

Advocating With and for Residents within the Long-term Care Facility and System to Ensure Greater Choice, Quality of Life, and Quality of Care.

Presented by
 Becky Kurtz
 Dianne Brookins
 Janice Frey

**Nursing Home Social Work Network
 Webinar Series**

This webinar series is made possible through the generous support of the **Retirement Research Foundation**



Becky Kurtz



Since July 2010, Becky Kurtz has been the Director of the Office of Long-Term Care Ombudsman Programs within the US Administration on Aging (now part of the Administration for Community Living). In this capacity, she promotes effective State Long-Term Care Ombudsman Programs that serve our nation's long-term care facility residents. She also advocates for long-term care facility resident interests at the national level.

Becky was Georgia's State Long-Term Care Ombudsman for 16 years. During that time, she served in various leadership roles in NASOP (the National Association of State Long-Term Care Ombudsman Programs), serving as its president from 2004-2006.

3

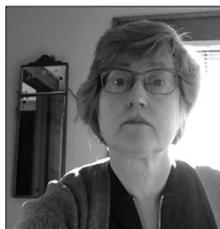
Dianne Brookins



Dianne Brookins, received her Ombudsman certification in 1995, and currently is the Coordinator for the Georgia Mountains Long-Term Care Ombudsman program. She was introduced to the ombudsman program when working as the Director of Social Services for a 92-bed nursing home in rural Georgia. Dianne continues to participate in certification training for Georgia's ombudsman program, has served on a state committee on the study of long term care, and has received certification as a "At-Risk Adult Crime Tactics Specialist" in collaboration with Georgia Bureau of Investigation and other law enforcement agencies.

4

Janice Frey LMSW



Janice Frey is a Baby Boomer born and raised in New Jersey, worked for over twenty years in printing and graphic Arts. After a stroke in 1998, she returned to school and received a master's degree in Social Work at University of Iowa focused on Aging Studies and End-of Life Care and is a licensed social worker in Iowa.

Since 2005, she has worked as a volunteer with a local hospice group, and several senior advocacy groups and as a Volunteer Long-Term Care Ombudsman with the Iowa Department of Aging Office of State Long-Term Care Ombudsman Program

5

Objectives

- The nursing home social worker's role as an advocate for residents
- How residents' experiences and family relationships offer a wide variety of advocacy opportunities for social workers
- The long-term care ombudsman role as an advocate for residents
- Common goals – and distinctive roles – of nursing home social workers and long-term care ombudsmen

6

Advocacy

ad-vo-ca-cy
noun \ˈad-və-kə-sē\ : the act or process of supporting a cause or proposal: the act or process of advocating something

ad-vo-cate
transitive verb \ˈad-və-, kāt\ : to support or argue for (a cause, policy, etc.)

Source: Merriam-Webster Dictionary



7

National Association of Social Workers (NASW) Code of Ethics

1.01 Commitment to Clients
 Social workers' primary responsibility is to *promote* the wellbeing of clients. In general, clients' interests are primary.

6.04 Social and Political Action
 (a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should *advocate for changes in policy and legislation* to improve social conditions in order to meet basic human needs and promote social justice.

Source: NASW Code of Ethics <http://socialworkers.org/pubs/code/code.asp>

8

Older Americans Act

- Creates the Aging Network – State units on aging, area agencies on aging, service providers, and advocates;



- Administration on Aging provides core services through grants to States for:
 - Title III (social and nutrition services), examples:
 - Senior centers
 - Home-delivered meals
 - Family caregiver support
 - Title VII (elder rights)
 - Legal services
 - Long-Term Care Ombudsman programs

9

LTC Ombudsman Program structure

- Each state has one State Long-Term Care Ombudsman
 - May be a State employee or employee of a private not-for-profit
- Both centralized and de-centralized (often through area agencies on aging) program structures
- The State LTC Ombudsman has the authority to designate representatives
- Representatives may be staff or volunteers (and are often called "ombudsmen")
- Nationally, there are:
 - 1,180 FTE staff ombudsmen
 - 8,712 certified ombudsmen volunteers
 - 3,257 other volunteers

Source: Administration on Aging, FFY 2012



10

The essential characteristics of an ombuds:

- independence,
- impartiality in conducting inquiries and investigations, and
- confidentiality.

Adopted by the American Bar Association (2004)



11

LTC Ombudsman Functions Older Americans Act: Section 712 (a)

identify, investigate, and **resolve complaints** that—
 are made by, or on behalf of, residents; and

relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents . . . of —

- (I) providers, or representatives of providers, of long-term care services;
- (II) public agencies; or
- (III) health and social service agencies.



