## **Ombudsman Application Scenario #1**

As an ombudsman, you've been encouraging facilities to participate in the Advancing Excellence Campaign and to begin implementing person-centered care practices. Brentwood Manor has adopted "increase person-centered care planning and decision making" as one of its Advancing Excellence goals. The facility participates in the state's Culture Change Coalition and is making progress in many areas. When you visit, you comment on the positive changes that you see and on the good things you are hearing from residents and families. The facility is proud of the changes they have implemented. They tell you that they are not perfect but that things are continually improving.

You receive a complaint from a woman who lives (resident) in Brentwood Manor. She tells you that the care planning meetings are a joke. No one listens to her or any other resident and the medical terms are difficult to understand. Whenever she asks a question or wants a different approach to care, the staff smile but continue with their plan. It seems clear that the staff want to keep the meetings very short. She has had some care issues that she feels are being ignored and are getting worse. She asks for your help.

- 1. What do you do?
- 2. What are your concerns?
- 3. Jot down a few statements that you would make as you work on this issue with the facility and in talking with the resident.

Hickory Hills is another home in your area. This facility has a history of problems in caring for residents and upholding quality of life. You frequently have some complaint cases in this home. The administration tells you that they don't have time to deal with Advancing Excellence or culture change, taking care of business is more important than "window dressing". You receive the same complaint about resident participation in care planning from a resident in this facility as you did in Brentwood Manor.

- 4. In resolving this complaint, do you do anything differently than you do with Brentwood Manor?
  - a. If so, what and why?
  - b. If not, why not?
- 5. What are your concerns?
- 6. Jot down a few statements that you would make as you work on this issue with the facility and in talking with the resident.
- 7. How do you ensure that residents and families in <u>both facilities</u> see you as their ally and an effective advocate, not a cheerleader for the facility?

## Ombudsman Application Scenario #2

You (state or local ombudsman) have been working diligently to spark some interest in implementing culture change principles, encouraging provider participation in the Advancing Excellence Campaign, and informing consumers and other ombudsmen about the range of good practices that are being implemented. You are seeing some positive signs—several providers have begun the culture change journey or are making progress in meeting Advancing Excellence goals. The Culture Change Coalition is gaining new momentum, increasing membership and sponsoring training throughout the state. By default, you have become the chair of a key committee of the Culture Change Coalition. You are becoming known as someone who is very knowledgeable about available resources. The ombudsman program includes a feature on a good provider practice in every issue of its newsletter.

You are devastated when your supervisor calls you in to discuss concerns about your role and your participation in the Culture Change Coalition. The supervisor says that other ombudsmen have been coming to him, complaining that you have lost your resident advocacy focus and that you are sloughing off the tough cases in order to focus on more fun things like culture change. They say that you make excuses for providers instead of taking a strong stand to get an immediate resolution for residents. He also shows you a letter from a citizens' advocacy group (CAG) alleging that your participation and leadership in the Culture Change Coalition, promoting Advancing Excellence, and the newsletter feature on a provider practice, are conflicts of interest with your role as resident advocate. The group questions your ability to fully represent residents and families when you are so connected to working with providers. They say that the Ombudsman Program's credibility has been compromised. If you don't stop working with providers and promoting these endeavors, the CAG said they will send a letter to the editor that may be published in the paper and on-line.

1.	What response do you make to the allegations that you are focusing on the "fun things" and not being focused on resident advocacy and the tough cases?
2.	If you had a "do over," what could you have done to have avoided or minimized the allegations from your peers?
3.	How do you respond to the allegations that your participation and role constitute a conflict of interest with your ombudsman role and also impair the credibility of the program? What <b>rationale</b> do you provide? What <b>evidence</b> do you have that you have not become too provider oriented instead of focusing on resident advocacy?

4. If you had a "do over," what could you have done to have avoided or minimized the allegations from

the citizens' advocacy group?

## **Ombudsman Application #3**

1.	What long-term care ombudsman actions, statements, or materials (printed or online), may be interpreted as being pro-provider instead of focused on residents and families?
2.	What ticklers may prompt you (ombudsman) to ask if <u>you</u> are becoming too aligned with providers perspectives and are drifting away from resident-directed advocacy seeking to immediately resolve problems?
3.	How do you avoid the perception that you or the ombudsman program go easier on facilities that are engaging in culture change, Advancing Excellence, or person-centered care?
4.	What factors do you consider in allocating resources (time/presence and or funding) to culture change, Advancing Excellence Campaign, and the other areas of ombudsman work such as complaint handling and systems advocacy?