombudsman Volunteer to go visit the resident in the facility. The resident is interviewed to determine if there has been any trauma or after effects, i.e. sleeping, eating, agitation, behavior change, etc. The charge nurse on the floor and the social worker are also interviewed. Following the visit, the family member is contacted to validate the

information relating to the resident and to review their perception of the resident. The purpose of the visit is not to investigate the abuse, but to establish any needs the resident may have as a result of the abuse.

As a result of the abuse, LTCOP also is able to offer abuse training and resident right training. In addition, we offer training regarding the combative, dementia resident using a contract gero-psych nurse. Counseling is provided through networks in the facility.

There is an annual training for social workers from facilities that have had abuse victims during that contract year.

Beginning this year, they are offering a family support meeting.

BARRIERS:

The barriers include not receiving the referrals in a timely manner – which is necessary for us to be effective. A majority of the victims are suffering from dementia and therefore any delay in time eliminates any chance of providing any meaningful service other than possibly to the families.

AREA SERVED:

Originally the program was targeted to serve the City of St. Louis plus the four surrounding counties. Later we added two additional counties that are also served by the enforcement agency as they were making referrals to us from these counties and it just seemed natural to pick them up.

STAFF:

- The Director of LTCO, the Coordinator of Volunteers and the Coordinator of Information
- A fund development consultant initiated the original application, but after the first year the LTCOP staff has done all grant writing.
- There are currently 6-8 active Ombudsman Volunteers serving in the program who received additional training to participate in the project and provide the follow up visits to the victims. We also monitor our other volunteers who visit the abuse victims during their normal Ombudsman visits to see if they are seeing any of our victims.
- Director – 15-20 hours/month
- Coordinator of Volunteers – 8-13 hours/month
- Coordinator of Information – 2-4 hours/month

FUNDING SOURCE/COSTS:

Funding was provided through the Victims of Crime Act, through the Missouri Department of Public Safety and the Department of Justice - same as domestic violence funds. Through a grant application process the funds were acquired; however, direct care service grants are hard to get. The fund development consultant at the time was a friend of the manager of the Victims of Crime funds. There are matching funds.

Costs included:

- \$15,000 - \$18,000 yrly. - matching \$4427
- Victims compensated after Medicare/Medicaid funds utilized
- Gero-psych nurse - \$55 hour, 2 hours a trip

OUTCOME:

It certainly has not decreased the amount of abuse in long term care facilities as far as LTCOP is concerned. But what it has done is raised the awareness within the long term care facility and its staff, especially the social service worker, on the unique needs of a resident who has been abused in a facility. Hopefully, this awareness has resulted in better services to the residents.

LTCOP has had numerous cases where residents were in need of counseling, transferred to another facility for care intervention and advocacy services were also provided as a result of the abuse. LTCOP is continually amazed at how often abuse of a resident has been hidden away within the facility and the social service staff is not even aware of the incidents. And yet we contend that being abused in a long-term care facility is not a normal happening to a resident and must be addressed as a social service issue.

This project has also identified the trauma the resident experiences when not believed, which is usually the case in Missouri. The Division of Aging verifies only 25% of abuse cases, which leaves an enormous number of perpetrators still functioning in a facility. Great effort has to be put out to protect the resident who believes a staff person who is still employed at the facility abused them. Most facilities have been fairly good about keeping the separation, but it is nothing that one can guarantee.

LTCOP is also seeing more facilities notifying the program directly after they have reported an abuse, as they are now aware of this unique service we provide. The facilities also have increased their request for resident rights' in-services for their staff on abuse and assistance in developing abuse prevention policies.

The program is amazed at the indifference many times of families, especially with the combative resident. Few families feel the need to move the resident to another facility, which we had anticipated.

Another area that LTCOP has become aware of is the trauma related to abuse by other residents and the fear that this can instill in a resident who was a victim. Also sexual abuse is probably the most traumatic abuse to be experienced by a resident.

PROGRAM CRITIQUE:

When doing follow up with resident, offer training to staff. Forced treatment is abuse. Lack of witnesses is a problem. Many people do not believe the resident and want to see for themselves, which is impossible. We have found that both residents and families appreciate the follow up visiting and also the reassurance that there is somebody there for them. Rarely have they needed any victim compensation funding, but it is a positive service to be able to offer this to them. In several cases we have continued to be involved with a resident and their family over several years.

If the resident is in a facility with an assigned Ombudsman Volunteer we continue to do follow up. If the abuse results in criminal prosecution, LTCOP will probably be working with the family for over one year. The follow-up with this population generally does not last longer than one year, although we have a few clients that we have been working on for over 3 years now. One resident in the project for four years who recently resided in a facility that was closing, the project had to insist that she not be returned to a facility where she had been an abuse victim. She also has a daughter who has threatened to kill her so she will probably be with the project forever.

