
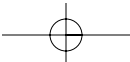
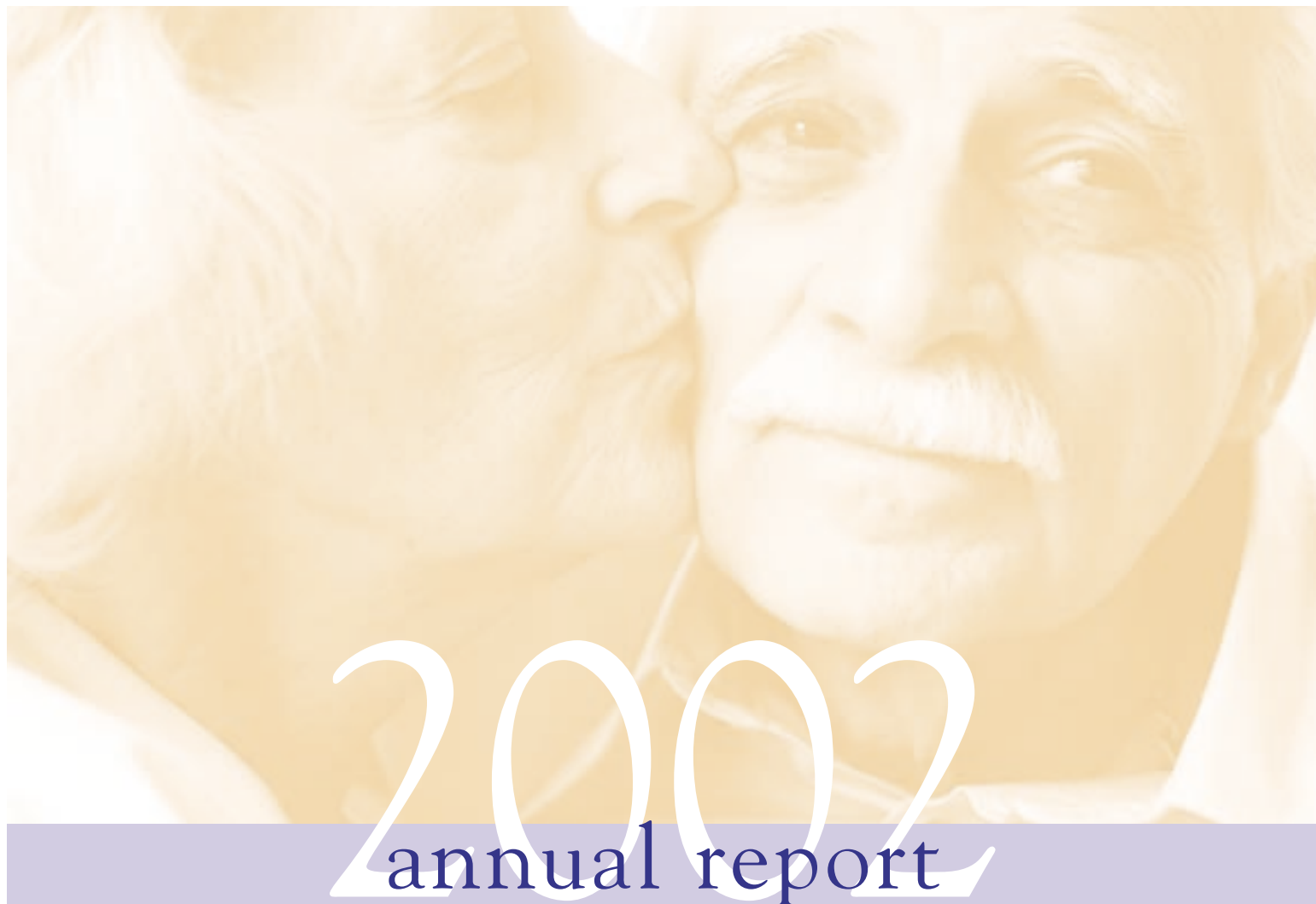


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 Ombudsman for Older Minnesotans
121 E. 7th Place, Suite 410
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Enhancing the quality of life and
the quality of care of older adults



Ombudsman for Older Minnesotans

A service of the Minnesota Board on Aging

Profile

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. The mission is accomplished by promoting the rights of long-term care residents, home care consumers and Medicare beneficiaries through advocacy, education and empowerment.

i mission

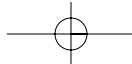
Ombudsmen investigate complaints, work to resolve individual concerns, identify problems and advocate for changes to address them. Ombudsmen promote self-advocacy and the development of problem solving skills through education and training for consumers, their families, the community and providers.

