



Minutes: VOP Statewide Conference Call

March 16, 2015; 2:00-3:15pm

Topic: Building Relationships with P.O.C., Families, and Residents

Attendance

Staff

Sarah Hinzman, VOP Coordinator
Melanie Kempf, LTCO South-Central Regions
Seygbai Kai, VISTA VOP Coordinator

Volunteer Ombudsmen

Beverly Boveia
Diane Kleckner
Greg Durlam
Janice Frey
Jerry Hampton
Judy Avritt
Kot Flora
Lois Bartelme
Mary Bustad
Nancy Nichols
Nancy Nickerson
Sandy Grant
Susan Bartsch
Terry Hornbuckle

The mission of VOP statewide calls

The purpose of the VOP Statewide Calls is to increase the opportunity for continuing education provided from the Office of the State Long-Term Care Ombudsman and to increase volunteer engagement. Additionally, we can go into depth on topics that we didn't have time to cover extensively in training.

Statewide conference calls will be held every odd month (May, July, September, etc.) at 2 p.m. and will be facilitated by one VOP Coordinator and one other staff member of the Office on rotation.

Each month's topic is intended to take a closer look at the particulars of resident's rights.

Tips for building relationships in long-term care facilities – Seygbai Kai

What are the key ingredients in guiding and maintaining successful relationships with staff, families and residents?

A relationship is defined as a way in which two or more concepts, objects, or people are connected. This can be in the form of an alliance, association and/or correspondence. When building a relationship with a resident it is important to focus your attention on the resident's rights, challenging stereotypes about nursing staff and resident families

General Tips on Developing Relationships:

1. Accept and celebrate differences.

A roadblock in developing relationships is a desire to expect people will think and act like you do. Not everyone will think like you do and if they did, life would be very dull. So, accept and celebrate that we are different.

1. Listen effectively.

Listening is the silent form of flattery that makes people feel supported and valued. Listening to and understanding what others communicate to us is the most important part of successful interaction.

2. Give people your time.

Be present when you give people time. The connection we make with other people is the very touch stone of our existence, and devoting time, energy and effort to developing and building relationships is one of the most valuable life skills.

3. Develop your communication skills.

Poor communication can lead to a culture lacking communication which, in turn, can affect our stress levels, especially when we don't understand something or feel we have been misled. Set the example for communicating with another.

4. Learn to give and take feedback.

Feedback is the food of progress. The ability to provide constructive feedback to others helps them to tap into their personal potential and can help to forge positivity and mutually beneficial relationship. It can help you tap into your blind spot and get a different perspective. It's okay to be an imperfect volunteer.

5. Learn to trust more.

6. Develop Empathy.

Empathy and understanding builds connection between people.

Discussion handout

Please follow this link to view the handout: [Tips for Developing Relationships with P.O.C., Family and Residents](#)

Questions for Volunteer Ombudsmen and their responses

What is your best piece of advice for new volunteers to build relationships with residents?

- a. When you're brand new, spend some time walking around the facility to get your bearings. Start slow. Visit with all residents over a span of weeks/months.
- b. Business casual dress may be helpful, but casual is okay too.
- c. A sense of humor is helpful.
- d. Give them a compliment: their hair, jewelry, etc. They still like to hear that they look good.
- e. Have them talk about themselves.
- f. Look at shadow boxes outside rooms (if present), observe personal objects and bring it into the discussion. Can you see signs that they were in the military, etc?
- g. Listen and pick up on their cues.
- h. Share something about yourself (pets, what I have done or plan to do today).
- i. Write your name on the materials you give them.
- j. Talk about previous concerns—let them know you followed up and what you found out.
- k. Know their social/coffee times and join in. Sit with them during a meal. If they ask you to join them in having a coffee, cookie, meal you may do so provided you are not violating the \$3 gift limit (or pay for your meal).
- l. The best time to visit is just before lunch or evening meal. We like to watch the food come out and critique it/laugh about it.

2) What advice do you have on favorable interactions with staff and/or family members?