Develop better referral where the project would be on site within 24-48 hours following an abuse. Also try to increase funding so that LTCOP could put more resources into the project and be more intense on contacting families.

The project has created awareness for LTCOP regarding abuse in long-term care that still overwhelms the staff. As the Ombudsman, LTCOP knows what is being done within the facilities, but it was not until this project that LTCOP learned of the extent of the abuse. Also it has proven a great teacher in understanding how the enforcement agency interprets abuse in long term care and what criteria they will use to verify or not validate an allegation. LTCOP has been truly inspired by how the enforcement agency interprets “forced treatment” as abuse, and the program has truly been on a mission to get this message across to facility staff.

QUOTES:

- Very positive from residents.
- Training good for small groups and they give input, not good with large group and no feedback.

MATERIALS AVAILABLE:

- Overview of Program
- Brochure
- Eligibility Checklist
- Application for Crime Victims’ Compensation
- “Dealing With the Problem Behaviors of Patients With Dementia” Handbook

ABUSE & NEGLECT OF INSTITUTIONALIZED OLDER ADULTS - FILE CARDS

Missouri

Recipient: "Like the card and the professional look."

PROGRAM OVERVIEW: A file card that is disseminated to doctor's offices, agencies, health fair, etc. that provides ready access to abuse and neglect information.

Name of Project: Abuse & Neglect of Institutionalized Older Adults - File Cards
Contact Person: Willa Stanford, Director of Long-Term Care Ombudsman Program for Southeast Missouri
Address: Southeast Missouri Area Agency on Aging, 1219 N. Kingshighway, Cape Girardeau, MO 63701
Telephone Number: 573-335-3331
Email: semoaaa@ldd.net

PROJECT NEED:

Original file cards were a good idea, but did not address institutionalized individuals. Wanted a file card that would fit into the file cabinet and be easily found.

GOALS & OBJECTIVES:

To provide information that would be readily accessible to anyone on a daily basis regarding abuse and neglect, mandated reporting requirements, and regulations in the state.

PROJECT DESCRIPTION:

In 1996, developed 8 ½ x 11-card stock file card that discusses abuse and neglect, contributing factors to abuse, long-term care ombudsman program, referral telephone numbers, residents' rights, and the state regulation for reporting. Program is on-going.

Cards have been given to doctor's offices, agencies dealing with older population, long-term care facilities, psychologists, consultants with long-term care facilities, health fairs and discharge planners in hospitals.

BARRIERS:

None

AREA SERVED:

Focused on area served, access provided to 10 coordinators in the state.

STAFF:

Director

FUNDING SOURCE/COSTS:

- Federal Grant
- Printing Costs - 500 originally 1000 @ \$500

OUTCOME:

Unknown but efforts overall have raised awareness.

PROGRAM CRITIQUE:

Pleased with outcome of program. Continue to print and distribute cards.

QUOTES:

“Like the card and the professional look.”

MATERIALS AVAILABLE:

- File Card
- Poster

ABUSE VIDEO SERIES

Nevada

Ombudsman: "Greater incidences of police reporting elder abuse and greater cooperation from law enforcement."

PROGRAM OVERVIEW: A series of three videos dealing with abuse targeted for use in the police department's training program.

Name of Project: Abuse Video Series
Contact Person: Bruce McAnnany, Deputy Administrator
Address: Division for Aging, 340 N. 11th St., Suite 203, Las Vegas, NV 89101
Telephone Number: 702-486-3545
Email: dasvegas@govmail.state.nv.us

PROJECT NEED:

- Low incidences on elder abuse reporting by law enforcement.
- Used elder abuse reporting system. Ombudsman does investigations in LTC. Mandatory reporting for state. Showed an increase in reporting. Now have a database for reporting. Poor recording in the past.
- Task force of aging professionals and senior volunteers, such as AARP, met on how to present material on each video. Asked for input from NH residents, seniors and family members in the community.

GOALS & OBJECTIVES:

- To have a greater understanding of aging, senior perspectives and recognition of abuse/neglect. Goal obtained, trilogy is used in all Police Office Standard Testing (POST).

PROJECT DESCRIPTION:

In the Fall of 1998, the task force of aging professionals developed a trilogy of videos dealing with abuse (used community wide), neglect and exploitation. It was a one-year project, not ongoing. The videos are still being used in police training. There is greater community awareness of elder abuse and neglect, especially in the law enforcement arena. Celebrities were utilized to convey the message.

