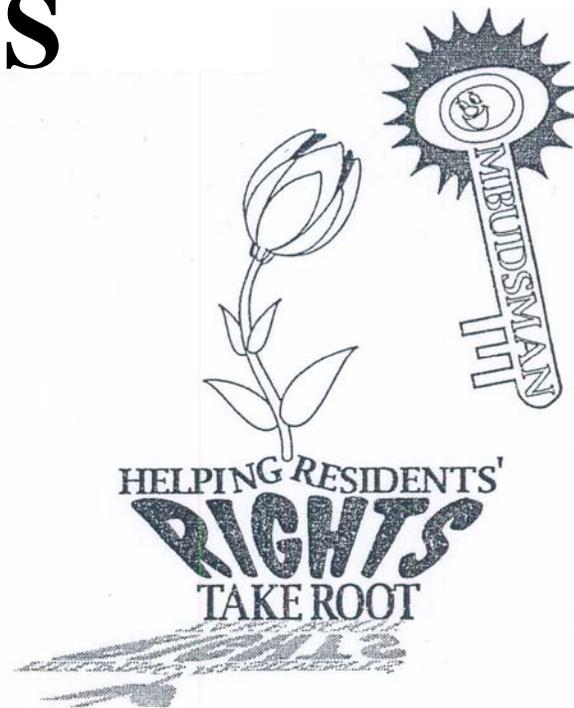


# SCRIPTED ROLE

## PLAYS



*Depicting Ombudsman  
in Typical Situations*

## INTRODUCTION AND ACKNOWLEDGEMENTS

This collection of skits represents a joint creative effort of the State Ombudsman staff and the Regional Ombudsman staff in Missouri. The skits were used at the state-wide Ombudsman volunteer training conference in April 1995.

Ombudsman volunteers in Missouri had asked for more chance to practice their skills at the state-wide training conference. A reluctance to participate in role playing was anticipated by the Regional Staff, so the idea of scripting the role plays into skits was suggested. Presentation of the skits with accompanying discussion stimulated the desired interaction among the Ombudsman volunteers.

Role play scenarios were collected from many sources around the country. We are grateful to Carolyn Waner of the National Ombudsman Resource Center for gathering and sending these scenarios. These were used as a basis to develop the scripts for the skits. Thanks to all of the State Ombudsman whose materials were in the resource center for our use.

State and Regional staff in Missouri who contributed to this effort included; Mary Lou Brennan, Canton; Michelle Brown, Kansas City; Karen Cairer, Warrensburg; Judy Clark, Maysville; Diana Clarke, Columbia; Joe Cox, Springfield; Dee Dugan, Joplin; Dorothy Erickson, St. Louis; Trudie Fletcher, State Office; Sarmita Mayo, Columbia; Shirley Miller, Joplin; Carol Schultz, State Office; Carol Scott, State Office; Willa Stanford, Cape Girardeau; Hulda Tipton, Ava; Pam Windtberg, St. Louis; Amy Witt, Columbia; Greg Yates, Warrensburg; Sandy Zug, Maysville;

We hope that you will find these skits useful for future training sessions for your volunteers.

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## CALL LIGHTS

### OBJECTIVES:

1. To reinforce the resident's right to quality care and to complain.
2. To model ways to work on a problem when the resident doesn't want his/her name used.
3. To model ways to follow-up a problem from week to week.
4. To brainstorm ways to get the call lights answered in a more timely manner.

### CHARACTERS:

Ombudsman  
Mr./Mrs. Phelps, a resident  
Narrator

Narrator: The Ombudsman (male or female) on his regular Tuesday afternoon visits with a male resident, Mr. Sam Phelps. Mr. Phelps is laying on his bed (two chairs end-to-end) and Ombudsman sitting in a chair next to him.

Ombudsman: Looking forward to seeing your grandkids this afternoon? It is Tuesday afternoons they try and visit isn't it?

Mr. Phelps: Yes. Missy said she and the kids would try and stop by about three. They weren't up last week. Apparently one of the kids had to go to the dentist. Something about a tooth ache.

Ombudsman: Perhaps you will hear about a tooth fairy leaving money if a tooth gets pulled!

Mr. Phelps: (Chuckles a little bit with that remark while he fidgets and starts shifting in his bed.)

Ombudsman: Has your room been cleaned today? (Says this as crunches up nose sensing an odor never noticed in visits before.)

Mr. Phelps: (Slightly embarrassed and pauses before responding) Well yes, the room was cleaned but...lately I've had some accidents. (Displays some frustration as he says this with voice and arm movements).

Ombudsman: What's the problem Mr. Phelps?

Mr. Phelps: It seems to take forever before somebody comes in to help me. I don't need help with much. Just some assistance to the bathroom. They tell me I'm not supposed to try to get there by myself but call them when I have to go. HA! Call them. I keep punching the call light and nobody comes! I hate that this happens. It's so degrading.

Ombudsman: From your comments, I sense this has happened before?

Mr. Phelps: Yes, several times. I take a nap after lunch and when I wake up I have to go to the bathroom. I punch the call light several times and have even hollered for help but I'm ignored until it's too late.

Ombudsman: Would you like me to go get someone to change your clothes?

Mr. Phelps: It's so embarrassing and uncomfortable, please if you would.

Narrator: Before the Ombudsman leaves the room, he/she tells Mr. Phelps goodbye, then makes a mental note to him/herself to remember to ask him about the call light problem the next time he/she visits with him. A nurse aide changes him and the immediate problem *is* solved.

Narrator: Now it's the following week, Tuesday.

Ombudsman: How was your family visit last week? Were the kids able to make it?

Mr. Phelps: Yes. Everybody's doing fine. (In a better mood this time, no fidgeting.)

Ombudsman: I was concerned in our last visit as you seemed very distressed with no one answering your call light in time. Have you had any problems since then?

Mr. Phelps: Yes. When I have to go to the bathroom after my afternoon nap, I can never get anyone to assist me. I get quick responses in the evenings and mornings when I need to go to the bathroom, no complaints there, but the afternoons seem to be when they don't come quick enough.