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** throughout Minnesota in addition to the state office staff located in St. Paul. Services in the Twin Cities are provided by the Advocacy Center for Long-Term Care. A dedicated corps of volunteer ombudsmen partner with regional staff to provide services to residents in long-term care facilities. Each designated ombudsman is required to earn 60 hours of continuing education per year.



Southwest MN, Sylvia Hasara

P. O. Box 1022, Lakefield, MN 56150
(507) 662-6652 phone, (507) 662-5644 fax

Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone,
Redwood, Rock

South Central MN, Sandra Newbauer

P.O. Box 3733, Mankato, MN 56002
(507) 389-2705 phone, (507) 389-2517 fax

Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley,
Waseca, Watonwan

Southeast MN, 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

Metro Area, Stephan Tradewell, Director

**Jim Dostal, Barbara Grohs, Sindy Mau, Julie Meyers,
DiAnne Nolden**

Advocacy Center for Long-Term Care
2626 E. 82nd St., Suite 220, Bloomington, MN 55425
(952) 854-7360 phone, (952) 854-8535 fax

Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

State Office of Ombudsman for Older Minnesotans

**Sharon Zoesch, State Ombudsman
Alice Negratti, Deputy Ombudsman
Diane Levitt, Sherilyn Moe**

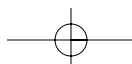
121 E. 7th Place, Suite 410, Saint Paul, MN 55101
(651) 296-0382 phone, (651) 297-5654 fax

Chisago, Goodhue, Pine, Rice, Wabasha

(NOTE: the staff at the State Office provide service for these counties.)

**"Without an ombudsman
I would never attempt to
question or try to reverse a
classification or pay rate."**

**- Individual who utilized
Ombudsman services**



Ombudsman Staff

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

Northwest MN, Darlene Weber

P. O. Box 25, Ponsford, MN 56575

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

Beltrami, Clearwater, Hubbard, Itasca, Kittson, Koochiching,
Lake of the Woods, Mahnommen, Marshall, Norman, Pennington,
Polk, Red Lake, Roseau,

Midwest MN, Virda Hall

P.O. Box 276, Hoffman, MN 56339

(320) 986-6277 phone, (320) 986-6276

Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse,
Wadena, Wilkin

Northeast MN, Judy Gerald

419 Kelly Circle, Duluth, MN 55811

(218) 727-5304 phone, (218) 727-5304 fax

Aitkin, Carlton, Cook, Lake, St. Louis

Central MN, Jane Brink

P. O. Box 361, Brainerd, MN 56401

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

Benton, Cass, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison,
Sherburne, Stearns, Todd, Wright

West Central MN, Ann Holme

40719 County Hwy. 23, Ortonville, MN 56278

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

Big Stone, Chippewa, Kandiyohi, Lac Qui Parle, McLeod, Meeker,
Renville, Swift, Yellow Medicine

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**"The ombudsman could
have done nothing more.
A+ for excellence."**

**- Individual who utilized
Ombudsman services**

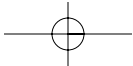


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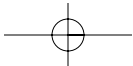
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"I would like to thank my ombudsman for listening to me and helping with the rights of the elderly. She is a great person...more than words can say."

- Individual who utilized Ombudsman services

Dear Friends:

The year 2002 marked the 30th anniversary of long-term care ombudsman service. It began with a pilot program that debuted in seven states in 1972. In 1981, ombudsman service went nationwide.

Since then, we have witnessed some very powerful changes.

When I first started in ombudsman work, people thought quality care meant pleasant surroundings and good food. Today, people expect autonomy, choice, meaningful activities and individualized care.

Today's challenges to meet consumer expectations for nursing home care relate in large part to staffing issues. Sufficient numbers of staff, their training and retention continue to pose problems in the majority of homes. The solutions to these staffing issues are well documented in research, therefore it is essential – even in this time of fiscal deficit – to ignite determination and fervently plan for the resources to implement the needed change.

In addition, a whole new world called "assisted living" has sprouted up as a result of consumer desires to obtain service in a more home-like setting. Now, the task is to find ways to improve quality in these new settings so consumers' needs and preferences will be met.

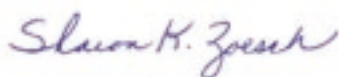
Finally, I can't stress enough how absolutely impossible it would be to accomplish any of this without the help of our volunteers. Their kindness and compassion, coupled with the large amount of time they commit to older Minnesotans is overwhelmingly appreciated.