BARRIERS:

No other senior curriculum is taught in POST academies. There was reluctance by the academics for outside contribution to their curriculum. They are still reluctant, but getting better. Two major academics have aging module that is utilized twice a year.

AREA SERVED:

Statewide audience with concentration on law enforcement personnel. At the local law enforcement level, provided 15 minutes of training weekly. Can look at videos during this time.

STAFF:

- Legal Service Developer primarily in arranging contact for production of videos.
- All actors in the videos donated their time.
- Minimum 100 hours for paid staff, unknown time for volunteers.

FUNDING SOURCE/COSTS:

- Nevada Department of Transportation funds. Special set-aside fund for POST. Based on legislative direction. Funding source found by negotiation with a resolution to support the project.
- Cost \$60,000

OUTCOME:

Greater incidences of police reporting elder abuse and greater cooperation from law enforcement. Now that elder protection services are under the aging department, there is more interfaces with law enforcement. There is also on-going training.

PROGRAM CRITIQUE:

- Receive all incidents relating to individuals over 60.
- Would not do the program. Would use a different mode, more pictorial, panel on exploitation to talk about how individual got duped.
- The humor in the video detracts from the message. Needs seriousness of intent. Sometimes need horror of problem.

QUOTES:

Cadets - Content very good

MATERIALS AVAILABLE:

- Trilogy Videos
- Overheads

SILVER STRIPER

Nevada

Ombudsman: "Provides long-term care residents with companionship."

PROGRAM OVERVIEW: Long-term care facility identifies needs of residents needing companionship, those with no family or other support system. A volunteer is then assigned to the resident.

Name of Project: Silver Striper
Contact Person: Gilda Johnstone, State LTC Ombudsman
Address: Nevada Division for Aging Services, 445 Apple, #104, Reno, NV 89502
Telephone Number: 775-688-2964
Email: dasreno@govmail.state.nv.us

PROJECT NEED:

- To provide long term care residents with the companionship of senior volunteers.

Concentrated on the residents that have no family or support system in place. The program is coordinated closely with facility staff to identify residents without family.

GOALS & OBJECTIVES:

- To provide long term care residents with friendship, socialization & encouragement to eat and prevent isolation.

Friendships were developed. Residents looked forward to visits by senior volunteers and the program expanded to include more volunteers serving long-term care residents.

PROJECT DESCRIPTION:

Begun in 1998. Volunteers were recruited and trained as companions to at least 2 residents. The Volunteers conducted visits weekly. Residents are identified by the facility based on the care plan. They look at dehydration, nutrition and isolation of resident. Industry and program work together. The Nevada Healthcare Association was convinced of the program's viability. Two homes initially agreed, now others want to be involved. Presently 6 volunteers are participating in a northern Nevada facility. Southern Nevada has 12 senior volunteers in long-term care facility. The nursing home has to agree before a volunteer is used.

The program is on-going. We would do it again.

BARRIERS:

Las Vegas program encountered no problems. Reno project had difficulties when facility had staff turnover.

AREA SERVED:

Mostly in urban areas - Las Vegas and Reno

STAFF:

- LTC Administrator, Social Services
- RSVP Coordinator
- 2 hours weekly for visits
- Ombudsman was involved in the development of the program and provided training to senior volunteers on elder abuse.

FUNDING SOURCE/COSTS:

- State funds - \$32,000 first year
- Since then the programs have each been awarded \$37,156 for the volunteer program to include the Silver Striper program.
- Division of Aging Services - general funds

OUTCOME:

Involvement by volunteers to serve as companions to lonely elderly residents has been successful. Bonds of friendship and trust have developed as volunteers advocate for the residents on their rights. Reports of abuse are filed with the Ombudsman program.

PROGRAM CRITIQUE:

Expand to rural areas

QUOTES:

None

MATERIALS AVAILABLE:

None

ANONYMOUS CARE EVALUATION (A.C.E.)
New Mexico

Family Member: "Very glad someone else doing something, no longer stagnant."

PROGRAM OVERVIEW: Places an undercover individual into a facility, posing as a resident. Assists in evaluating the care within a particular facility.

Name of Project: Anonymous Care Evaluation (A.C.E.)
Contact Person: Agapito J. Silva, State Long Term Care Ombudsman
Address: New Mexico State Agency on Aging, 228 East Palace Ave., Santa Fe, NM 87501
Telephone Number: 505-827-7663
Email: gap.silva@state.nm.us

PROJECT NEED:

A New Mexico State statute authorized the State Agency on Aging to conduct anonymous care evaluations in long-term care settings. Information on abuse/neglect/exploitation was obtained from Adult Protective Services, Dept. of Health, Licensing & Certification, and from Ombudsman Program reports.