Ombudsman: I'm sorry to hear that you continue to have this problem with the call light. It would be an embarrassing and uncomfortable situation for anyone. Perhaps there *is* a way that we can keep this from continuing to happen. How would you feel about going with me to talk with the staff?

Mr. Phelps: I have complained so much already that I don't think they even hear me now.

Ombudsman: I can understand that, but I'd be with you...(pause-waiting for Mr. Phelps to say something) Well, how would you feel about giving me permission to look into why this is occurring and without mentioning your name, find out if other residents are experiencing this same problem too.

Mr. Phelps: Okay. Sounds alright. I don't want any trouble out of this. As long as you leave my name out of it.

Narrator: With some investigation during visits with other residents, the Ombudsman has discovered that other residents indeed have the same problem as Mr. Phelps.

Instead of making his/her visiting rounds, the following Tuesday, the Ombudsman remains out in the hallway and monitors the call lights as they come on, noting the amount of time that passes before a staff person responds to the call light. It is clear to Ombudsman that no one is paying attention to call lights as the staff is preoccupied visiting with one another as they come and go with the afternoon shift change.

Narrator: It is the next Tuesday.

Ombudsman: Did you miss me last Tuesday afternoon?

Mr. Phelps: I did. Is everything alright with you?

Ombudsman: Yes, and I've discovered that you are not the only resident with this problem. Many other residents also have concerns like yourself about the slow response they are receiving with the call lights in the afternoon. I have also observed myself, that the staff sometimes takes up to 30 minutes to answer a call light once it comes on. This is how I spent the 2 hours or so I usually spend visiting here last week. With your permission, I want to help you to reduce the probability of this from happening to you or any of the other residents again. Here are some of my ideas.

Narrator: (to the audience) If you were the Ombudsman in this scenario, knowing what you know, how would you solve this problem?

## COMMUNICATING WITH FACILITY STAFF

A dedicated volunteer who confronts a staff member who is uncooperative may become discouraged and fail to follow through on behalf of the residents. This workshop will address techniques and skill development in dealing with difficult staff.

### OBJECTIVES OF THE WORKSHOP:

1. To model ways of making sure you are communicating with the resident even though family members are present.
2. To practice ways of being assertive with facility staff.
3. To model appropriate responses when being drawn into problems between staff members.
4. To gain ideas for alternative ways to solve problems related to uncooperative staff.
5. To help Ombudsmen clarify their role as resident advocates, not staff advocates.

### SUGGESTED FORMAT:

- I. Initial presentation describing problem and possible solutions. Emphasize the need to work effectively with staff even when they are unreasonable. Emphasize that the Ombudsman needs to develop skills to not be dragged into personnel problems which are to be handled by facility administration. The focus is on the resident and his/her needs.
- II. Presentation of the skits - discussion after each one
- III. Steps in dealing with uncooperative staff

- EXAMPLE:
1. Collect evidence
  2. Develop a plan
  3. Meet with staff
  4. Mediation and negotiation skills
  5. Develop mutual agreement for resolution
  6. Follow-up to see that all are following the plan

CHARACTERS: Ombudsman  
Nursing Facility Administrator  
Mr./Mrs. Bond, a resident  
Gloria/George Bond, resident's adult son  
or daughter  
2 - CNA's  
Social Services Designee  
Director of Nursing  
Reader or narrator  
Mr./Mrs. Court, another resident

PROPS:

1. Since there are many characters in this skit~ a suggestion would be to make signs that the characters wear or hold up indicating who they are.
2. Signs that say "DAY" and "WEEK."

**SKIT #1**

Ombudsman: (to Administrator) I need to tell you about some food complaints I had today. Several of the residents complained about the food. They said they had turnips three times this week and they are really tired of them.

Administrator: I don't think you're qualified to criticize the menus. The dietitian is trained to follow the guidelines set out by the State. I wish you'd stay within the scope of your experience.

Ombudsman: But what about the right of the residents to have their choices and wishes respected? They could choose not to eat the turnips, but they would really rather have a different choice of vegetable.

Administrator: Who are these people? "A lot of residents need to follow a diet set out by their doctor. We can't give them something not on the prescribed menu.

Ombudsman: Several of the residents complained. I think the ones on special diets realize that they have to watch certain things, they are mainly complaining about having the same things over and over and not having any other choice of vegetable.

Administrator: You know that certain residents will complain no matter what we serve them. They want a gourmet restaurant service. We're just trying to do the right thing for them and follow the doctor's orders. That's why I need to know who they are, so I can check these complaints on an individual basis.

Ombudsman: The residents didn't give me permission to use their names. They didn't want to criticize or alienate the staff, they're just tired of turnips all the time.

DISCUSSION:

1. What can be done about the administrator who isn't open to change, criticism or questions?
2. How would you verify the residents' criticism? Were turnips really served three times this week?
3. Fair, firm and friendly responses. Don't let yourself get sidetracked by the diversions ("some people complain all the time," "we're just following doctor's orders," etc.) Doctor is among the resident's caregivers, but resident must be involved in care decisions. Don't criticize the administrator personally, just speak up for the resident's rights.

4. What should the Ombudsman watch out for in presenting the case?

Ideas: Don't disclose the residents' names; Don't get caught up in an argument, be assertive not aggressive; How can the Ombudsman get residents to come forward on their own?

5. Other ideas: Suggest a facility food committee; Bring this up at the next resident's council meeting.

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**SKIT #2**

Ombudsman knocks on the door of Mr. Bond

Mr. Bond's daughter, Gloria Bond says: Come in.

Ombudsman: Oh, hello Mr. Bond, hello Gloria. How are you both today?

Gloria: Have you seen Dad today? He is so bruised and sore he can hardly bear to sit up in his chair.

Ombudsman: What happened?

Gloria: He says he fell when he was trying to go to the bathroom. I told the nursing home people I did not want him trying to walk alone. And I told Dad that he is to turn on his call bell and get help. I even came to their planning meeting where they decide what type of care he should get,

and I made sure that Dad should never have to walk alone. That's why he's here in this nursing home. So he would have someone with him when he has to walk...so he won't fall. Now here he is all banged up and really hurting.

Ombudsman: Is that right, Mr. Bond? Did you use your call bell?

Mr. Bond just nods his head in assent while his daughter talks.

