

New Mexico Long-Term Care Ombudsman Program



RESIDENT-CENTERED ADVOCACY SERVICES

*"To the world you may be one
person, but to one person you may
be the world"*

~Anonymous



Why Advocate for Rights?

There are 4 kinds of people in the world: those who have been caregivers; those who are currently caregivers; those who will be caregivers; and those who will need caregivers.

-Rosalynn Carter

The Facts



National Data

- From 2011 to 2029
 - 10,000/day¹
- In some states, people over age 65 will equal roughly 25% of the population²
- From 2012-2060: Those 85 and older are projected to more than triple from 5.9 million to 18.2 million³
- 70% of people turning age 65 will need long-term care at some point in their lives⁴
- Trends indicate that for persons >25, there is a 1 in 4 chance of at least one nursing home stay during their lifetime⁵

New Mexico Data

- By 2030, New Mexico will rank 4th in in percentage of population age 65 and older⁶
- Fastest growth rate is of those over 85.
- More than 38,000 New Mexicans have dementia-related illnesses.
- More than 13,000 New Mexicans age 65 and older have a diagnosis of depression.
- More than 12,000 New Mexicans live in LTC facilities.
- By 2030, individuals over 65 will out number those under 18⁶

1. Pew Research Center: <http://pewresearch.org/databank/dailynumber/?NumberID=1150>.

2. Center for Disease Control and Prevention and The Merck Company Foundation. The State of Aging and Health in America 2007. Retrieved from www.cdc.gov/aging

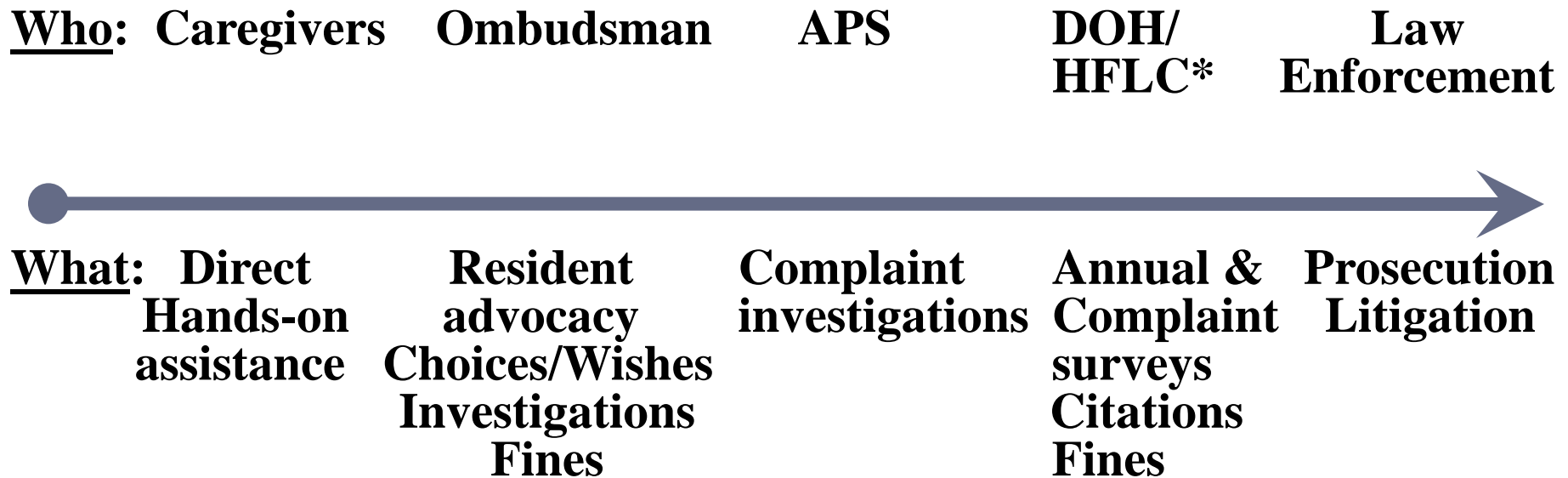
3. <http://www.census.gov/newsroom/releases/archives/population/cb12-243.html>

4. US Department of Health and Human Services. <http://longtermcare.gov/the-basics/>

5. National Long Term Care Ombudsman Resource Center. Retrieved 9/7/07 from: <http://www.ltombudsman.org/uploads/ODRwebStats0205.pdf>