GOALS & OBJECTIVES:

To evaluate quality of care issues in long-term care. Goals were obtained, as we were able to evaluate care firsthand. Some of the evaluations were compromised.

PROJECT DESCRIPTION:

Implementation of the first evaluation in 1999 took approximately 4 months, the others about 3 months. Evaluations began in January 1997. Six evaluations were done, 4 in 1999. Three ombudsman went undercover (SLTCO, 1 volunteer, 1 staff) and one contractor in 1999.

Worked with various agencies to compile false identity, records, bank accounts, and obtain funds to pay for care in facility. Normal stay was one week. Facilities were chosen based on complaints received by ombudsman program, APS, and state survey.

The Aging Director spearheaded the legislation because wanted something done, responsible for ombudsman being designated to conduct evaluations. Normally abuse/neglect/exploitation referred to APS.

BARRIERS:

Remaining anonymous in small rural communities where everyone knows each other was more difficult than expected.

AREA SERVED:

Four different facilities across the state - 3 nursing homes and 1 shelter care home for adults (similar to assisted living/personal care boarding home).

STAFF:

- Director of State Agency on Aging, 2 Deputy Directors, State Ombudsman, Associate State Ombudsman, Residential Care Specialist, Regional Ombudsman, Office of Inspector General, attorneys from Risk Management, and 5 volunteers.
- Staff hours = 4 hours per day for 6 months
- Volunteers = 2 hours per day for a week - used to visit undercover person, take out information

FUNDING SOURCE/COSTS:

- State funds - no additional funds for the program
- Expenses - \$125 daily rate in one facility, \$875 a week. State facility \$170 a day
Contractor - \$25 hr.
Local doctor to exam new resident
- Cost for all evaluations, stay, contractor's fees, etc. was approximately \$10,000.

OUTCOME:

- Publicity received has made facilities aware that the Ombudsman Program is serious and has teeth. Prior to going in, ombudsmen were seen as complainers. Facilities realize now that the ombudsman program is serious. An attempt was made by NM Health Care Association (NH industry) to lobby for legislation to require more oversight of volunteers and ethical standards for ombudsmen. Ombudsman was able to defeat the proposal.
- Of ten referrals to licensing and certification, 6 were substantiated at the facility.
- Resident's families were energized. Several are investigating lawsuits.
- Follow-up every 6 months.
- Press conference after evaluations done, brought attention to the issue, even for just a few days.
- Future evaluations depend on funding each year.
- Other agencies, APS, licensing and certification and Medicaid fraud were not happy that they were not involved or told of the pending evaluations. APS has done follow-up and then referred to District Attorney but seldom is pursued beyond this point. Licensing has not done good follow-up.

PROGRAM CRITIQUE:

- Limit the number of parties involved to better ensure anonymity.
- Utilize only trained observers. One contractor used, retired state policeman who had never been in a nursing home. Was not trained well enough, shell-shocked.
- Would do again due to public awareness of the problems and how the Ombudsman Program can help.

QUOTES:

Spouse of resident in facility for 4 years had become frustrated after calling licensing and certification weekly and receiving no resolution to problems. Was very glad someone else was doing something, no longer stagnant. Brought attention to the public of the issue.

MATERIALS AVAILABLE:

- Statute Authorizing Undercover Operations
- Newspaper Articles

OPERATION RESTORE TRUST (ORT)

New York

Task Force Member: “Surprised how much could be accomplished through an informal process.”

PROGRAM OVERVIEW: A partnership model between agencies that avoids duplication of payments to recipients. Helps to ensure that residents are receiving the services billed for.

Name of Project: Operation Restore Trust (ORT)
Contact Person: Faith E. Fish, SLTCO
Address: New York State LTC Ombudsman Program, 2 Empire State Plaza, 2nd Floor, Albany, NY 12223
Telephone Number: 518-474-0108
Email: faith.fish@ofa.state.ny.us

PROJECT NEED:

Fraud, waste and abuse affects the quality of care provided in nursing homes and other long-term care settings. There is a shift from those who need services to those who initiate “scams.” Regulatory agencies are making duplicate payments to providers - Medicare and Medicaid payments. The agencies are not talking to each other.

There are statistics on the crime rate in long-term care settings from the Office of Inspector General (OIG) and the Health Care Financing Commission (HCFA). This is not the usual type of neglect and abuse.

Ten cents out of every dollar spent for Medicaid and Medicare is lost due to fraud and abuse, approximately \$36 billion is wasted.

Money and the quality of care are the two issues. In many cases, the residents are dying due to lack of care.