Gloria: Yes, he did! He says he turned it on and waited and waited. Finally after half an hour he said he couldn't wait any longer and tried to go into the bathroom by himself. He says the staff just doesn't answer call bells anymore or it takes them forever before they come.

Ombudsman (Addressing Mr. Bond): So it takes a long time for the aide to get here when you do put on the call light?

Mr. Bond nods.

Ombudsman: Did you talk about this to the nurse?

Gloria: Yes, I did. She claims that all call lights are answered as soon as possible. What can I do? Dad is really hurting. It's lucky he didn't break anything.

DISCUSSION:

1. At what point does this go over the line into an abuse or neglect situation where the hot-line must be called? Review the procedures Ombudsmen should follow if they suspect or witness abuse or neglect.
2. What are some of the alternative courses of action you might suggest for the Ombudsman? Keep in mind empowering the resident to do something for himself.

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CONTINUE THE SKIT:

Now let's assume that the Ombudsman obtained permission from Mr. Bond to report the complaint about call lights not being answered in a timely manner.

Ombudsman (Approaches 2 CNA's, busy talking in an agitated manner, ignoring all residents): Hello there.

CNA: Could I talk to you? You're the Ombudsman and we need you to help us.

Ombudsman: What's the matter?

CNA: It's the Administrator. He is so unreasonable! There's not enough staff already and then he keeps May, that's the pretty new CNA, from her work by flirting with her. And then we have to do her work. We've complained to her, but she just thinks we're jealous. Then the Administrator gets all over us for not getting all the work done. We've just had it with him! We don't know who to complain to, so since you're the Ombudsman you can help us. The new administrator is really terrible. We don't have enough staff and then he wastes all of May's time. We might as well not have gotten anyone to replace June. She doesn't do anything. We're all thinking of quitting. It doesn't pay good anyway. Do you think you could do something?

Ombudsman: Well, I know you have a hard job to do and need all the help you can get, but as an Ombudsman, my role is to relate to the residents and their concerns. I really can't get involved in staff and personnel problems. It sounds like this is something you need to discuss with the Director of Nursing.

CNA: He's always flirting with her too. She probably wouldn't listen.

Ombudsman: My job is to make sure that the resident's rights are protected and that their needs are met. If one of the residents complained to me about not getting what they needed because the nurse aide didn't do her job, then I would get involved on behalf of that resident. I'm not really the one who can do anything about your problem. I would really encourage you to talk to the Director of Nursing if you don't think you could talk to the administrator himself. Every facility should have grievance procedure for staff to use if you don't feel that you are being treated right.

DISCUSSION:

What other kinds of staff conflicts might the Ombudsman be made aware of? What is your appropriate response?

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SKIT CONTINUES:

Ombudsman (Knocks on door of Administrator's office): I'd like to talk to you about a complaint I received from one of the residents.

Administrator: I'm really busy now. Talk to the Social Services person. I'll get with her later.

Ombudsman (To social services designee): I'd like to talk to you about one of the residents. Mr. Bond and his daughter are very concerned about the call lights not being answered promptly, and according to them, this resulted in Mr. Bond falling.

Social Services Designee: The administrator told us not to talk about this, but to refer everyone to him.

Ombudsman: But he told me to talk to you about it.

Social Services Designee: Maybe you could stop by the next time you're in. He'll probably not be so busy then. Or why don't you call him on the phone, tomorrow. I really am not allowed to talk about it. Have you talked to the Director of Nursing about it?

Ombudsman (to Director of Nursing): I'd like to talk to you about a concern Mr. Bond and his daughter, Gloria raised.

Director of Nursing (angrily and impatiently): Mr. Bond isn't supposed to get out of his chair without an aide in attendance. If he would only have turned his call light on, this wouldn't have happened. If he couldn't wait any longer, he should turn on his light a little sooner, instead of waiting to the last minute. I'd really appreciate it if you'd talk to him about that.

Ombudsman: Mr. Bond says he had a call light on for half an hour.

Director of Nursing: Well, that couldn't be! You had better talk to the administrator.

Ombudsman: I've observed him waiting that long. Just today we turned on his call light when I went into the room and it was 30 minutes before anyone came. I've also had this complaint from other residents.

LATER THAT DAY:

Ombudsman (Knocking on door - Administrator is standing there chatting with the social services person): I really need to talk to you. Can I interrupt you for a little while?

Administrator (Hurriedly): I really have no time now. Perhaps the next time you're in.

Reader: (Person with sign that says "DAY" walks by) A day passes.

Ombudsman (On phone): Could I talk to the administrator?

Administrator: I'm too busy to talk now.

Reader: (Person with a sign that says "DAY" walks by)  
Another day passes.

Ombudsman: Could I talk to the Administrator?

Administrator: I just can't talk now. I have some family members  
in.

Reader: (Person holding a sign that says "WEEK" walks by) A week  
passes.

Ombudsman: Well, I'm back at the nursing home. Wonder if I'll get  
to see the Administrator today? I'll do my rounds first  
before I try it.

Mrs. Court (another resident): Have you heard? Mr. Bond is in the  
hospital with a broken hip.

Ombudsman: What happened?

Mrs. Court: I heard that he fell trying to go to the bathroom by  
himself.

Reader: Almost the same scenario as the week before occurs. What do  
you as the Ombudsman do now?

#### DISCUSSION:

1. Should this situation be reported to anyone? The Ombudsman has brought something to the attention of the facility, they did not respond and it resulted in a resident getting injured. Discuss the process and procedure for reporting abuse and neglect.
2. At what point should the Ombudsman alone confront the Administrator or the designated contact person about being put off? Remind him of the agreement that all problems should be brought to whomever.

#### SUGGESTIONS:

Possibly call the Regional Coordinator to meet with the Administrator and the Ombudsman to remind the Administrator of his agreement to cooperate with the program, to designate one person who will respond to the complaints. This could be pointed to as an example of a problem which may have been prevented if he had taken the time to address the concern.

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### SKIT #3

Here is another scenario, one that actually happened in a nursing facility.

Ombudsman (to Administrator): Eight of your residents complained the water turned cold while they were in the shower.

