

Enhancing the quality of life and the quality of care of older adults



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How to contact an ombudsman:

Call the state office at: 1(800)657-3591 (toll free) to get in touch with the ombudsman who serves your area. To contact an ombudsman directly, please see pages 17 and 18 for a listing of the names and phone numbers of the people who serve each county.

Write the state office at P.O. Box 64971 St. Paul, MN 55164-0971 or send a fax to (651) 431-7452 and your message will be delivered to the ombudsman who serves your area.

Consult with an ombudsman or volunteer advocate when he or she visits your facility.

Dear Friends,

Once upon a time the only place to receive long-term care services was in a nursing home. With the advent of more home and community-based services, things have changed. Consumers can now choose to have their needs met in other settings: their own homes, adult day centers, housing with services or assisted living settings, or adult foster care homes. In light of this change, ombudsman services are even more necessary. I think you will find in this report evidence of our work toward fulfilling our mission to "... enhance the quality of life and the quality of care of older adults."

We have been providing ombudsman services since 1978, at first only in nursing facilities under the auspices of the Older Americans Act. The Office of the Ombudsman for Older Minnesotans was created by the Minnesota Legislature in 1987. In 1989, the legislature expanded the program adding ombudsman services in home and community-based services and hospitals. We have a dedicated staff of people throughout Minnesota, including a corps of volunteers who partner with our regional staff. You will see lists of our staff and volunteers as you read through this annual report.

As you make your way through this report, I hope it becomes obvious to you how important the work of the Office of the Ombudsman for Older Minnesotans is. The way the book is organized, we have attempted to, first, give you an idea of what we do under the section entitled, "Professional activities." We also identify the concerns that we respond to in the section entitled "Advocacy experts."

Beyond that, we want you to know who we are serving with our advocacy efforts. You will see that we are assisting residents of long-term care facilities, persons receiving home care services and Medicare beneficiaries with a complaint about denial of hospital services or premature discharge. You will see that in 2005 alone, our ombudsman staff and volunteers responded to 1,900 complaints. In our "Action and support" section, you'll see how those complaints are broken down by type of facility and type of complaint. You will also see how those complaints compare with previous years.

We could not accomplish all that we do without our many dedicated volunteers who help us represent and advocate for seniors needing our assistance. Their willingness to offer their time, talents and skills means we can provide a greater presence in communities and greater advocacy and service. The late Sharon Zoesch, who was the State Ombudsman for many years, called their contributions "priceless." I totally agree with Sharon's assessment.

The Office of the Ombudsman for Older Minnesotans is absolutely committed to improving the lives of older adults, making sure that they receive the care they are entitled to and that their concerns and complaints are addressed, promptly. That is our pledge and our promise.

Sincerely,

Jean Word

Jean Wood



The mission of the Office of the Ombudsman for Older Minnesotans is to enhance the quality of life and the quality of care of older adults. This mission is accomplished by promoting the rights of long-term care residents, home care consumers and Medicare beneficiaries through advocacy, education and empowerment.

Ombudsmen investigate complaints, work to resolve individual concerns, identify problems and advocate for changes to address them. Ombudsmen promote self-advocacy and the development of problem solving skills through education and training for consumers, their families, the community and providers.