Examples:

- (1) Patient to receive individual physical therapy (PT). Instead, receives group (PT) but provider bills for individual therapy. Resident is not receiving what they need to reach their fullest potential.
- (2) Beneficiaries told by provider when questions services not received, “What do you care, Medicare/Medicaid is paying for this, not you.”
- (3) Lymphodema pump charged for - if resident had used it would have killed her due to her heart condition.
- (4) Air flow mattress prescribed, receives an egg crate mattress that does not provide the same level of care, which is also cheaper, charged for airflow mattress and provider pockets the difference.

GOALS & OBJECTIVES:

1. To prevent Medicare and Medicaid fraud and abuse
2. To ensure that beneficiaries of these programs receive both quality of care and appropriate services.
3. Training Objectives:
 - a. Identify health care fraud and abuse.

- b. Understand how health care fraud and abuse affects you and your community.
- c. Share information with others on identifying, reporting and preventing health care fraud and abuse.

Goals were obtained. Problems encountered - enforcement agencies getting back with feedback and complainants identifying they are calling due to ORT training.

PROJECT DESCRIPTION:

Operation Restore Trust started in 1995 as a 2-year demonstration project that developed innovative ways to fight fraud, waste and abuse in five states (NY, CA, IL, FL, and TX). These states together accounted for 33% of the Medicare payments, 38% of all Medicaid recipients and 41% of all Medicaid payments in the US. ORT was an introduction of the partnership model between agencies. In NY, the participants were State Office for the Aging, Attorney General’s office - Medicaid Fraud Unit, Dept. of Health, Division of Criminal Justice Services and State Controller. The US agencies were Health Care Financing Administration (HCFA), Administration on Aging (AoA), Office of Inspector General (OIG), Dept. of Justice, FBI, US Attorney’s offices and Medicare contractors. Presently HCFA calls the program - Medicare Patrol Project.

One day or half day training is provided to ombudsmen, health insurance counselors, family, residents, community resident/family counsels, and professional aging agencies. The trainings are conducted by the task force members. There is no cost to participants for the training. Training has been on-going for 3 years.

This year’s (2000) training will be a conference for ombudsman only dealing with malnutrition and dehydration. A teleconference will be held in June at 66 sites for all other individuals.

The project also maintains a hotline for fraud calls.

Training for 30 month period of time:

| | | |
|--|---------|--------------------|
| ▪ Group sessions by trainers for beneficiaries | 359 | |
| ▪ Trainers | 7,482 | |
| ▪ Media Events | 118 | |
| ▪ Communication Education Events / public forums | 492 | |
| ▪ Number people reached by community education events | 235,070 | |
| ▪ Number reached by media | 552,108 | |
| ▪ One on One encounters with beneficiaries | 1,011 | |
| ▪ Number beneficiaries/family/caregivers attending | 15,916 | |
| ▪ Trainers who have conducted training for beneficiaries | 2,069 | |
| ▪ Number of complaints based on project do not always identify the program) | 157 | (low, complainants |
| ▪ Number of complaints referred for follow-up | 45 | |
| ▪ Number of complaints resulting in action | 33 | |
| ▪ Network agency staff and volunteers attending | 3,529 | |
| ▪ Other staff and volunteers | 3,957 | |

Savings to Medicaid under ORT has been \$36.8 million (based on audit of payments by partnering and sharing information between agencies (HCFA, State Auditors and State Dept. of Health). Savings to Medicare - \$3,000 last year (1999).

BARRIERS:

- Difficulty in evaluating qualitative success.
- Developing a partnership with all agencies involved, so many and none of them speak to each other. Cases do not get resolved or there is duplicate payment for services.
- HCFA decided not to share information anymore due to confidentiality issue. Need to figure out how to bring back into the fold.

AREA SERVED:

- Statewide program.
- Grants totaling \$150,000 given to 7 Area Agencies on Aging (AAA) to implement program. These seven counties represented 75% of the elderly population in NY.

STAFF:

- SLTCO, ORT Coordinator, 2 secretaries - time involved 100% for coordinator, 75% for SLTCO
- 650 ombudsman volunteers, 800 volunteer health insurance counselors - time involved 1 hour a week per volunteer.

FUNDING SOURCE/COSTS:

- Harkin Grant - \$250,000 } Both grants through AoA
- HIPPA Grant - \$ 50,000 }
- Matching in-kind funds - 25%

OUTCOME:

- Program impacted care in LTC.
- Families/Residents - Did not realize this was happening.
- Need to have more feedback from enforcement agencies.
- The information was good for families to know so that they can check on family members in LTC facilities.
- Did pre and post-tests.