Administrator: We've been working on these for a month. We've had every plumber in the area in and we just haven't found any reason.

Ombudsman: Is there something about the routine that depletes the water when the showers are being given?

Administrator: You surely don't expect me to coordinate every activity or department. Dietary has to prepare food and wash dishes, laundry has to be done, housekeeping has to have access to hot water. How do you expect us to make sure the residents have hot water?

Ombudsman: As an Ombudsman my concern is with the resident's well being. Having a bath on a regular schedule is an important part of making a resident feel comfortable. Several residents have complained, so it is my duty as an Ombudsman to bring this to your attention. If schedules are adjusted so showers are not given when the other departments make major demands on the water supply, that should help. Maybe departments could develop schedules to work around the shower times.

Administrator: It's easy for an outsider to make suggestions but harder to make those suggestions work in real life.

#### DISCUSSION:

1. And what do you as an Ombudsman do now?
2. Is further verification necessary?

#### CONSIDERATIONS:

The amount of time that has gone by would be important.

## GUARDIANS

### OBJECTIVES:

1. To transmit factual information to Ombudsmen about guardianship issues.
2. To model interaction with residents and their family members.
3. To model interaction with staff.
4. To stimulate ombudsman to think creatively about alternatives.

CHARACTERS: Ombudsman  
Mrs. Reddy, a resident  
Social Services Designee

Ombudsman: Hello, Mrs. Reddy, how are you today?

Mrs. Reddy: O.K.

Ombudsman: You are the first person I have found in their room. Where is everyone?

Mrs. Reddy: They all went to the mall this afternoon.

Ombudsman: Didn't you want to go?

Mrs. Reddy: I wanted to, but my daughter wouldn't let me.

Ombudsman: Why didn't your daughter want you to go?

Mrs. Reddy: Oh, she said that there was no reason for me to go because she sees that I have everything I need. She does do that but it would have been good just to get out. I've been here six months now. I've almost forgotten what the outside looks like.

Ombudsman: Is your daughter your guardian?

Mrs. Reddy: I guess so. She pays my bills and buys me things.

Ombudsman: Did you go to court?

Mrs. Reddy: I don't think so, at least, I don't remember any court.

Ombudsman: Even if your daughter is your guardian, you still have the right to make decisions about your own daily activities. You know, If you'd like to find out more about

your situation, I could ask the social worker to come down and talk to you.

Mrs. Reddy: Oh I'd like to find out,. but I don't want to cause any trouble. Will you be there too?

Ombudsman: With your 'permission, I would be happy to stay with you and discuss this with the social worker. You aren't causing any trouble. You need the information and I can tell it is important to you.

Mrs. Reddy: Oh, I wish you would.

Ombudsman: Okay then, I'll go see if the social worker has time to see us right now.

## **SCENE 2**

OMBUDSMAN RETURNS TO RESIDENT'S ROOM WITH SOCIAL WORKER

Ombudsman: Mrs. Reddy and I were just talking about how she would have like to have gone out to the mall today but wasn't allowed to go.

Mrs. Reddy: Yes, I really wanted to go, just to get out.

Social Worker: Well your daughter just doesn't think it is necessary for you to go out, as she does all your shopping for you.

Ombudsman: I think Mrs. Reddy would enjoy the trip beyond the need to do here shopping. Why don't you share what you told me just a few minutes ago.

Mrs. Reddy: Well I just said I haven't been out of this place for six weeks and have almost forgotten what the outside looks like. i know my daughter gets me things I need, but I need to start doing for myself and getting out would be something I would really enjoy.

Ombudsman: One thing I though we needed to clear up is whether or not Mrs. Reddy's daughter is her guardian. .

Social Worker: No, Mrs. Reddy's daughter is just her responsible party and I believe she does have her power of attorney to handle her finances and a durable power of attorney for health care, but no guardianship.

Ombudsman: Well in that case, Mrs. Reddy right to make her own decisions like when Can I enlist your help in ensuring in the allowed to do so?

DISCUSSION:

1. Assume the social worker isn't so agreeable with the Ombudsman's request, what further statements can you make to see that Mrs. Reddy is allowed to make decisions for herself?
2. How would you respond to the social worker claiming the family will really be upset if they don't listen to the daughter?
3. What would be your response if the social worker said the daughter had full guardianship on her mother?

#

## LOSS AND THEFT

### OBJECTIVES OF THE SESSION:

1. To model ways that Ombudsmen can deal with loss and theft *issues*.
2. To brainstorm alternative ways to solve these types of complaints.
3. Assist the volunteer *in* developing concrete ideas to take back to their own facility for cases dealing with this *issue*.
4. To model ways to draw a resident out if he/she *is* reluctant to complain.

### INTRODUCTION:

In this 2-person skit, a resident shares concerns and problems with her Ombudsman. Presenters will then refer to the Ombudsman volunteer audience for ideas on how they would solve the concerns/problems and throw out ideas that prompt and encourage audience response, as necessary. (Flip chart and big magic marker required.)

CHARACTERS:           Ombudsman  
                          Mrs. Martin, a resident

{Ombudsman knocks on Mrs. Martin's door. Mrs. Martin acknowledges his/her presence and signals him/her into room.}

Ombudsman: Hi, Mrs. Martin. How have you been doing *since* your return from the hospital?

Mrs. Martin: Oh, it's good to see you. I'm doing just fine health wise. Just fine. (Say less emphatically)  
                  Otherwise...okay I guess.

Ombudsman: I'm glad to hear your doing well but you don't sound like your old, enthusiastic self. I sense something may be troubling you. Is everything alright?

Mrs. Martin: (Say slowly) Well I...(Act like distracted) Oh, never *mind*. It's probably just my imagination. They are probably around here somewhere and I'm just not looking in the right places. I don't want to cause any trouble. They really didn't mean all that much to me anyhow, really.

Ombudsman: What didn't mean very much to you? Is there something you would like to talk about that *is* troubling you?

Mrs. Martin: Oh, I don't know what to think. Something (stress the next two words) has been troubling me lately. I thought it was just my imagination but now I'm not so sure. I've been missing things.

Ombudsman: Do you mind if I sit down to visit with you about this for awhile? Is it all right to take this chair? (Proceeds to sit in the chair close to Mrs. Martin's chair as saying next words.) Please go on.

