

**IMPORTANT NOTE ABOUT VISITS:** In-person visits with residents are a core part of Ombudsman program outreach and advocacy and NORS reinforces this importance by requesting that Ombudsman programs report all visits. However, during the COVID-19 pandemic, visits have been dramatically curtailed. It is important that Ombudsman programs accurately reflect this decrease to show the impact of the pandemic on the program and residents. There is no substitute for an in-person visit, while outreach by other means is necessary, we do not want to give the impression that the program operated as usual. ACL anticipates that there will be a sharp decrease in visits, and that is appropriate, given the circumstances.

**Q:** Due to COVID-19 visitation restrictions, I am contacting residents to check-in with them and provide information by phone, email, and/or video calls. Do I count phone, email, and/or video conversations as “routine access visits/non-complaint visits” or information and assistance?

**A: Communication with residents via phone, email, and/or video is not a visit.** Document the communication described above as information and assistance. Refer to *Part I: Case, Complaint, Complainant, and Information and Assistance* [NORS Training materials](#) for definitions of case, complaint, and information and assistance; *Part IV: Ombudsman Program Activities* [NORS Training materials](#) for definitions and examples of visits; and ACL Tables 1 and 3 for definitions, examples, and reporting tips.

**Q:** Due to COVID-19 visitation restrictions, I am contacting staff of the long-term care facilities in my region by phone and/or email to establish lines of communication, get a resident census and contact information for resident representatives, share information, and answer questions. How do I document these conversations?

**A: Document as information and assistance to facility staff and associate it to the type of facility (nursing facility or residential care community).** Communication with facility staff via phone, email, and/or video is not a visit. Refer to *Part I: Case, Complaint, Complainant, and Information and Assistance* [NORS Training materials](#) for definitions of case, complaint, and information and assistance; *Part IV: Ombudsman Program Activities* [NORS Training materials](#) for definitions and examples of visits; and ACL Tables 1 and 3 for definitions, examples, and reporting tips.

**Q:** I contacted a resident and facility Administrator by phone to follow-up on a complaint due to recent visitation restrictions. Do I document that communication as a “complaint related visit” since I can’t follow-up in-person?

**A: No, communication with residents, families, staff via phone, email, and/or video is not a visit.** Document this communication as part of case notes related to the complaint. Refer to *Part I: Case, Complaint, Complainant, and Information and Assistance* [NORS Training materials](#) for definitions of case, complaint, and information and assistance; *Part IV: Ombudsman Program Activities* [NORS Training materials](#) for definitions and examples of visits; and ACL Tables 1 and 3 for definitions, examples, and reporting tips.

**Q:** The previous version of NORS had a specific complaint code for infection control; however, there is not a code for infection control in the current [complaint codes](#). How do I code complaints about inadequate handwashing and/or lack of infection control practices?

**A:** That is correct, there is no longer a complaint code for infection control as that code was rarely used in previous NORS reporting. If a complaint presents as an infection control issue, I05 – Housekeeping, is the best fit for those complaints. See quiz question 5 in Section I. Environment in the [Part II: Complaint Coding Quiz Answer Sheet](#) of the [NORS Training materials](#) and [ACL Table 2: Complaint codes and definitions](#) for examples and reporting tips.

**REMINDER:** Only document this issue as a case/complaint if you take active steps to investigate and resolve. Hearing comments about a lack of infection control, or learning about it from the media, with no action to investigate and resolve does not count as a case and complaint. A complaint is defined as “an expression of dissatisfaction or concern brought to, or initiated by, the Ombudsman program which requires Ombudsman program investigation and resolution on behalf of one or more residents of a long-term care facility.”

**Q:** I received a call from a resident regarding a complaint. The resident asked for my assistance in resolving the complaint. I received consent for all steps in the investigation and resolution process. All communication with the resident and facility staff regarding the complaint was handled by phone. Due to visitation restrictions, I did not meet the resident in-person. Do I document this as a complaint since I was not able to visit with the resident?

**A:** Yes, document this as a case with one or more complaints. A case is comprised of a complainant; one or more complaints; documentation of a perpetrator for cases involving abuse, gross neglect, and exploitation; a setting; verification; resolution; and information regarding any referrals to another agency. Refer to *Part I: Case, Complaint, Complainant, and Information and Assistance* [NORS Training materials](#) for definitions of case, complaint, and information and assistance and [ACL Table 1](#) for definitions, examples, and reporting tips.