PROGRAM CRITIQUE:

- Would include more partners in workgroup.
- Develop more efficient referral and feedback process.
- Develop more effective outcome measures.
- Program is on going. It is important to ensure quality of care - continue to work on complaints, systemic issues, and education and outreach.
- State Attorney General's office looking at admission agreements - if treatment needed not provided, fraudulent.
- OIG received 10% of the recouped funds back to hire more staff. Administration on Aging has been approached about the ombudsman program being able to recoup some of the funds too.
- Due to exposure of ombudsman program, state has budgeted more funds each year.
- The AoA received \$10 million for ORT this year.

QUOTES:

“We must ensure that funds are available for all needs.”

Family – “I could not believe I got a response from the government so quickly.”

Task Force Member – “Surprised how much could be accomplished through an informal process.”

MATERIALS AVAILABLE:

None

**FIRST RESPONDER'S: A GUIDE TO ABUSE, NEGLECT & EXPLOITATION OF
DISABLED ADULTS**
North Carolina

Participant: "Know what to do with the information now, how to make referrals, did not know extent of problem beforehand."

PROGRAM OVERVIEW: A training program targeted to first responders such as police, emergency room staff, home health, firemen, medics, meals on wheels staff, nutrition sites, long-term care facilities, senior services employees, and council on aging.

Name of Project: First Responder's: A Guide to Abuse, Neglect & Exploitation of Disabled Adults
Contact Person: Lottie M. Massey, Regional Ombudsman
Address: Centralina Council of Governments, Area Agency on Aging, Ombudsman Program
P. O. Box 35008
Charlotte, NC 28235
Telephone Number: 704-348-2715
Email: lmassey@centralina.org

PROJECT NEED:

Data from NC Adult Protective Services and the national center for elder abuse showed problem of reporting abuse – only 1 in 8 were reported.

GOALS & OBJECTIVES:

1. To increase awareness of the problem of abuse, neglect, and exploitation of elderly and disabled adults.
2. To train first responders on the indicators of abuse, neglect, and exploitation and the state law for reporting.
 - Evaluations at each training supported increased awareness.
 - First Responders - police, emergency room staff, home health, firemen, medics, meals on wheels, nutrition sites, long-term care facilities, senior service employees/council on aging.

PROJECT DESCRIPTION:

Regional ombudsmen were shown a program that was originally done in Florida by a fireman when attending another task force meeting. This program was spearheaded by the ombudsman program and APS. A letter was sent to all fire, police, lead agencies in counties asking for participation. Letters of support were received from fire and police agencies.

A Task force of 16 developed the project, beginning in 1994. The program was implemented in 1996. Task force members included: regional ombudsmen, adult protective services (APS)/8 counties, fire departments, police, geriatric nurse medical center, Alzheimer's Association, council on aging, emergency medical services, nutrition program

The Task force met monthly for over 1 year, 3 hours each month. Some meetings were held between regular meetings. Time was also spent writing and editing materials.

A “train the trainer” course was developed by the Task Force. It included an instructor’s manual, participant’s handbook, visor card, brochure, magnet, and video for a 3-hour course.

They flooded market with the brochure - doctor’s offices, senior centers, and grocery stores. Medic and fire trainers implemented the program into their regular educational program. The Program is on-going.

BARRIERS:

- Police limited in time for training. Responsive with limitations, had to condense down from 3-hour program. Hardest group because have roll call then on the street.
- Volunteer firemen could only attend at night. Very attentive group.

AREA SERVED:

- 8 county region - became a statewide program.
- 45 Train the Trainer Sessions since 1996.
- 969+ participants during this time - they then began training others in their individual agencies.

STAFF:

- 2 coordinators - paid by individual agency (ombudsman and APS)
- 14 task force members paid by individual agency
- 170 volunteer ombudsmen distributed initial brochure at the beginning of the program, flooded the market
- Task force met monthly for over 1 year, 3 hours each month. Some meetings held between regular meetings and time was needed to write and proof materials.

FUNDING SOURCE/COSTS:

Funding:

| | |
|---|--------------------|
| Elder Abuse/Older Americans Act - Title VII | \$11,322.24 |
| Ombudsman’s grants - Jr. Woman’s Club (Obtained by regional ombudsman) | 554.00 |
| Grant - Hospital Authority (member of committee was an Employee of the hospital) | 10,000.00 |
| Grants obtained by application with presentation | |
| TOTAL FUNDING: | \$21,876.24 |

Expenses - Printing:

| | | |
|--------|--------------------------|-------------|
| 16,355 | Participants Manuals | \$ 6,291.73 |
| 600 | Instructor’s Manuals | 6,047.30 |
| 2000 | Magnets | 681.76 |
| 1000 | Posters | 301.25 |
| 12,500 | Laminated Cards - Visors | 2,999.80 |

| | | |
|---------|-----------------|-------------|
| 110,000 | Brochures | 5,554.40 |
| | TOTAL EXPENSES: | \$21,876.24 |

Video - paid for and produced by Piedmont Natural Gas, Hospital made 100 copies
Ongoing costs part of regular duties of committee members, paid by agency

OUTCOME:

- Calls from first responders to APS increased
- On-going follow-up of program

PROGRAM CRITIQUE:

- Data is updated annually. This is done in-house with comparisons of new and old figures on calls coming in to APS.
- Program would definitely be done again.
- Strong task force, very energetic, worked well together, easy to teach.