Mrs. Martin: I keep a jar of change. Should say "I kept" a jar of change in my bedside drawer there. I used to keep it locked. Sometime, awhile back, I lost the key to the drawer but didn't think too much about it because everything that was supposed to be in there when I opened the drawer wanting something. I've never had any cause to worry about my things until now. I've noticed that much of the change is disappearing. The jar used to contain quarters, nickels, dimes, and pennies. I'd use the coins to get myself a pop from the vending machine down the hall. The number of pennies seems to have increased but the other change has been disappearing. I know that I haven't been using the change as much as I did before I went to the hospital because the doctor said that drinking too much pop would just irritate my stomach more.

Ombudsman: You mentioned that "they" didn't mean much to you. Were there some other items that you haven't been able to locate or are missing?

Mrs. Martin: Yes, but I don't mean to go on and on. I don't like to complain. Never have. But my watch has disappeared. I've had it for years and years. It was nothing special. Just an old silver watch. It hadn't been working very accurately lately and, with my vision getting worse and worse, it was getting harder and harder for me to read the time. It sounds kind of silly but I guess I relied on it more than I thought I did now that it's missing. I relied on it to get to activities on time, you know, and to be ready when my daughter came to pick me up for church. They have plenty of clocks around here and I have one on my bedside table, (start getting choked up) but...well...(starts to cry).

Pause while resident gathers herself up. Let her cry some.

Ombudsman: But it was (say next work emphatically) your watch! It was special and held meaning for you. It's okay to be upset and hurt that your personal items are missing. (Pretend to get a tissue from a box near you and give it to Mrs. Martin.)

Mrs. Martin: I'm really not a complainer. I don't know why this is all getting to me. I guess I just don't understand

why my things are disappearing. I'm making too big a deal about it. I'm really pretty happy about staying here. The food's pretty good, and with what assistance I do need the staff are really helpful.

DISCUSSION:

(Record audience responses on flip chart.)

1. If you were the Ombudsman in this skit, how would you follow through/investigate the residents concerns/problems?

THINGS TO CONSIDER:

- quote residents rights to validate resident's concerns and assure her she is not a burden
  - permission from the resident to investigate
  - check with other residents to determine if they are missing items
  - has the resident talked to staff about the problem, if so what did they tell her?
2. Discuss how the ombudsman should go about verifying that the items were actually taken, as opposed to being misplaced, never existed, were taken home by family members when the resident went to the hospital, etc.
3. Resident council meeting, or family council meeting?  
(Special meeting with everyone to brainstorm solutions TOGETHER?)

#

## PHYSICAL RESTRAINTS

### OBJECTIVES:

1. To give factual information about appropriate restraint use.
2. To practice interacting with family members.
3. To reinforce the resident's right to be free from restraints.
4. To practice being open minded to all aspects of the issue.

CHARACTERS:           Ombudsman  
                          Mr. or Mrs. Abbot, adult son or daughter  
                          of a nursing home resident.

Introduction: Mr./Mrs. Abott come to the nursing facility to speak with the Ombudsman. She/He is quite upset because she/he thinks the nursing home is not protecting her/his mother from falls.

Mr./Mrs. A: I'd like to speak with an omnibuzzzone or whatever they call 'em.

Ombudsman: You mean an ombudsman?

Mr./Mrs. A: Yeah! Whatever...I was told by somebody *in* Jefferson City (state capitol) that I need to talk to one. Do you know who that person is?

Ombudsman: I happen to be that person; My name is           , what is your name?

Mr./Mrs. A: John/Jean Abott. I've had a run in with the nursing home administrator and I can't seem to get her/him to understand that my mother who *is* 92, has fallen several times,...and if she falls again, I swear, I'll sue the socks off this place.

Ombudsman: Mr./Mrs. Abott, it sure sounds like you're upset. Why don't we go over here where we can sit down and discuss this. Is Dorothea Abott your mother? She is a wonderful person (gets interrupted).

Mr./Mrs. A: Thank you, and you're right, I am upset! This administrator refuses to give my mother the protection she needs.

Ombudsman: What kind of protection are you talking about?

Mr./Mrs. A: I'm talking about a belt, a strap or something to keep her from falling out of her chair in the nursing home and bed rails or something to keep her from falling out of bed. One of these days she is going to break something and then this place will have a lawsuit on their hands.

Ombudsman: What does your mother want? And are you her legal representative or guardian?

Mr./Mrs. A: No, I'm not her legal guardian. My mother is incompetent and doesn't know what she wants.

Ombudsman: I can understand the need for your mother to be protected from harm, but some of those mechanical devices called restraints generally are not the answer to one's problem.

Mr./Mrs. A: The administrator tells me that new regulations don't permit residents to be restrained. Well, we'll see about that.

Ombudsman: That statement isn't 100% correct. There are times when restraints are allowed. A doctor can order a restraint to keep a person from pulling out an IV tubing which may be necessary to save her/his life. A restraint could also be used to allow a doctor or nurse to examine a delirious person, so an attempt can be made to find the cause of the symptoms.

Mr./Mrs. A: Tell me, just what do the new regulations say?

Ombudsman: Well, they're not exactly new; they've been in effect since October of 1990, but it has taken some professionals and the public a long time to understand why they were implemented. A state law went into effect in August 1994 which has escalated the interest in the issue of restraint use.

Mr./Mrs. A: I don't see anything wrong with protecting our residents; in fact, I think medical professionals have a responsibility to do so.

Ombudsman: If you are implying that residents are protected by putting them in restraints, then I must disagree with you. Lots of times, restraints are used when another intervention would be better. Many people have died because of restraints, that's why each person needs to be individually assessed. It's really strange that it took so many years for everyone to realize that sometimes restraints are barriers to one's quality of life and care. How would you feel being tied up and unable to get out of a chair or

bed when you need to go to the bathroom or simply to exercise?

Mr./Mrs. A: Some residents probably don't even know they are restrained.

Ombudsman: That's true, but restraints can cause constipation, incontinence, decreased bone and muscle strength, contractures, pressure sores and even death by asphyxiation. It would be better to make sure there was an accurate diagnosis before using the restraint.

