

**VOP Statewide Conference Call Minutes**  
**November 18, 2015; 2:00 – 2:45 p.m.**

**Attendance:**

Andy Webb – Bethany Manor, Story City  
David Arthur – Rehab Center of Des Moines  
Janice Frey – Briarwood, Iowa City  
Jeri Bailey – Wapello Nursing and Rehab  
Jerry Hampton – Lamoni Nursing and Rehab  
Judy Staack – All-American Care Center and Lutheran Living Senior Campus, Muscatine  
Julie Elmore – Martin Healthcare Center, Cedar Falls  
Kay Cota – Embassy Care Center, Sgt. Bluff  
Kot Flora – Lantern Park, Coralville  
Linda Richardson – Good Samaritan, Ottumwa  
Maggie Elliott – Iowa City Rehab  
Nancy Nichols – Arbor Springs, West Des Moines  
Nancy Nickerson – Good Shepherd, Mason City  
Pat Cushing – Mayflower Home, Grinnell  
Peg Johnson – Pleasant View Home, Albert City

**VOP Coordinator Shadowing Report – 2015**

**Key findings:**

1. Each VO very much had his/her own style within the parameters of what we want for resident/VO interaction.
2. Shadowing activities encouraged greater communication between VO and Coordinator before, during, and after visit.
3. Communication with families improved/challenged their advocacy skills when language and cognition barriers existed.
4. Those that were acquainted with staff beyond POC tended to be more successful; staff provided recommendations about who to check in on and were supportive of VO's activities. Some were prepared to provide a roster of residents/rooms.
5. Families were extremely helpful contacts for residents who had lower cognition levels.
6. Most VOs were demonstrating appropriate greetings and introductions, followed by questions about their facility experience.
7. Most VOs are checking in with their POC and checking out (if they had concerns to report).

**Things to work on/Tips:**

- Find a balance between being social and advocate in conversation. There is value in both, but too much social can confuse the role and too much advocate can be impersonal.
  - Even if there is not a history of concerns with a particular resident, do continue to ask advocacy-based questions.

- At the top of each visit, check out the daily menu and activities so that you have some information to base your questions around.
- Avoid leading questions: "Do you have any complaints?"; "Is everything going okay?"
- Don't enter a resident's room without acknowledgement. Knocking before entering is preferred method to make presence known.
  - Unless you know a resident usually wants their door shut, avoid attempting to enter if the door is closed.
  - Pay attention to and abide by contact precautions/hairnet signage.
- Seating can be very limited but do your best to sit when invited to do so. Cane seat.
- Distribute your handouts and business cards so residents/families know how to reach you until you come around again.
- Other than placing call buttons within resident's reach, be 100% hands off for the safety of the resident! It can be hard to wait for assistance.
- Advocate for what the resident wants if they can tell you. Ask for their input and listen, rather than offer a suggestion and seek their approval. Don't ignore their concern if you think the solution they want is unlikely.
- Pick up on the resident's signals that they would like to end the visit.
- Even if you handle small issues in the same visit (got a blanket, got a second portion, etc.), put them in the monthly report.

### Questions:

Nancy Nichols: I was shadowed by Cairn. Found it to be a wonderful experience for me personally. There was someone I could talk to openly about certain residents and certain problems. It was a wonderful help to me.

Jerry: Can you have more than one POC?

Sarah: So technically there is one POC who we set up during your orientation. This is the person you're authorized to communicate resident's concerns to with their permission and who relays that information to the staff person who is in a position to resolve the concern. However, the POC role has evolved for some depending on the size and scope of their facility. Perhaps there is a Social Worker assigned to each wing, and they have a supervisor and then that person has a supervisor. Rather than have someone all the way at the top, the VO might communicate with the SW on the wing because they're closest to the action. As noted in the shadowing report, those with good relationships with all staff have more success. Maybe the DON isn't your POC, but your POC isn't available so you can ask the DON a question. Also, your POC might leave their job. If that happens and the VO has a good grasp on their facility, then we ask the VO if they have someone on staff who understands their role that they'd be comfortable reporting to. If the VO would like our help to appoint a new POC or provide some education about the VOP role, then we are more than happy to do that.

Janice: Is it okay if I ask to sit down?

Sarah: Yes, absolutely. If you would like to sit down, it's okay to ask. Then just clarify where that would be—chair, bed, etc.

Jerry: Is it okay to sit on corner of bed?

Sarah: Yes, provided it's okay with the resident. You might want to ensure that where you sit is clean and dry (speaking from personal experience).

Jerry: When are we going to redo the Peer Group meeting that was postponed in Des Moines?

Sarah: It looks like the best time that will work before the end of the year is Saturday, December 5. I'm thinking from 10 – Noon. I just need to submit the reservation form to the library.

Kot: How can you ask residents if their finances are in order...if you feel like they might be being taken advantage of by a family member? It seems like a personal and awkward thing to ask.

From Pam Railsback: I would suggest treading lightly around this subject. The older generation in the NF are very private when it comes to family turmoil or financial matters. If a facility mentions a concern about financial exploitation to the volunteer, they are mandatory reporters and need to contact the proper organization to report their suspicions. That being said, if a resident brings it up, or voices some concerns, a volunteer can take that concern to their POC (assuming the resident gives permission to do so). A volunteer could ask if the resident has anyone helping them with decisions. Sometimes starting this conversation may lead to the resident sharing more information about who helps them, etc. If that opens a door and the resident starts to discuss the decision maker spending their money, always bring it back to whether the resident is ok with the way the decision maker is spending their money. There are many situations where a son/daughter may be using mom's money to pay their own personal bills. If mom wants to help for her kids, she may want her money spent in that manner. The bottom line is: if the resident is ok with how the money is being spent, we don't have a role in resolving this issue for them. If the volunteer runs across a situation where a decision maker is spending mom's money in a way she doesn't agree with, ask if they'd like to speak to the facility about this? The facility could talk with the resident about their option to revoke the power of attorney document, or about appointing someone else to handle decisions.

Julie Elmore: I find when I introduce myself as a Volunteer Ombudsman, nobody understands what it is and I have to explain it. Is there something easier that other people say?

Janice: I usually say it's an advocate, so if there any issues you have you feel you can't speak with anyone about, then I'm here to help out.

Jerry: I paraphrase what's on the card and brochures to give them an idea. How do I get more materials?

Sarah: Just got ahead and give me a call or email and let me know what you need. I can send them to you in the mail.

David: I like to emphasize that I have no connection with the facility.

Nancy Nichols: I always say I don't work for this facility, I'm just a volunteer who comes to visit and hear any complaints or any good things you'd to say about your stay here.

Judy: I always try to tell them that I'm a voice for them, and if things aren't going well I will try to get in touch with the right people.