QUOTES:

- “Most enjoyable program I have worked on in 11 years as ombudsman” - *Lottie Massey, Regional Ombudsman.*
- “Good information, knowledgeable, know what to do with the information now, how to make referrals, did not know extent of problem beforehand” - *participants.*

MATERIALS AVAILABLE:

- Video – *Let’s Stop the Hurting*
- Instructor’s Manual
- Brochure, Magnet, Laminated Card Visor

CRIMINAL MISTREATMENT - DEPENDENT PERSONS

Washington

Ombudsman: “Unable to prosecute for mistreatment to the elderly. It was not considered a crime. Animals have more protection than the elderly.”

PROGRAM OVERVIEW: Establishes legislation that makes the person accountable for mistreatment.

Name of Project: Criminal Mistreatment - Dependent Persons (legislation)
Contact Person: Kary Hyre, State LTC Ombudsman
Address: South King County Multi-Service Center, 1200 South 336th St., P. O. Box 23699, Federal Way, WA 98093
Telephone Number: 253-838-6810
Email: karyh@skcmsc.com

PROJECT NEED:

State Prosecutors were unable to prosecute for mistreatment to the elderly. It was not considered a crime. The facility’s license could be pulled but the person was not held accountable.

GOALS & OBJECTIVES:

To make mistreatment of elderly a crime under the criminal statutes.

PROJECT DESCRIPTION:

Legislation was drafted in 1996. It was introduced in 3 sessions. Attorney General did the main drafting with assistance from legal counsel and the State Ombudsman. Lobbied for the legislation for 3 years by SLTCO (a registered lobbyist) and the attorney. The SLTCO provided testimony before legislative committees. A 1-page fact sheet was developed detailing how animals have more protection than the elderly. The lobbying was kept simple, appealing to the layman, avoiding technical presentations.

The surveyors will be responsible for enactment of this legislation. Once they receive a complaint, they will investigate. If they believe the complaint is valid and rises to a criminal complaint, they then will refer it to the Medicaid fraud unit and the prosecutor. In the past the case would be referred but was not a crime. The prosecutor had received bad press for not following on referrals.

Penalty under this legislation - Criminal mistreatment in the 3rd degree is a Gross Misdemeanor. (For animals it is a felony. Still some work to be done in this area.)

The providers were OK with the legislation. They had been most concerned about the hearsay exception.

BARRIERS:

Legislative Process

AREA SERVED:

Statewide

STAFF:

SLTCO and a contract attorney

FUNDING SOURCE/COSTS:

Funding in 1990 to hire legal counsel. Costs \$71,000 to provide services to all the programs.

OUTCOME:

Effective 6-8-00

PROGRAM CRITIQUE:

Not Applicable

QUOTES:

None Available – see articles

MATERIALS AVAILABLE:

- Legislative Alert Sheet
- Support for Senate bill
- House bill analysis
- LTCO Support presentation
- Statute
- Articles

APPENDIX

Appendix 1

NCCNHR RESOURCE PAPER ON OMBUDSMAN INITIATIVES ADDRESSING NEGLECT/ABUSE STATE SURVEY

| STATE: | NEGLECT/ABUSE INITIATIVES: |
|--------------------|--|
| Alabama | Eden Alternative Financial exploitation conference for professionals, 2 days program, banking groups PSA at large being developed with AL nursing association Hope to develop CEU program Abuse awareness program for community - Civitan sponsors |
| Arizona | No special initiatives |
| Arkansas | No special initiatives |
| *California | **Software program, windows based, to take data from NORS and extrapolate data, abuse trends, educate resident/family councils, and show trends to administrators Prevention to prosecution, for whole community, educate about omb. program - police Elder abuse prevention council, elder conference, multi-disciplinary team (has dealt with NH abuse issues such as financial exploitation) Conference for law enforcement, more community type programs Interdisciplinary team, dealing with financial exploitation, could look at NH exp. but usually not |
| *Colorado | **CARIE program and spin off of this program, looking at pre and post test Alzheimer's assoc. 32-hour certification program on dementia Leadership conference for CNA's - feeling good about themselves |
| Washington, DC | City wide coalition to educate public on abuse, NH & B&C issues |
| Florida | Training ombudsman/coordinators on reporting abuse |
| *Georgia | **Nursing facility nutritional assessment Active group looks into Medicaid fraud in AL Elder abuse prevention seminar - APS, law enforcement, etc. |
| Hawaii | No special initiative, state does follow up when needed |
| Idaho | Community wide programs only |