Mr./Mrs. A: Well, for the third time, will you tell me what the law says about restraints?

Ombudsman: Yes, federal law says that a resident has the right to be free from any physical or chemical restraint imposed for purposes of discipline or convenience and not required to treat the residents medical symptoms.

Mr./Mrs. A: Yeah? What does all that mean?

Ombudsman: It means that restraints may be imposed ONLY for medical reasons. It must be used to treat a medical SYMPTOM, not to punish behavior, or for staff convenience. And it has to still be individualized, someone with the same symptom, for instance shakiness, may not need to be treated *in* the same way.

Mr./Mrs. A: She's not being punished or a bother. She's being kept safe.

Ombudsman: The law also means that symptoms like falling, unsteady gait, confusion or aggressive behavior need to be investigated by the staff here. If your mother *is* falling or has poor balance, an assessment needs to be made to determine what *is* causing her to fall. Is it the medication she's on? Is she sitting up too long?

Mr./Mrs. A: I guess it makes sense, but what if the medical team can't find out what is causing mother to fall?

Ombudsman: Then they should keep trying to get a complete picture of the problem. Remember, restraints do not remove the risk of falls, the risks may even increase when a restraint is applied. How would you like to be treated if you were in her shoes?

Mr./Mrs. A: I think I understand better now why restraints should be used only when its appropriate. Protecting mom doesn't mean tying her up and taking away her rights - she *is* protected better if the cause of her falls is determined and corrected.

Ombudsman: I hope you will make an appointment to meet with the staff and attend your mother's next care planning meeting. It will be helpful for you to hear what the staff is doing to lessen the chances of your mother falling.

DISCUSSION:

1. What else can the ombudsman do or say to try to calm the family member down?
2. Are there any appropriate times when restraints should be used?
3. What are inappropriate reasons for restraints?

## RESIDENT ASSESSMENT PROTOCOL/CARE PLANS

### OBJECTIVES:

1. To help volunteers understand assessment and care plan process and how to use it to advocate.
2. To model ways to empower a resident to speak up for herself.
3. To model ways to empower a resident to solve her own problems.
4. To remind Ombudsmen of the resident's right to control her own life.

### ACTIVITIES:

1. Fill out 3-5 items on an MDS
2. See how it becomes a care plan
3. Role play to advocate for resident

CHARACTERS:           Ombudsman, named Jane  
                          Norma Jennings, a resident

Ombudsman: Knocks on the door

Norma Jennings: Oh come on in Jane, I'm so glad you're here today.  
                          Oh Jane, I hate having to go to the dining room to eat with all those crazy people. They drool, play in their food and I just don't like all the noise. And they're making me go.

Ombudsman: What do you mean they're making you go?

Norma: Well, yesterday, the aide came in and put my feet on the floor and dragged me to the dining room.

Ombudsman: Did you tell the aide why you didn't want to go?

Norma: Yes, I told her but she didn't seem to care what I wanted. She just said I had to go because it was the doctor's order.

Ombudsman: Norma, do you attend your care plan meeting?

Norma: What's that?

Ombudsman: Brief explanation of a care plan meeting.

Norma: No, I have never been to those. It probably wouldn't do any good. They have to do what the doctor says.

Ombudsman: You have rights here in the nursing home, Norma, and one of those rights is to participate in your own care. Would you like for me to talk to Nurse Jones, the DON, and see if we can set a care plan meeting date? You would be able to share your concerns and everyone would be able to talk about the problem.

Norma: I would like to do that, but I couldn't do it alone. Would you come to the meeting with me?

#### CARE PLANNING MEETING

Discussion: Ask for suggestions that might work out as compromises in this situation.

#### SUGGESTED OUTCOME:

Negotiate to remain in the room for meals but to walk to the dining room or equivalent distance in the facility three times a day before or after meals.

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**RESIDENT CHOICE/RESIDENT'S RIGHT TO PARTICIPATE IN  
ACTIVITIES**

OBJECTIVES:

1. To model ways to empower the resident to solve his own problems.
2. To suggest ways of helping the resident speak for himself.
3. To remind Ombudsmen of the resident's right to choose activities
4. To help volunteers understand the care plan process and how to use it to advocate.

CHARACTERS:           Ombudsman  
                          Mr. Hay, a resident

Ombudsman: Knock on door: Good morning, how are you this morning?

Mr. Hay: (in bib overalls, able to walk, former limited interests): I'm bored.

Ombudsman: I see they are having bingo today.

Mr. Hay: I hate bingo!!

Ombudsman: What kind of things did you enjoy before you came here?

Mr. Hay: Well, I didn't do much, I worked hard on my farm.

Ombudsman: Well, you know you have the right as a resident to have activities that are interesting to you. Have you spoken to the activities director about things you like to do?

Mr. Hay: No, it wouldn't do any good, he always wants me to come to the dining room for the things going on there. I just have never been much of a socializer.

Ombudsman: Has the activities director talked to you about things you could do just by yourself here in your room to keep your mind active and occupied?

Mr. Hay: No, he's too busy doing all that other stuff.

Ombudsman: Have you ever heard about your care planning meeting? Did they ask you what kinds of things you wanted to do when you went to that meeting?

Mr. Hay: I didn't know there was any meeting.

Ombudsman: Well, you know, at least once every three months, more often if needed, there is a meeting with you and any family members you have and the staff to discuss your care, what you want and need. It's a time for you to express your opinions about what you like and want.

Mr. Hay: Oh, they did tell me something about a meeting, I didn't see any reason to go.

Ombudsman: Well, that's the time you should talk to them about needing more to do just on your own.

Ombudsman: Would you be willing to talk to the activities director if I could get him to come down to your room to talk to you?

Mr. Hay: Well, yes. Send him on down.

Ombudsman: So it's all right with you if I tell him that I spoke to you and that you want to see him.

Mr. Hay: Yes, that would be fine.

Ombudsman: Do you want to practice asking for what you want? I could help you make a list. of things to talk to the activities director.

#### DISCUSSION:

What kinds of suggestions might you make to Mr. Hay if you were helping him construct his list for the activities director?