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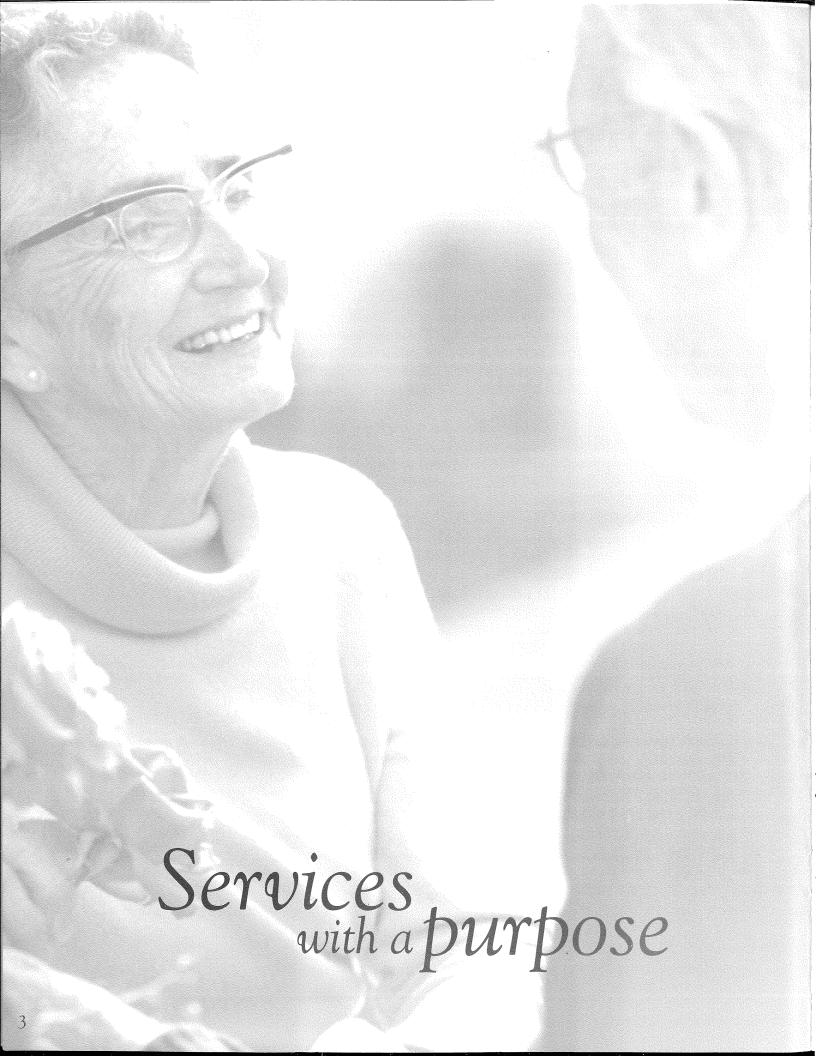
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Professional activities

Ombudsmen serve older Minnesotans each year by performing the following activities:

- 1. Investigate and resolve complaints from consumers living in nursing homes, boarding care homes, their own homes and assisted living residences.
- 2. Advocate for health and long-term care consumers.
- 3. Mediate disputes between consumers and service providers, government programs and others.
- 4. Promote self-advocacy by educating consumers, their families, long-term care staff and concerned citizens about consumer safety, rights and laws.
- 5. Monitor the federal, state and local laws and regulations that affect older health care consumers.
- 6. Inform public agencies about the problems that ombudsman clients experience and recommend changes in the laws, rules, regulations and policies that affect these consumers.
- 7. Recruit and train volunteers and promote their participation in advancing the work of the Ombudsman's office.
- 8. Visit facilities to meet with residents and serve as a resource to staff on issues that concern residents.

Advocacy experts

Ombudsmen respond to a variety of concerns about long-term care including:

- Quality of care
- Abuse and neglect
- Rights violations
- Lost and stolen belongings
- Discharge, eviction or termination of services
- Public benefits programs
- Cost of care.

In 2005, ombudsmen and volunteers devoted more than 6,450 hours to outreach, which affected over 30,000 residents, family, staff and community members.

Examples include:

Resident visits: More than 21,200 visits to residents were made in order to understand resident needs and support their autonomy.

Community education:

87 educational presentations were given on topics including abuse prevention, individualized care, resident rights and quality of life.

Work with resident and family councils:

Ombudsmen and volunteers attended 600 council meetings to provide education and support.

Training and consultation with facilities:

Ombudsmen provided 53 sessions customized to address special needs identified by facility staff and consulted with facilities about care and rights issues on 1,274 occasions.

Meeting real needs

Who we serve

Any resident of a long-term care facility.

400 nursing facilities – with 36,366 active beds – served Minnesotans in 2005.

Any person who receives home care services.

The Minnesota Department of Human Services reported that more than 28,000 people received home care services from the state in 2005. Those individuals may live in a private home or receive services in one of the 1,055 registered housing-with-services facilities that served approximately 45,000 people last year.