| | |
|------------------|--|
| Illinois | Have not looked at this issue |
| Indiana | No special initiative |
| Iowa | A\N in-services in NH |
| Kentucky | No special initiative |
| Louisiana | Tried CARIE, no funding Looking into Live Oak |
| *Maryland | **Elder Vulnerable Adult Abuse Prevention Committee - train the trainers, worked with medical society, PSA, brochure, 800 number manned by senior aides, media campaign, billboards, etc. |
| Massachusetts | Training session for NH administrative staff, sponsored by trade organization Restraint guide aimed at family members |
| *Michigan | **Elder abuse seminar “Train the Trainers” for NH staff General PSA on abuse by professional group of seniors Sexuality workshop Adult foster care/owners training Financial exploitation presentations Prosecutorial training Sheriff task force gathering info on code violations, to improve care in NH, each NH administrator comes before task force, submit results to legislation |
| Minnesota | Just started collective meeting with APS, legal services, Medicaid fraud unit of AG’s office, omb., licensing, & US Attorney office - how to do better job of identifying trends of A/N in NH, how to strengthen what each one does individually, have only had two meetings Been having monthly meetings with state attorney office, joint tracking of cases, any Medicaid issues Financial exploitation for bank staff |
| Mississippi | Pamphlets with table stand from HCFA Statute added requirement for mandating reporting of a/n New poster for omb. program in NH, new brochures w/logo |
| *Missouri | **File cards in professional’s offices **Victims advocacy services, help victims in NH who have been abused, educate staff on trauma, victims compensation |

fund, counseling, elder abuse law-criminal act, even forced treatment

Video on NH life with study guide

| | |
|------------------------|---|
| *Nevada | **Trilogy, 3 videos, local and state actors, 1st video generic, used for providers, other two added, targeted to law enforcement, across the board n/a **Silver Striper Program - RSVP recruits, volunteers used based on care plans, NH requests, industry supporting Elder abuse task force, quarterly, aging services and AG office, for state and local providers & NH industry - this year emphasis care givers & medical provider in the community, other two years - law & reporting guide and public guardianship 4th annual conferences for caregivers and mo. give presentations on elder abuse Omb. do n/a investigations, aging & law enforcement only place to report abuse |
| New Hampshire | No special initiatives |
| New Jersey | Ethics committee & palliative care |
| *New Mexico | **Anonymous care evaluations - undercover in NH Litigation task force State joint protocol to discuss issues PSA on LTC abuse Train APS workers |
| *New York | **Operation Restore Trust - educate on abuse (not just financial but how financial impacts quality of care), present to resident/family councils, community - set up under Governor's workgroup that SLTCO heads, group members present the training |
| *North Carolina | **First responder training program, how to spot a/n, report to Dept. of SS **"Elder Abuse Hurts" - magnets, bags, posters, community education, community education program PSA program developed Regional family council, educate family members, tour new facility, care planning process, resources available, info to hospital dc planners Self survey module by state licensing agency for facilities |
| North Dakota | Behind in this state, no money for APS |

| | |
|--------------------|--|
| Oregon | No special initiative |
| Pennsylvania | Omb. do not deal with a/n issues, done by APS |
| Puerto Rico | Work mostly in assisted living, few NH |
| Rhode Island | No special initiatives, staffing issues major problems, going after more money for CNA's, holding AG and state responsible |
| South Dakota | Does regular programs on a/n in NH, using portions of CARIE in 1 hour program |
| Tennessee | No special initiatives |
| Texas | Wellspring Program (similar to Eden Alternative) Law enforcement being friendly visitors, still pursuing |
| Utah | Website on CNA's who have abused Multi-disciplinary/community action team with police, clergy |
| Vermont | No special initiatives |
| Virginia | Community training for social services, aging and new police recruits In-services in facilities |
| *Washington | **Worked for three years to change criminal statutes - now will cover withholding water/food/healthcare as gross misdemeanor |
| West Virginia | Trying to change legislation to protect NH employees who report abuse and mandating reporting to state, not just to supervisor, HCFA poster campaign Should do more in area of orientation for new residents/families and palliative care |
| Wisconsin | No special initiatives HCFA poster campaign forced industry into developing on program, less condemning |
| Wyoming | Did CARIE program 2 years ago, no money now |

*State with program

**Program