(Suggestions: Yard care, plant care, something that uses his skills and talents and makes him feel important. Gardening projects.)

#### CONSIDERATIONS:

Have to do an assessment to determine what Mr. Hay really wants to do and would enjoy. If he really is a loner, any attempt to get him to socialize may not be in his best interests. If it is determined that he is lonely and just needs the right friend maybe finding a friendly visitor with similar interest or matching him up with other loners would work.

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## ROOMMATE CONFLICT

### OBJECTIVES OF THE SESSION:

1. To model ways Ombudsmen can empower residents to solve their own problems.
2. To model negotiation skills in helping roommates work out their conflicts.
3. To brainstorm creative alternatives to suggest to resolve roommate conflicts.
4. To model ways to communicate with staff.

NOTE: The video "Basic Complaint Handling Skills for Ombudsman" distributed by the National Center for State Long Term Care Ombudsman Resources can be used for this topic. Situation 5 depicts a typical roommate conflict.

### SUGGESTED OTHER SKITS:

CHARACTERS:       Ombudsman  
                    Pearl, a resident  
                    Bertha, a resident  
                    (Pearl and Bertha are roommates)  
                    Mrs. Owner, the administrator  
                    Narrator

Narrator: Two residents are having an argument about their favorite TV program, Wheel of Fortune. Bertha is hard of hearing and wants volume of TV high so she can hear the show. Pearl feels she is being blasted out of the room.

The scene opens and both residents are having a remote battle as the volume of the TV rises and falls. There is a continuous stream of insults coming from both women.

A staff person charges into the room. "Ladies! Ladies! lets resolve this like adults!"

The women never take notice of aide but continue with insults. A buzzer begins to sound insistently in another room. A crashing sound echoes down the hall, aide dashes off to deal with another crisis.

A housekeeper assistant comes in and leaves something -never taking notice. Leaves the room. Another staff person comes in to begin to open her mouth raises her hand to intervene, then over the intercom we hear -Margaret Line 2, Margaret Line 2. She freezes mid stride, pauses, turns and leaves the room.

Ombudsman comes in introduces herself and asked if she can be of some assistance.

Ladies simultaneously bellow their problems. "She plays the TV too loud." "I can't hear the TV!"

The Ombudsman begins to isolate the problem as one is hard of hearing, the other's ears hurt from the blare. It is also determined that both women want a new roommate. Both women refuse to leave however, and fully expect the other to pack her bags.

Ombudsman: Pearl, what would you see as a solution to the problem

Pearl: Make... (she says pointing) Get her out of my room.

Bertha: (Turning red and shaking - Blurts out): I was here first!

Pearl: Two hours....First!

Ombudsman: So you were admitted the same day?

Pearl & Bertha: Yes! (Glaring at one another).

Ombudsman: Would either of you be willing to move to another room in order to have a different roommate?

Pearl & Bertha: NO! Mumble, mumble, mumble...

Ombudsman: May I talk to the Administrator about this problem?

Pearl: Yes, you may.

Ombudsman: Bertha? (Moves a little closer) Bertha, may I talk to the Administrator?

Bertha: He knows! But nothing has been done yet.

Ombudsman: I will follow-up with the Administrator, maybe we can all meet together.

DISCUSSION:

1. What are some of the ways these two women might compromise?

(Expected response of audience is to arrange for two TV's one with jack for hard of hearing woman).

**NEXT SCENE:**

Ombudsman: Mrs. Owner, I understand that you are aware of the conflict between Bertha and Pearl.

Administrator: Yes, I am aware, we do not have a room available at this point to arrange for separate rooms and neither woman wants to leave their room. Pearl thinks Bertha should leave and Bertha thinks Pearl should leave. We will separate them as soon as possible.

Ombudsman: Is there anything else you feel might work to resolve the problem?

Administrator: We have thought about a jack for earphones.

**SKIT #2:**

PROBLEM: SLEEPING HABITS

Resident A points out her roommate *is* asleep and sleeps all day. The radio *is* on while Resident B *is* sleeping. Resident A says she sleeps all day and then *lies* awake and listens to radio all night, keeping roommates awake and aid comes *in* at 10:00 and turns off radio. Resident B gets up and turns radio on again.

ISSUES TO BE CONSIDERED:

1. Split up
2. Resident Rights
3. Get a pair of ear phones.
4. Doctor check if she is depressed - causing her to retreat from world during day.
5. Is there an underlying conflict and doing this for meanness.

**SKIT #3**

This situation actually happened in a facility, as reported by the Ombudsman.

There were two men in the same room, neither able to get out of bed. The one in the bed next to the window wanted to keep the blinds closed because light bothered him. The other wanted the blinds open to enjoy the sunlight.

The argument actually arose between the men's wives.

The solution proposed by the nursing home was to switch beds. However, Wife #1 refused to let him leave the window. Wife #2 insisted the room be light.

The Social Service's Director called in the Ombudsman for mediation between wives. No one gave in - neither would switch beds - change rooms. Finally, the wives were asked to look at it from the bedfast mens' point of view. This brought on tears from the wives and their concern about their husband's condition began to surface. The Ombudsman suggested that they help each other. Once they finally agreed to help each other, the situation was resolved.

## TRANSFER/DISCHARGE ISSUES

### OBJECTIVES:

1. To transmit factual information to ombudsman about transfer and discharge issues.
2. To stimulate ombudsman to think creatively about alternatives to discharging or transferring a resident.

CHARACTERS:       Ombudsman  
                      Mrs. Trans, a resident

Ombudsman: How are you today? You look a bit worried, what's the matter? There's a musical program going on in the dining room, I thought you would be there.

Mrs. Trans: I don't know if what I'm thinking is true or not, but I get the feeling they think I'm a trouble maker here. Is there any way they could just kick me out of here?

Ombudsman: No they couldn't just kick you out for no reason. There are only certain reasons that you can be discharged. And before you would ever be discharged, they have to give you 30 days notice. Let me explain in more detail what I'm talking about.

(Ombudsman gives technical information:)

1. Admission agreement: the fact your were admitted means they agreed to meet whatever needs you have. This is a skilled facility, so anything that comes up with your medical condition should be handled.