Medicare beneficiaries with certain hospital complaints.

Over 686,000 Minnesotans are eligible for Medicare. Beneficiaries sometimes seek assistance with concerns regarding hospital services or premature hospital discharge.

Community presence

Ombudsman staff and volunteers work diligently to provide a consistent community presence in residential facilities to improve the quality of long-term care.

Volunteers arrange one-on-one visits with residents and concerned family members. Staff and volunteers support family and resident councils as they strive to improve quality of life and quality of care for older adults. In addition, ombudsman staff serve as a resource to facilities and their communities for training and education.

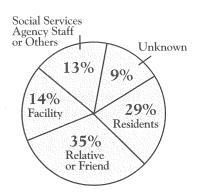
Information and consultation

Ombudsman staff provide information to individuals on a number of topics related to long-term care as well as advice on ways to independently resolve problems. More than 2,500 residents and family members received information or consultation services in 2005.

Action and support

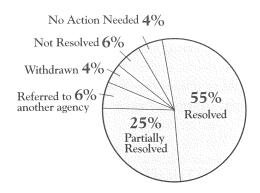
Complainants

In 2005, ombudsman staff and volunteers handled almost 1,900 complaints. Eighty-seven percent of all complaints were related to residential facilities such as nursing homes (75 percent) and other facilities (12 percent), while 13 percent of complaints related to hospital discharge and home care issues.



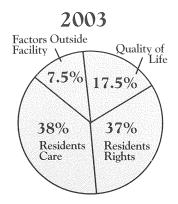
Outcome of Complaints

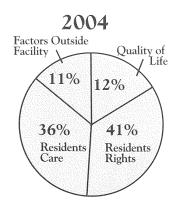
More than 80% of all 2005 complaints were resolved or partially resolved.

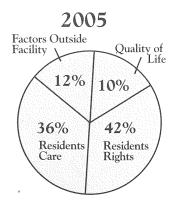


Consumer Concerns

The highest percentage of complaints have usually been in categories related to resident rights rather than resident care, except in 2002, when resident care complaints were 5% higher and in 2003, when they were almost equal.







Categories of concern regarding resident facilities

Resident care—36%

This category relates to the direct, hands-on care provided to residents.

A review of the data suggests that quality of care remains a large concern for consumers, and the lack of progress in developing solutions to the shortage of well-trained staff appears to be a critical factor. The problem is compounded by a lack of consumer understanding of the care limitations in other residential settings such as housing-with-services.

	Care	Staffing	Abuse	Rehab	Restraints	Policies
Nursing Facilities	306	50	71	66	17	17
Other Facilities	34	5	8	5	1	2
Total	340	55	79	71	18	19

Resident rights—42%

As in previous years, approximately one-third of the complaints about resident rights relate to involuntary discharge, eviction or room transfers. Complaints about access to facilities have continued to increase as residents with complex care needs encounter difficulty finding nursing homes or alternative residential facilities that can meet their needs.

	Admission	Autonomy	Finances	Access to Records
Nursing Facilities	181	259	98	30
Other Facilities	38	38	31	4, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total	219	297	129	34

Quality of life—10%

Consumer concerns about environment, food and meaningful activity represent ongoing challenges to quality of life in residential settings. The activities complaints also include complaints about the availability and appropriateness of social services.

	Environment	Dietary	Activities
Nursing Facilities	50	57	40
Other Facilities	6	6	8
Total	56	63	48

Factors outside facility—12%

The certification complaints in this category relate to the certification and licensing agency. The state complaints relate to the state Medicaid agency. The systems complaints are comprised primarily of complaints involving family conflicts and about guardians, conservators, and powers of attorney.

