

Ohio House Aging & Long-Term Care Committee
Testimony of Beverley Laubert, State Long-Term Care Ombudsman
June 10, 2020

Chairman Ginter, Vice-Chairman Swearingen, Ranking Member Howse, and members of the Aging & Long-Term Care Committee, thank you for inviting me to be here today.

As the State Long-Term Care Ombudsman, I lead the statewide Office that includes 80 state and regional staff and 200 volunteers. We advocate for excellence wherever consumers live – in their own homes or in long-term care facilities. That includes resolving concerns identified through regular visits and concerns brought to us. Another Ombudsman role that brings me to the Statehouse is to represent the interests of consumers for your consideration.

Ombudsmen strive to visit facilities at least quarterly. In lieu of visits during the pandemic, we are contacting residents, families, and providers by phone and video. Since visits stopped, we have spoken to over 6,000 individuals and have made nearly 2,300 calls to providers.

In the next few minutes, I'll tell you the stories of how residents and their families are experiencing the pandemic. My written testimony is more detailed. It was challenging to choose the stories because there are thousands. You have heard that if a facility has cases of COVID-19, it is not necessarily an indicator of quality problems and providers have told you about their good practices.

However, remember that our role is to hear and resolve problems. Since the end of February my Office has received more than 2200 complaints - fewer than in the same period last year, likely because we are not in the buildings making observations and reminding residents of their rights. Recently the urgency and fear in the voices has become louder as more cases have been reported and isolation has dragged on.

Visitation is a common complaint, as we all expected. Most people understand the reason for limits and many homes restrict visits even when there are flu outbreaks. But the impact of COVID-19 is monumental. Families and residents tell us that the way the restrictions are being handled is problematic.

Facilities are narrowly interpreting compassionate visits as only end of life, but after a resident's wife died, he hasn't been able to help his daughter make arrangements for the memorial service or sort through his wife's belongings. It seems that with proper precautions, he should be able to grieve with his family.

In my 33 years as an ombudsman, I never imagined that "window visit" would be in my everyday language. For families who just want to see their residents, those visits, along with a phone call, are a lifeline. I heard from a daughter that her dad's nursing home prohibited window visits; she said that the staff told her the home was new, so the ground was unstable. I drove around the facility, observing sidewalks outside most windows and no visible problems to

prevent families from seeing residents from a distance. That daughter just needed an advocate and was able to visit her father the next day.

Many of the visitation complaints have been about end of life, an exception provided in the public health order. We see homes turn families away unless the resident is actively dying. We used those examples to suggest modifications to the amended public health order so more families should be able to visit earlier; the revised order was effective on June 8th.

In one of those cases, the regional ombudsman was able to work with the nursing home, hospice, and resident's daughter to arrange meal-time visits so the resident would eat; her dementia had been progressing resulting in significant weight loss. Advocacy enabled the daughter to resume feeding her mother twice a day until hospice took over. Those are moments the daughter will hold close to her heart always.

Medication complaints are also in the top five. With COVID-19 units in long-term care facilities and the need for frequent changes of personal protective equipment, it takes longer for nurses to administer medications. Generally, regulations allow for a grace period but there are some medications and some conditions that require precision. I have spoken with residents in severe pain because treatment was late. Last weekend, a resident's spouse told me that repeated delays in administration of a Parkinson's drug led to hospitalization; now that medications have been regulated again, the family is afraid about return to the nursing home and is looking for a different one. Moving to another home with different staff who are wearing masks is likely to

be especially challenging for the resident whose dementia is worsened by changes in routine and environment. The ombudsman will work with the family to honor their preferences and will follow along to ensure better care. COVID-19 should not interfere with providing person-centered care to meet the unique needs and preferences of each resident.

Complaints about being treated with dignity and respect are not new. However, the problem is worsened by the stress experienced by staff. A resident reported telling her aide that she was falling off her bed and needed help. In response, the aide said, “go ahead and fall.” After fifteen minutes of my phone calls and the resident’s call light going unanswered, she yelled to staff in the hall for help. Many residents tell us that they are not receiving regular showers because of insufficient or overburdened staff.

Rounding out the most frequent concerns are rights and preferences. In some homes, residents who smoke are free to go outside but others are not. Another area of inconsistency is facility policy for receipt of deliveries. We encourage the community to send cards, letters, and packages to provide social engagement. Some homes are turning away packages without question; some hold the package for 24-72 hours; and some sanitize the contents. We heard about a home that had a meal service deliver food to staff, a commendable practice to boost staff morale. Unfortunately, families were told that meal deliveries for residents were not permitted.

Those are just a few of the many experiences we hear every day at an individual level. My Office is also engaged in planning and response with the Emergency Operations Center and, when possible, in conversations about Health Care Isolation Centers, the statewide testing strategy, and changes in visitation. Our regional programs have become more engaged in emergency response efforts locally. I am also contributing Ohio's experience in discussions among my colleagues across the country to prepare for the next phase of response.

In the interest of time, I will highlight just a couple final thoughts from my written testimony.

- Technology has made separation more comfortable for some and we have heard increased demand for the video monitoring you are considering in House Bill 461. Everyone who wants a room camera should have that opportunity, with appropriate privacy safeguards in place.
- Finally, it is now common to see long-term care in the news. Reporters are telling the stories about PPE needs, resources for testing, and, sadly some of the tragedies. However, we have also seen stories of staff sacrifices, community engagement, children writing letters and drawing pictures, troopers making window visits with their K-9s, and drive-by parades. It is my hope that residents of long-term care facilities and their caregivers will always have a voice and that their stories will continue to be told.

Thank you for being the listeners all long-term care consumers deserve.