During this time of unprecedented budget challenges, our gratitude towards volunteers is even more profound. We're told that volunteer time is worth \$16.05 an hour or hundreds of thousands a dollars a year. That might be what we're told, but we think differently– we believe the time our volunteers commit is priceless.

As we embark on the 31st year of ombudsman work, we thank all of you who support our efforts – volunteers, families, staff, policymakers and the Minnesota Board on Aging.

We pledge to continue to work together to meet the challenges ahead.

Sincerely,



Sharon K. Zoesch, State Ombudsman

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 in 2002 include:

Ken Moritz, Chair
Minneapolis

Leo Amundson
Eagan

Sandra Anderson
Brooklyn Center

Adrienne Breiner
Owatonna

James Bougie
Afton

Helen Cummings
Cass Lake

Terry Dempsey
New Ulm

Larry Fortner
Duluth

Bette Gysland
Ada

Jayne Hager Dee
Northfield

Susan Holderness
Edina

Dick Jackson
Princeton

Marjorie Jamieson
St. Paul

David Janovy
Mankato

Ellen Johnson
Minneapolis

Kay Jones
Minneapolis

Betty Ann 'Penda Kane'
St Paul

Laurie Laner
Minneapolis

Richard Luk
Arden Hills

Jeanette Metz
Mound

Beth Nelson
Eagan

Daniel Segura
Plymouth

Donald Tomsche
Oakdale

Robert Waterman
Roseville

Elaine White
Moorhead

Jim Varpness
Executive Director



The Minnesota Board on Aging
1(800) 882-6262 or (651) 296-2770
www.mnaging.org

"This is a very valuable program. Until something happens you are never very aware of your rights. Your program was helpful to me."

- Individual who utilized Ombudsman 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 2002, funds were leveraged by the work of nearly 100 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.

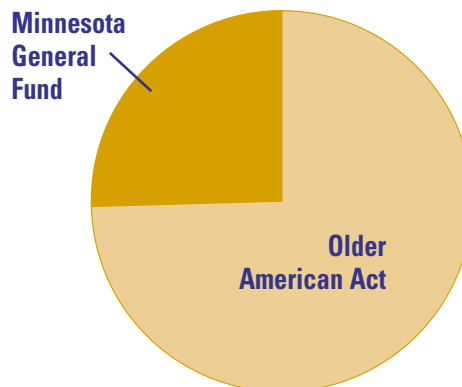
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2002 Funding

Older Americans Act: \$1,025,913

Minnesota General Fund: \$350,000

\$1,375,913



Volunteers

We are excited to announce that the Minnesota Board on Aging has agreed to support a new volunteer recruitment effort to add a total of 135 volunteers to establish a visible presence in the 700+ housing-with-services buildings throughout the state.

Thank you to all of our volunteers in 2002:

Karla Abdo	Gwendolyn Grove	Kari Lynn Robinson
Ida Albright	Lily Mae Gullickson	Sandra Sandwick
Mary Allen	Marty Hanson	Gladys Schennum
Donald G. Anderson	Dorothy Harsh	Mary Schnell
Gwen Anderson	Judy Hong	Lynda Scholin
Vila Baker	Ernie Jacobson	Beverly Scovill
Laird H. Barber	Marion Jacobson	Elsa Skartvedt
June Barrett	Cory Jones	Jack Smith
Eleanor Bates	Mary Ellen Kennedy	May Smith
Jean Bauer	Shirley Kleespies	Susan Spaeth
Lawrence Bauer-Scandin	Deborah Kukowski	Roxanne Stordahl
Marion Beck	Donna Mae Kurth	Janet Streff
Marian Becker	Judith Laakkonen	Donald Strei
Doris Benson	Alvin Lindstrom	John Swanson
Meartia Bevins	Donald Matakis	Virginia Swanson
Denae Blawat	Barbara McGinnis	Michael Thomas
Julie Bordwell	Lois Meiners	Ethel Thorlacius
Mary Lou Brown	Wilbur Meiners	Dick Toenyan
Henry Brusacoram	Pamela Menglekoch	Lucilla (Lu) Toenyan
Erika Butler	Betty Merritt	Dennis Twiss
Nancy Carlson	Louise Michaelson	Janece Van Der
Dorothy Chizek	Eleanor Michelson	Schaegen
Nancy Christensen	Marvin Michelson	Millicent Vetsch
Pat Cory	Rajean Moone	Juanita Von Wald
Betty DeWees	Robert Morris	Nora Wagner
Beverly Dilger-Hanson	Veryl Morris	Mark Wandersee
Carole Forest	Ron Nicholson	Katherine Weaver
David Paul Forest	Martha Palm	Audrey Wiita
Jamie Fort	Mildred Paulsen	Elsa Young
John Frederickson	Jennifer Reagles	Dale Yungk
Ruth Fuller	Mel Reinke	Elaine Yungk
Dianne Gerhardson	Jaime Renner	
Daniel Grove	Gladys Reynolds	