Sanda Siranda Siranda da Araba da Arab Araba da Araba da Ar	Certification	State	System
Nursing Facilities	10	26	118
Other Facilities	2	5	35
Total	12	31	153



Advocacy on key long-term care issues

Under state and federal law, ombudsmen have a duty to monitor how older persons are affected by the laws, rules and regulations governing long-term care, and recommend change. In 2005, the Ombudsman's office brought the voice of consumer experience to a number of key issues:

Improving quality and defining assisted living

The United States Senate Special Committee on Aging has identified quality improvement in assisted living as a key issue. For two years, ombudsman staff have been working in partnership with representatives of state agencies, provider groups and other advocates to identify the means to assure quality in these alternative residential settings. Legislation was proposed in the 2006 legislative session which for the first time, defines assisted living in Minnesota.

Staffing for quality care

In February 2005, the University of Minnesota, in conjunction with the University of Missouri, published their "Report on the Analysis of Minnesota Nurse Staff Time and Quality Measures/ Indicators." This study was commissioned by the Minnesota Department of Human Services to help determine what the Minnesota specific nursing home staffing standards should be. The study used an analysis of Minnesota nurse staff time study data and risk-adjusted quality measures/indicators to examine the relationship between nurse staffing and quality care. The study found little relationship between the amount of care received from different types of direct care staff and quality-related processes and outcomes (quality indicators) for the residents. The report concluded that given the few significant and mixed associations between nursing staff time and the resident level of care processes and outcome measures, there was little evidence from their analysis to support the development of nursing staffing recommendations for Minnesota nursing homes.

The Ombudsman's office supported a "Quality Staffing, Quality Care" bill based on the principle that attaining quality in long-term care begins with attracting, supporting and maintaining the long-term care workforce, particularly those who deliver "hands on" care. Among other things, the bill proposed a cost of living adjustment (COLA) of 3% for each of the next two years, targeted directly to workers in residential, community and home care services. It also proposed updating nursing home staffing levels to ease the pressure of "working short," with a provision to assure that nursing facility payment rates be reasonable and adequate to cover costs incurred in facilities that are operated efficiently and economically.

Final legislation passed did provide for a 2.26% COLA for each of the next two years for nursing homes and community-based services for the elderly and disabled with 75% of the COLA earmarked for direct care employees and not available for management fees, the administrator or central office staff.

Resident relocation

In a report released last year, the Washington office of the American Association of Retired Persons drew attention to resident relocation issues associated with bed and facility closures due to downsizing. Minnesota ombudsmen are participating in monitoring the impact of relocation on residents required to move as the result of voluntary closures.

Nursing home reimbursement system

The ombudsman staff served on the stakeholder workgroup involved in designing a new payment system that would pay nursing facilities for quality care through a value-based reimbursement system. The Minnesota Department of Human Services developed quality measures, including staffing levels, staff turner and staff retention, as well as key survey deficiency data. Beginning in late 2006, they will use five of the measures developed as a part of the reimbursement process.

Nursing home report card

As part of developing a value-based reimbursement system for nursing facilities, stakeholders identified resident quality of life as another important quality measure. In 2005, the Minnesota Department of Human Services conducted a resident quality of life survey in all Medicaid-certified nursing homes in Minnesota. The results of the survey, coupled with other quality measures, were used to develop a Nursing Home Report Card. This tool is one of several now available to help consumers choose a nursing home in Minnesota.

Nursing home survey quality improvement

In 2004, the Minnesota legislature passed a bill requiring the Minnesota Department of Health to adopt a quality improvement plan for the survey process and involve stakeholders in its quality improvement activities. Since that time, the Ombudsman's office has been involved in the Commissioner's Long-Term Care Issues Ad Hoc Committee, a forum for discussion and advice on issues relating to improving the survey process. The Ombudsman's office helped review deficiency data, examine survey communication issues, develop a structured family council interview format and plan joint trainings on revised clinical guidance and investigative protocols. Ombudsman staff have been involved in the production of a video which will promote a better understanding of the survey process and communication expectations for all parties involved in that process. The video, which should be finished in the early summer of 2006, will be distributed to all nursing homes and consumer advocate groups.