- a. Learn their names; remind them a nametag would be helpful.
- b. Keep families and frequent visitors tracked to residents by relationship. So-and-so's son visits every day. Chat with the residents about the presence of their loved ones—especially if it's a point of pride. "Isn't it nice that your (son) visits so often?"
- c. Have empathy for staff. Understand that they have a hard job. We're not there to police them.
- d. Be non-adversarial. Follow up. Give praise when it's due.

- e. Follow up is very important. Let them know you did follow up and talk about it.
- f. Ask them for their help to assist a resident.

Long-Term Care Ombudsman experiences – Mel Kempf

How to overcome challenges to maintaining positive relationships with staff

- **Challenge:** At orientation, the administrator told the volunteer and Local Ombudsman that there was a resident whose Power-of-Attorney would not want the volunteer to visit with that resident.
- **Outcome:** The Local Ombudsman nicely explained to the administrator that the volunteer would have access to all residents, just as the Local Ombudsman does. The Volunteer Ombudsman happened to know the resident and Power-of-Attorney personally, and decided to avoid this couple for a little while. It was important that volunteer and administrator see the Local Ombudsman "go to bat" for the volunteer. The Local Ombudsman told the volunteer she would support them if the situation escalated.
- **How to overcome challenges to maintaining positive relationships with residents**
 - **Challenge:** As Ombudsmen, we want to help, but sometimes we cannot achieve what the resident wants. Example—A resident moved back and forth between facilities repeatedly. She had a pattern of getting upset at one facility and then move to the other, then the same thing would happen at the next, and this pattern repeated several times. Eventually, one of the facilities declined to accept her. The resident was not happy with this.
 - **Outcome:** I told the resident that she had a right to receive information about residency and submit an application, but the facility also had a right to refuse her admission. The resident hung up on, saying "you used to be helpful to me but now you're not." I don't think I could have done anything differently for her. I contacted her one more time to encourage her to reach out about any issues in her current facility. Sometimes when we can't fully get what the resident wants, we have to seek compromise as a last resort if everyone is willing to give a little.
- **How to overcome challenges to maintaining positive relationships with family**
 - **Challenge:** Some family members are happy with the Ombudsman but others don't see the Ombudsman as helpful. You always have to come back to stating that your role is an advocate for the resident. Example—the facility asked me to sit in on a care conference. I asked the facility to go back to the resident and ensure that my participation was something the resident wanted. The situation

was that there was a married couple living in a facility, and they had designated each of two children as a Power-of-Attorney. One child wanted his parents to live in the same room, and the other did not see separate rooms as a problem (nor did the father of the two parents).

- **Outcome:** I visited the father resident, who thought the arrangement of separate rooms was fine: "If it's not broke, don't fix it." I reported the resident's comments to the facility Social Worker, who took the news to the family. Going back to the resident directly helped me avoid the dynamics of the family entirely. The child who wants the parents to share a room says he will continue to bring it up at care conferences, as is his right. I said I was open to having a conversation with him if he would like, but he has not contacted me.

Scenarios for discussion – ALL

Mabel enjoys sleeping in every day and staying up late at night. Prior to coming to live at the nursing facility, she would get up around 9 a.m., eat a light breakfast, and stay in her pajamas until just before noon when she would shower, get ready, and go about her day. Now, she has to get up at 6:15 a.m. to take her meds, is given a bath around 6:30, and is out to the table for breakfast by 7:30 for breakfast that is served at 8 a.m. She dozes off at the table at times because she is tired, and she is not hungry for breakfast so often eats 0-25% of what is put in front of her. She is experiencing weight loss and is depressed because her daily routine has changed so much. Mabel asks to visit with you, presents her concerns, and would like you to help her resolve the issues. What do you do?

- With resident permission, talk to the POC and describe resident's previous routine and living situation.
- Remind POC that she has the right to do what she wants with her daily routine.
- Prioritize the resident's desires.
- Point out the noteworthiness of weight loss and depression.
- What could be a win/win? What would work for both staff and the resident? A bath in the evening?
- What could be some alternatives? Could she take her medication and go back to bed if she *has* to take them at a certain time? Could she be served a cold breakfast when she wants to wake up? Can she stay in her pajamas if that is her preference?
 - If the answer to any of the above is 'no', ask why.