12

LTC Ombudsman Functions (continued)

Represent the interests of the residents before governmental agencies and **seek administrative, legal, and other remedies** to protect the health, safety, welfare, and rights of the residents

Analyze, comment on, and **monitor the development and implementation of** Federal, State, and local laws, regulations, and other **governmental policies and actions**, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care

Recommend . . . changes in such laws, regulations, policies, and actions



13

Centers for Medicare and Medicaid Services (CMS) Nursing Home Social Services Requirements



§483.15(g)(1) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Facility should respond with social services by staff or referral:

- Lack of an effective family/support system;
- Behavioral symptoms (including resident-to-resident);
- Presence of a chronic disabling medical or psychological;
- Depression
- Chronic or acute pain;
- Difficulty with personal interaction and socialization skills;

14

CMS Nursing Home Social Services Requirements (continued)

- Presence of legal or financial problems
- Abuse of alcohol or other drugs;
- Inability to cope with loss of function;
- Need for emotional support;
- Changes in family relationships, living arrangements, and/or resident's condition or functioning; and
- A physical or chemical restraint.

Also:

- Grief/loss of roommate;
- Engagement in meaningful activities.



15

Advocacy Opportunities for Social Workers

Diane Brookins

16

Advocacy opportunities for social workers - 1

Social services: Resident advocate throughout the resident's stay

- Upon admission – as the resident is adjusting, importance of social worker to get information that can make a difference to resident's quality of life throughout stay in nursing home
- During stay – e.g.s: participation in assessment (including MDS Section Q); dealing with resident experience of grief/loss; supporting resident decision-making and handling family involvement
- Upon discharge – transition planning

17

Advocacy opportunities for social workers-2

Social workers as the link to community resources/relationships

- E.g., law enforcement, APS, in-home service providers, faith community, public housing

18

Advocacy opportunities for social workers-3

Relationship between social worker and ombudsman



19

Case Study -1

Janice Frey, MSW

The Volunteer Long-Term Care Ombudsman assists the Iowa Department on Aging Office of State Long-Term Care Ombudsman in carrying out the duties described in the Older Americans Act.

20

Resident Feels Ignored

- Problem: 45 y o female NH resident asked a nurse to contact her doctor regarding a medical issue. Resident felt that she was being ignored by staff and was frustrated. The facility had a history of communication problems between staff and residents. Administration did not set a culture of taking resident concerns seriously.
- Because of this environment, the social services staff were not encouraged nor sanctioned to advocate for resident rights; this situation was ripe for an ombudsman intervention.

21

Feeling Ignored

- Assessment: With the approval of the resident, a meeting was held between the nurse, resident and the Ombudsman. The nurse explained that because the request was made at change of shift, it meant the request could not be addressed until the next day. The nurse explained that this delay was not due to staff attitudes, but because it took time to contact her doctor. It would be better for the resident to make her requests earlier in the day to allow staff time to follow-up with her physician.

22

Feeling Ignored

- Problem Resolution: The resident and nurse felt the meeting was helpful, opened communication channels and resolved the problem. They agreed that the resident would make future requests earlier in the day.
- --end of case 1

23

Case Study #2

Diane Brookins

24

Case 2: Involuntary Discharge

Problem: Mrs. G, a NH resident with dementia, received a "30 day Notice of Involuntary Discharge" for non-payment (\$31,000 in arrears). Admin told LTCO that after admission, husband divorced and never completed Medicaid paperwork. Assets may include property and others.

LTCO suggested NH make a referral to APS for possible financial exploitation.

SW had no contact info for other family members; made APS referral.

NH receives letter: ex-husband relinquishing duties as resident's responsible party

25

Involuntary Discharge –part 2

- LTCO made referral to GLSP on behalf of Mrs. G; requesting discharge appeal.
- GLSP worked with NH to get info to assist resident.
- APS obtained guardianship (temp then perm) SW, APS, GLSP work to obtain Medicaid. NH agreed to not discharge Mrs. G as other agencies were helping.
- SW signed up Mrs. G for a "second Winds Dream" experience for new clothes, lotions, etc. LTCO continues monthly contact with Mrs. G and NH SW.

26

Summarizing Key Points



Questions and Answers

27

Speaker Contact Information

<p>Becky A. Kurtz, JD</p> <p>Director Office of Long-Term Care Ombudsman Programs Administration on Aging Administration for Community Living US Department of Health and Human Services</p> <p>E-mail: Becky.Kurtz@acl.hhs.gov Phone: 202-357-3586</p>	<p>Dianne Brookins</p> <p>Coordinator Long Term Care Ombudsman Program State of Georgia Legacy Link Area Agency on Aging</p> <p>E-mail: ddbroadins@legacylink.org Phone: 770-538-2685</p>	<p>Janice Frey LMSW</p> <p>Certified Long-Term Care Ombudsman Volunteer Iowa Department of Aging Office of State Long-Term Care Ombudsman Program</p> <p>E-mail: Janice Frey printress98@gmail.com</p>
---	---	--

28



Thank you.

A recording of this webinar is available through the **National Nursing Home Social Work Network** website:

<http://clas.uiowa.edu/socialwork/nursing-home/webinars>