6. New Mexico State Plan. Retrieved from: <http://www.nmaging.state.nm.us/Reports.aspx>

Facilities Protective Services Continuum



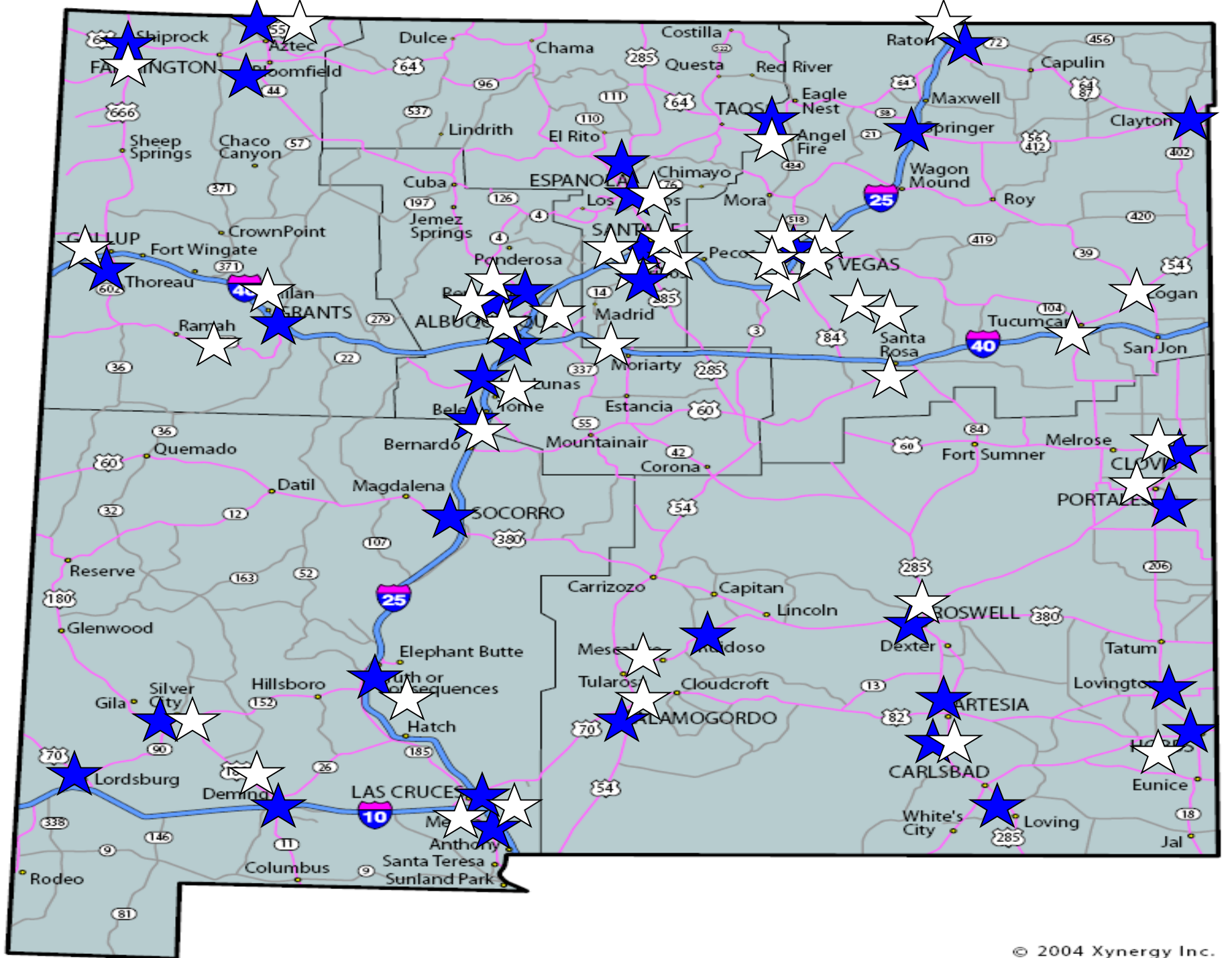
*HFLC = Health Facility Licensing and Certification