volunteer

3

"Ombudsman Volunteer
Advocates serve in a
serious volunteer position
that has meaningful results
for the older population.
It's probably one of the
most rewarding, flexible
and fun volunteer
opportunities available."

- Ombudsman Volunteer
Mel Reinke

Services with a Purpose

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 page 12 for a listing of the names and phone numbers of the people who serve each county.

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contact

Write the state office at 121 E. 7th Place, Suite 410, St. Paul, MN 55101, or send a fax to (651) 297-5654, 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.

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 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

See page 6 for a breakout of the concerns ombudsmen investigate most often.

staff also are collaborating in the effort to develop profiles that outline comparative information for consumers regarding the quality of Minnesota nursing homes.

Resident Relocation

In a report released last year, AARP's Washington office 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.

Payment Rate System

The Centers for Medicare and Medicaid Services require that nursing facilities assess the health status of nursing home residents and record the information on a form called the Minimum Data Set (MDS.)

The Minnesota legislature mandated that the state utilize MDS data to determine case mix classifications and payment rates in order to eliminate the duplication of effort in completing both federal and state assessments.

Ombudsmen collaborated with the Minnesota Department of Health on educational efforts to explain the new system and appeal rights to residents and families prior to implementation in October 2002.

Facing Minnesota's Budget Deficit

The budget deficit that faces Minnesota in 2003 presents a staggering challenge to consumer and provider collaboration to improve the state's long-term care system. Ombudsman attention in 2003 will focus on:

1. Preserving existing commitments to long-term care.
2. Enhancing staffing in nursing facilities through adequate compensation, additional training and increased ratios of staff to residents.
3. Developing solutions to improve quality in alternative long-term care settings – such as assisted living – without sacrificing the homelike environment consumers value.
4. Improving systems to address elder abuse and neglect.

**"My ombudsman
never quit trying."**

**- Individual who utilized
Ombudsman services**

Policy Updates

2002 Ombudsmen 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 2002, Ombudsman staff brought the voice of consumer experience to a number of key issues:

Preventing Elder Abuse

Reported cases of elder abuse more than doubled nationally from 1986 to 1996. Those numbers are estimated to represent as few as seven percent of the actual victims. While the total number of reported cases of maltreatment has not grown substantially in Minnesota, we have seen a growth in substantiated abuse from 1997 to 2001 that is consistent with the national picture.

State Ombudsman Sharon Zoesch participated in a summit of 80 national leaders convened to respond to the problem of abuse and neglect. Recommendations from that group became the foundation of the Elder Justice Proposal, which was introduced in the United States Senate in 2002. The bill includes provisions related to prevention, detection, treatment, prosecution and consumer support services.

Improving Quality in Housing-With-Services (Assisted Living)

The United States Senate Special Committee on Aging has identified quality improvement in assisted living as a key issue. Staff in Minnesota are working in partnership with representatives of state agencies and provider groups to identify means to assure quality in these alternative residential settings.

Staffing for Quality Care

A report on the *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes* was transmitted to Congress in the spring of 2002. The study recommended 4.08 hours of nursing care per resident per day as the threshold to improve outcomes and avoid quality-related problems in long-term care.

Ombudsman staff currently act in an advisory role on studies designed to determine the time needed of nursing staff to deliver quality care to Minnesota nursing home residents. Ombudsman

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**"Thank you so much for
all you did for Mom ...
she is doing well.
...God bless you for all
you do for people."**

**- Individual who utilized
Ombudsman services**

Meeting Real Needs

Who We Serve

Any resident of a long term care facility.

More than 400 nursing facilities – with 38,799 active beds – currently serve Minnesotans.

Any person who receives home care services.

The Minnesota Department of Human Services reported that more than 20,000 people received home care services from the state in 2002. Those individuals may live in a private home or receive services in one of the 762 registered housing-with-services facilities that served 32,166 people last year.