Also, if you should ever have to go to the hospital, you have the right to come back to the facility. Do you know what your admission contract says about how many days they will hold your bed? That is something we need to find out. If you are a Medicaid resident, in a Medicaid bed, Medicaid will pay to hold your bed for you for X days. After that, you or your family can pay to hold the bed at the Medicaid rate. You could use your personal needs fund to pay for this bed hold. If you are private pay, depending on the admissions agreement, you or your family has to pay.

The only other reasons that you could be discharged is if you haven't paid your bill and

Mrs. Trans: That's no problem

Ombudsman: ...Another reason is if you are dangerous to other residents or staff, since everyone has the right to be safe and free from abuse. And, you can be discharged if

you have improved and no longer need skilled care, or if your condition changes and the facility can no longer meet your needs.

Mrs. Trans: My daughter is always complaining to the administrator and she and one of the nurses always get into it when they see each other. That's what scares me, I don't want to cause any trouble.

Ombudsman: Well, you can't be discharged just for that. The nursing home has to give you a good reason and if you disagree with the reason, you have the right to appeal the discharge. I can help you with that if you ever need it. I would like to make sure we had a care planning conference before that ever happened.

Mrs. Trans: What's a care planning conference?

Ombudsman: That's where you, the staff and any family members you want to have there, get together to talk about your care. If your daughter is so unhappy, maybe you and she should ask for a care planning conference to work some of these things out.

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## WANDERING RESIDENT

### OBJECTIVES:

1. To model how the Ombudsman can empower the resident.
2. To learn how to get the resident to open up to the Ombudsman.
3. To observe how to set up the meeting with the administrator.
4. To brainstorm ways to overcome barriers and objections from staff for resolving the problem.
5. To suggest alternatives for dealing with wandering behaviors.
6. To model some ways of ensuring that your agenda is met, as opposed to the staff's agenda.

CHARACTERS:       Ombudsman  
                      Bob Jones, an angry resident  
                      Mrs. Cartwright, the facility  
                      administrator  
                      Narrator

Narrator: The Ombudsman was recently assigned/placed at XYZ Nursing Home. Her first visit with resident, Mr. Bob Jones is a shocking experience. Mr. Jones has lost patience with the lack of response from the nursing staff and is determined to take matters into his own hands. Bob is ambulatory but very upset about Joe Glotz coming into his room.

Bob: If that old man comes in here one more time, I'm going to knock him in the head with my cane. This is my room and I've told him to stay the hell out of here.

Ombudsman: I can see you're very upset about this. May we talk about this and see if we can't come up with a better way of resolving this problem.

Bob: Well, talk if you will, but I've talked enough with the staff and he still wanders in my room, rearranges things in my drawers and closets, and sometimes takes things out of here. I'm missing a comb, picture album, and a belt. And I don't know how many other things he might have taken.

Ombudsman: So, you believe it's only one resident?

Bob: Yes, as far as I know.

Ombudsman: Can you give me his name?

Bob: His name is Joe Glotz and if he comes in here again he's going to get a knot on his noggin.

Ombudsman: Have you talked to anyone else about this problem? Does the Administrator, Mrs. Cartwright know anything about this?

Bob: I'm talked to my nurse, but so far it hasn't done any good.

Ombudsman: Let me get a little better understanding of the problem and how to deal with it.

Bob: I'm willing. What do you want to know?

Ombudsman: It would be helpful to know if there is a particular time of day that Mr. Glotz comes into your room.

Bob: It's usually at night, but I'm not always in my room during the day and I don't know who comes in my room or how often.

Ombudsman: Do you call the nurses station when he comes in?

Bob: I used to, but by the time they got here, I had him out on my own.

Ombudsman: With your permission, how about you and I talking with the Administrator and the Director of Nurses about this. You would be the one doing the talking and I'll be here to back you up. If you want to we can practice what you will say so it will come across in a polite but firm way.

#### DISCUSSION:

1. What other types of questions would you ask to get more information and verify this?  
  
(who has he talked to exactly, what he has told them, any items missing, the nature of the rummaging, etc.)
2. Time element may be critical here, if Mr. Bob Jones is on the brink of inflicting bodily harm on another resident, it might be more critical. Or if these two residents have already gotten into it physically, there might be an urgency.
3. What about the care plan for both Bob Jones and Mr. Glotz, how has securing personal possessions and safety in wandering been addressed?

4. What solutions would you suggest if you were the Administrator?

Suggestions:

- Velcro tape across doorway to deter wandering resident.
- Stop sign outside door.
- Determine cause of wandering.

5. What solutions have you as an ombudsman experienced in your facility, or would you like to see *in* resolving this *issue* of wandering resident?

Suggestions:

Alternate placement *in* ward where residents are free to wander. Units which have an outdoor access so residents can wander freely.

6. What possible obstacles, barriers or excuses do you hear from the Administrator or staff?

Suggestions:

There *is* not enough staff to watch every resident every minute. None of the other residents seem to *mind*. Why are you so sure that Mr. Glotz took all the items that you are missing? Were they listed on your inventory?

7. Write down the agenda for the meeting with the Administrator. Tell Mrs. Cartwright the agenda.

Suggestions:

Have Bob tell of his concerns, help Bob understand why Mr. Glotz *is* doing what he's doing.

Brainstorm ways to resolve Bob's concerns.

Brainstorm ways to keep any wandering resident from bothering other residents' belongings.

Set timetable to work on the *issue*.

PRACTICE MEETING WITH THE ADMINISTRATOR:

Ombudsman: Good morning Mrs. Cartwright. Thank you for taking time with Bob and I about the problem Bob *is* having with Mr. Glotz. I'd like Bob to tell you what the issue is. Bob and I are aware that this *is* an *issue* that may not be resolved in one sitting, but we're hopeful that some

action can be taken to alleviate this problem. Having said this, Bob would you care to tell Mrs. Cartwright what you've been telling me?

DISCUSSION:

1. Ask participants: What are you thinking so far?
2. What possible obstacles or excuses do you think the staff are going to raise in dealing with Mr. Glotz going to Bob's room?
3. What solutions would you suggest if you were the Administrator, or what solutions have you experienced in your facility, or would like to see in resolving this issue of wandering residents.

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