Culture change

The Ombudsman's office participated in a culture change dialogue task force formed by Stratis Health, Minnesota's QIO, aimed at fostering and promoting resident-centered care in nursing homes. Additionally, in 2005 the Ombudsman's office participated in a collaborative project with three nursing homes to help them develop a quality of life improvement plan for their residents. The project used a resident-centered tool, Residents Have the Answers, developed by the Coalition of Institutionalized Aged and Disabled and the Nursing Home Community Coalition of New York State. Using the tool, the nursing homes used focus groups and individual interviews to identify a change that could be made to improve the quality of life for residents in their facility. They then designed and implemented a quality of life improvement plan which was submitted to the Department of Human Services.

Funding



The work of the Office of the Ombudsman for Older Minnesotans is funded by two primary sources: the federal government and the state of Minnesota. In 2005, funds were leveraged by the work of 167 volunteers.

Specific uses for funds include:

Older Americans Act

This federal appropriation supports ombudsman services to long-term care residents. Federal appropriations become available on October 1 each year.

Minnesota General Fund

State funds are earmarked to assist Medicare beneficiaries and people using home care services. The dollars are made available on July 1 each year. The last increase in the state appropriation occurred in 1998.

2005 funding

Older Americans Act:

\$ 1,172,123

Minnesota General Fund:

\$ 262,509

\$ 1,434,632

Volunteers

Thank you to all of our volunteers in 2005:

Karla Abdo

Ida Albright

DeVon Allmaras

Charles Anderson

Donald G. Anderson

Gwen Anderson

Carol Bacig

Laird H. Barber

June Barrett

Candace Barrick

Eleanor Bates

Marion Beck

Marian Becker

Hansina Bendell

Doris Benson

Carol Jean Berentson

Meartia Bevins

Leonard Braun

John F. Brown

Henry Brusacoram

Luke Butzer

Nancy Carlson

Jane Chan

Dorothy Chizek

Nancy Christensen

Arlene Conrad

Gloria Cory

Marge Cosgrove

Esther Fruth

Milo Gaul

Dianne Gerhardson

Dominic Gerbi

Monica Gjevre

Mary Jo Goldie

Mary Grundwald

Lilv Mae Gullickson

Don Gustafson

Winni Gustafson

Carolyn Hamilton

Carolyn Hampton

Dorothy Harsh

Carol Hoff

Susan Ann Holthaus

Phyllis Hoskins

Lyle Hoxtell

Loren Hoyum

Marion Jacobson

. . .

Lorraine Jensen

Gail Johnson

Maureen Johnson

Nathan Johnson

John Kartak

Gregory Kenis

Mary Ellen Kennedy

Shirley Kleespies

Dolly Koidahl

Barbara McGinnis

Elizabeth McIntire

Darlene Meier

Lois Meiners

Wilbur Meiners

Betty Merritt

Joy Mesia

Louise Michaelson

Eleanor Michelson

Marvin Michelson

Athos Monti

Michele Murphy

Ron Nicholson

Sonia Olmanson

Gordon Olson

Ian Olson

Diane Opp

Kathy Overby

Martha Palm

Pat Parish

Mildred Paulsen

Gordon Patterson

Marion Phelps

Darlene Peer

Patricia Pennertz

Betty Peppel

John Perry

Suzanne Peterson



Marie Crawford Bruce Danielson IoAnne Dansdill Nancy Davison Bette DeWandeler Bernard Edmonds Don Engstrand Shirley Formo Jamie Fort John Frederickson Barb Fredrickson Lenore Fries Darrel Schuetze Beverly Scovill Steve Shannon Karen Sibert Richard Sieber Elsa Skartvedt **Jack Smith** Kim Smith May Smith

Carolyn Soper Lois Sowles Susan Spaeth Mary Voss George Stephenson Janet Streff

Deb Kukowski Donna Mae Kurth Iudith Laakkonen Candice LaBarre Betty Leners Judy Liffengren Carl Lindell Faith Lindell Beverly Lloyd Mark Lowry Donald Matakis Allan Mayotte Kay Telford Audrey Thompson **Ethel Thorlacius** Dick Toenyan Lu Toenyan Lois Tyrrell Janeece Van Der Schaegen Jean VanGerpen Gerrit VanHunnik Cheri Vaudt Phil Vaudt Millicent Vetsch Roberta Steen