Any Medicare beneficiary with a complaint.

Approximately 600,000 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 serves as a resource to facilities and their communities for training and education.

In 2002, ombudsmen devoted nearly 8,000 hours to outreach, which affected more than 30,000 residents, family, staff and community members. Examples include:

- **Resident visits:** More than 15,000 visits to residents were made in order to understand resident needs and support their autonomy.

community presence

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- **Consultation to individuals:** More than 3,000 residents and family members received individual advice on ways to independently resolve quality problems.

- **Community education:** One-hundred and twenty educational presentations were given on topics including abuse prevention, individualized care, resident rights and quality of life.

- **Training and consultation with facilities:** Ombudsmen arranged 1,600 sessions customized to address special needs identified by facility staff.

Action & Support

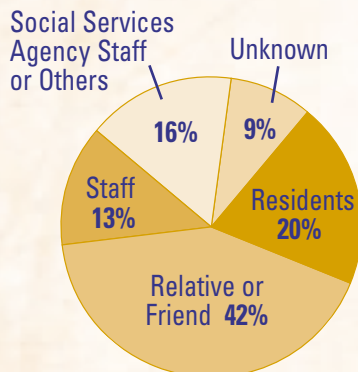
In 2002, Ombudsman staff and volunteers handled more than 2,500 complaints.

An overview:

- **Ninety-four percent of all complaints related to residential facilities such as nursing homes (67 percent) and other facilities (27 percent), while six percent of complaints related to hospital discharge and home care issues.**

2002 6 consumer concerns

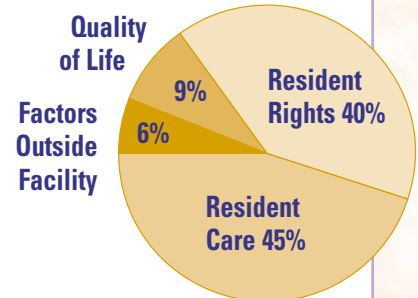
Complainants



Categories of Concern Regarding Residential Facilities

Resident Care – 45%

This category relates to the direct, hands-on care provided to residents. A review of the data suggests that quality of care is an increasing 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 assisted living and housing-with-services.



	Care	Staffing	Abuse	Rehab	Restraints	Policies
Nursing Facilities	381	64	122	74	13	14
Other Facilities	122	130	17	6	2	144
Total	503	194	139	80	15	158

Resident Rights – 40%

More than one-third of the complaints about resident rights relate to the involuntary discharge or eviction of residents. Complaints about access to facilities have increased as residents with complex care needs encounter difficulty finding nursing homes or alternative residential facilities that meet their needs.

	Admission	Autonomy	Finance	Access
Nursing Facilities	320	232	155	27
Other Facilities	40	35	67	85
Total	360	267	222	112

Quality of Life - 9%

Consumer concerns about environment, food and meaningful activity represent ongoing challenges to quality of life in residential settings.

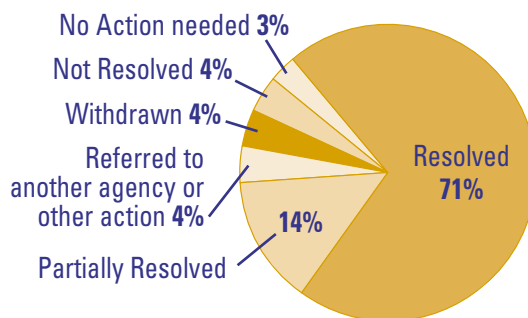
	Environment	Dietary	Activities
Nursing Facilities	70	93	32
Other Facilities	5	12	2
Total	75	105	34

Factors Outside Facility – 6%

This category is comprised primarily of complaints about guardians, conservators, powers of attorney and government agencies.

	Certification	State	System
Nursing Facilities	33	20	70
Other Facilities	0	3	11
Total	33	23	81

Outcome of Complaints



All data is based on the period of time between October 1, 2001 - September 30, 2002.

- The top category of concerns in residential facilities in recent years has been resident rights, which includes admission, transfer, discharge and more. In 2002, however, care issues became the top concern. Complaints in this category increased 32 percent over last year.

2002 consumer concerns

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- Complaints about other residential facilities rose four-fold in 2002. The dramatic increase in the number of assisted living facilities - coupled with a lack of clarity about standards of care - appears to have contributed to increased consumer concerns.