The following scenario was not presented during the live conference call due to time constraints. Options listed were provided by Melanie Kempf.

Harvey came to the nursing facility to receive therapy after a knee replacement. His goal is to complete therapy and return to his home in the community. Harvey's daughter is his Power-of-Attorney for health care, and she is afraid that her father will not be able to take care of himself at home. She is talking with facility staff about keeping her father there long-term because of her concerns. She says if they let him go home and something happens to him, she will sue them. Therapy expressed Harvey is making great progress, and they intend to keep him on their caseload only for the remainder of the week and then discharge him to his prior level of functioning. Harvey asks to visit with you because his daughter has told him this is the best place for him and that he can't go back home. He wants your help. What do you do?

- Receive verbal permission to talk to the POC about the Resident's concern.
- Is the POA (Power-of-Attorney) in effect?
- Could a therapy home evaluation be completed?
- Have they been through the MDS-Q process (has the resident voice a desire receive information about the possibility of returning to the community and what was the result)?
- What does the Resident's PASRR (Pre-Admission Screening and Resident Review) say?
- Due to the possible POA and need to review chart for PASRR and MDS-Q information, contact the VOP Coordinator and then have Local Long-Term Care Ombudsman involved if resident permission is given.
- Express to all parties that the role of the Volunteer Ombudsman is to advocate for what the resident wants—not the family, facility, or other party.

At the monthly **resident council meeting**, which you have an open invitation to attend, residents are complaining about another resident wandering into their rooms and taking things. They also complain that this resident is loud and disruptive in the dining room and during activities. The staff person who helps lead the meetings tells the residents present that there isn't much that can be done and that Jack is just that way, telling residents there isn't anything else the facility can do and that he has brought their concerns up to management who is not doing anything else about it. What do you do upon hearing this discussion?

- Resident Council meeting minutes should be taken and shared with heads of departments who should review them, address concerns, and report back to the Resident Council.

- Let the POC know about the concern being brought up by many in the resident council meeting, even if they have heard it before.
- While at the council meeting, take which residents are most concerned. At another time, talk with them in private to see if they have concerns or anything they would like you to address. Ask them what resolution would look like for them.
- Could the resident who is wandering be moved to a different room (closer to the nurse's station perhaps) or monitored more closely?
- Is the resident going into particular rooms or everywhere? If it is particular rooms, could the facility implement interventions appropriate to those individuals?
 - Post a "stop" sign at the entryway of rooms they shouldn't enter.
 - Place a soft partition (such as a net or mesh barrier below waist-level) at the entryway of rooms they shouldn't enter that can be moved at will by the resident who lives in that room?
- Talk to the residents whose room the person is going into. Does resolving the issue for them involve anything they can control? Examples could be closing their room door, keeping their valuables locked, etc.
- Do any of the interventions applied work? If not, what other alterations could be made?

General questions and discussion

Q: I had a concern about a very heavy resident not being able to receive care from a dentist because the exam chair would not bear his/her weight. It is now taken care of, but what could some options have been?

A: According to a volunteer with some dentist in the family, a chair is not a complete necessity for an exam (in this case it was a surgery). Commonly noted that many residents in facilities are in need of dental work. Mel reported that a program called Senior Dental is used frequently. They conduct visits to the facility and see those on Medicaid.

Q: Have any volunteers ever attended or been introduced at an all-staff meeting?

A: General answer was no, but that it could be a good opportunity for volunteers to present a little bit about his/herself and what they do in the facility. Recommend asking them: 'how many of you are familiar with the Ombudsman's office?' and go from there.

Program updates

- 1) We hope to see many of you at the April VOP Seminars. [View the schedule](#) and [register](#) (some deadlines for registration have already passed).

- 2) Medicaid Managed Care will go into effect on 4/1/16. Information will be presented at the VOP Spring Seminars.