Jodie Wallschaeger

Katherine Weaver

Evelyn Piepgras Evelyn Pius Geraldine Rasmusson Mel Reinke Gladys Reynolds Barbara Risken **Judith Rivkin** Sandra Sandwick Iewel Mzuri-Satchell Gladys Savage Norma Schlemmer Mary Schnell Vivian Wentworth Ian Werner Audrey Wiita Tim Willenbring Allen Willman Pat Wildgen Ed Worms Elsa Young Dale Yungk Elaine Yungk Tom Zolick Glenn St. Marie Mariyln Wahl

Structure

The Minnesota Board on Aging operates the Office of the Ombudsman for Older Minnesotans. The Board provides leadership on issues affecting older Minnesotans and is comprised of 25 citizens appointed by the Governor.

The Office of the Ombudsman for Older Minnesotans was established in statute by the Minnesota legislature in 1987. Ombudsman services began in Minnesota in 1978 under the auspices of the Older Americans Act, which assured greater stability and coordination of services on a statewide basis.

The Minnesota legislature has since expanded the scope of client services to include people who use home care services and Medicare beneficiaries with certain hospital complaints.

The Office of the Ombudsman is a consumer-centered advocacy service. The individual consumer is always the primary focus of ombudsman services. Consumers anywhere in Minnesota can reach an ombudsman by calling the toll-free complaint line at 1(800) 657-3591.

The program utilizes regional ombudsmen located throughout Minnesota, in addition to the state office staff located in St. Paul. A dedicated and trained corps of volunteer ombudsmen partner with regional ombudsmen to provide services to residents in long-term care facilities. Each regional ombudsman is required to earn 60 hours of continuing education per year. Each volunteer ombudsman is required to earn 20 hours of continuing education per year.

Minnesota Board on Aging

The Minnesota Board on Aging allocates federal Older American Act funds for many services for the elderly, including the Office of Ombudsman for Older Minnesotans. The Board acts as a leader and policy advisor throughout Minnesota on issues that impact older persons. The Board also serves as the governing body for the Office of Ombudsman for Older Minnesotans.

The Minnesota Board on Aging is composed of 25 governor-appointed members. Board members include:

Jeanette Metz, Chair

Mound

Maree Gilbert Vadnais Heights Ann Meissner

St. Paul

Sandra Anderson Brooklyn Center

Maria Gomez St. Paul

Ken Moritz Minneapolis

Antoinette (Toni) Baker

Woodbury

Betty Gysland

Ada

Margaret Moss Minneapolis

Jim Bougie* Stillwater

Susan Humphers-Ginther

Moorhead

Beth Nelson Battle Lake

Adrienne Breiner

Owatonna

Dick Jackson Princeton

Julie Storm Mankato

Sharon Bring Standquist

David Janovy Mankato

Mary Jane Thompson** St. Paul

Javne Hager Dee

Northfield

Betty Ann (Penda) Kane

St. Paul

Donald Tomsche Little Canada

Terry Dempsey

New Ulm

Michael Klatt** Belle Plaine

Dean Fenner

White Bear Lake

Mary Koep Brainerd

Iim Varpness* Executive Director

Larry Fortner*

Duluth

Grace Lee

Minneapolis

Iean Wood

Interim Executive Director

(as of June 2006)

* left in 2006

**joined in 2006

Ombudsman staff

Contact any Ombudsman office toll-free at 1(800) 657-3591

Northwest Region, Cory Jones

P. O. Box 107, Warren, MN 56762

(218) 745-5820 phone, (218) 745-5847 fax

Beltrami, Clay, Clearwater, Kittson, Koochiching, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake, & Roseau counties

Midwest Region, Darlene Weber

P.O. Box 25, Ponsford, MN 56575

(218) 573-2214 phone, (218) 573-2215 fax

Becker, Douglas, Grant, Hubbard, Otter Tail, Pope, Todd, Wadena, & Wilkin counties

Northeast Region, Virda Hall

P.O. Box 117, Duluth, MN 55801

(218) 428-5806 phone, (218) need a fax number fax

Carlton, Cook, Lake, & St. Louis counties

North Central Region, Jane Brink

P. O. Box 361, Brainerd, MN 56401

(218) 825-2005 phone, (218) 825-2007 fax

Aitkin, Benton, Cass, Crow Wing, Itasca, Kanabec, Mille Lacs, Morrison, Sherburne (except Elk River), & Stearns (St. Cloud, Waite Park, St. Josephs) counties

West Central Region, Ann Holme

40719 County Hwy. 23, Ortonville, MN 56278

(320) 273-2364 phone, (320) 273-2254 fax

Big Stone, Chippewa, Kandiyohi, Lac Qui Parle, Renville, Stevens, Swift, & Yellow Medicine counties

Central Region, Wendy Weidner

P.O. Box 49991, Blaine, MN 55499-0991

(763)767-3573 phone, (763) 767-3574 fax

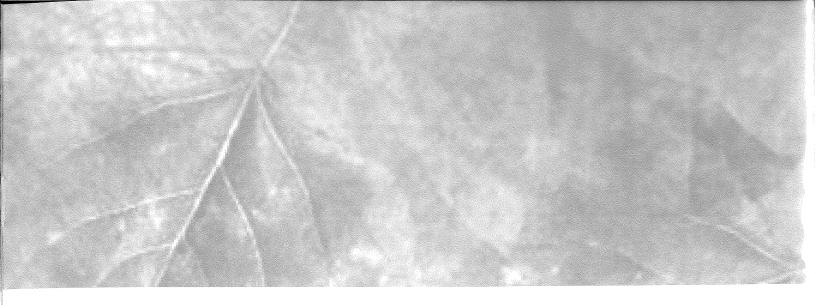
Anoka (Anoka, Andover, Coon Rapids), Chisago, Isanti, Meeker, Pine, Sherburne (Elk River only), Stearns (except St. Cloud, Waite Park, St. Josephs) & Wright counties

Southwest Region, Sylvia Hasara

P. O. Box 1022, Lakefield, MN 56150

(507) 662-6652 phone, (507) 662-5644 fax

Brown, Cottonwood, Faribault, Jackson, Lincoln, Lyon, Martin, Murray, Nobles, Pipestone, Redwood, Rock, & Watonwan counties



South Central Region, Sandra Newbauer

P.O. Box 3733, Mankato, MN 56002 (507) 389-2705 phone, (507) 389-2517 fax Blue Earth, Goodhue, Le Sueur, McLeod, Nicollet, Rice, Sibley, Wabasha, & Waseca counties

Southeast Region, Jean Patzner Mueller

Rural Route 1, Box 78, Houston, MN 55943 (507) 896-2351 phone, (507) 896-4088 fax Dodge, Fillmore, Freeborn, Houston, Mower, Olmsted, Steele, & Winona counties

Metro Area Regional Ombudsmen

P.O. Box 64971, St. Paul, MN 55164-0971 (651) 431-2555 phone, (651) 431-7452 fax

Jim Dostal (651) 431-2549

Carver & western Hennepin counties & Minneapolis west of 35W

Lori Goetz (651) 431-2548

Dakota County, southern Hennepin & Scott counties

Sally Schoephoerster (651) 431-2550

Anoka County (except Anoka, Andover and Coon Rapids), the cities of Mounds View and New Brighton in Ramsey County, northern Hennepin County, & Minneapolis east of 35W

Paula Wieczorek (651) 431-2554

Ramsey (except Mounds View and New Brighton) & Washington counties

State Office of Ombudsman for Older Minnesotans

P.O. Box 64971, Saint Paul, MN 55164-0971 (651) 431-2555 phone, (651) 431-7452 fax

Jean Wood, Acting State Ombudsman (651) 431-2563 Maria Michlin, Deputy Ombudsman (651) 431-2552 Cheryl Hennen, Ombudsman Specialist (651) 431-2553 Sherilyn Moe, Ombudsman Specialist (651) 431-2551 Nicole Browning, Office Administration (651) 431-2556

Current staff as of August 2006.