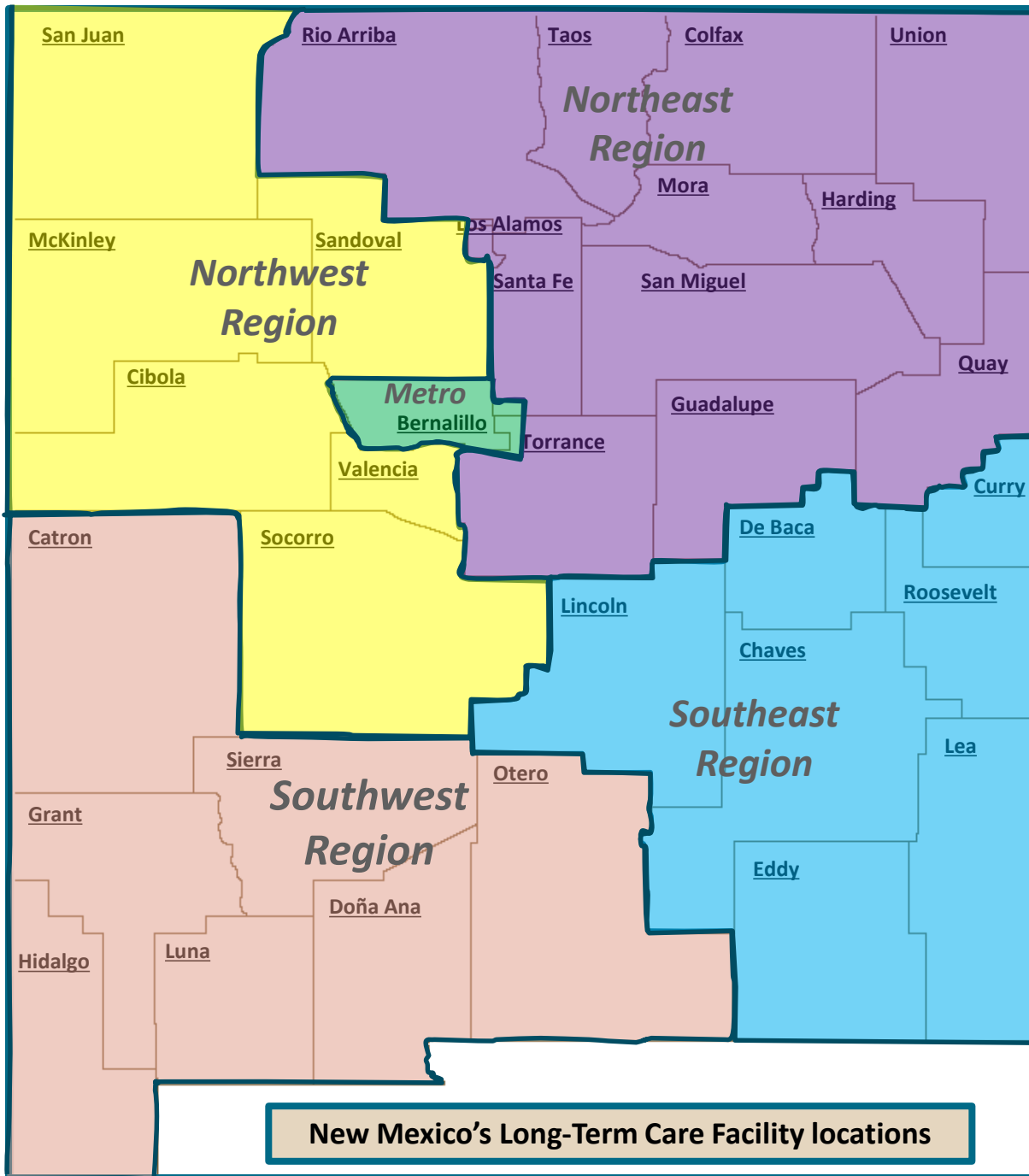


What is an Ombudsman?



**OMBUDSMAN IS A SWEDISH
WORD WHICH MEANS THE
“*CARRIER OF THE
MESSAGE.*”**





Northeast (District 1)

Rio Arriba, Taos, Colfax, Union, Los Alamos, Mora, Harding, Santa Fe, San Miguel, Torrance, Guadalupe, Quay

Northwest (District 2)

San Juan, McKinley, Cibola, Sandoval, Valencia, Socorro

Metro (District 3 & 4)

Bernalillo and surrounding areas

Southwest (District 5)

Catron, Grant, Sierra, Otero, Hidalgo, Luna, Doña Ana

Southeast (District 6)

Lincoln, DeBaca, Curry, Chaves, Roosevelt, Eddy, Lea

SCOPE OF THE OMBUDSMAN PROGRAM



- Federal & State Mandates
 - OAA
 - NM Long-Term Care Ombudsman Act
- Health Oversight Agency
- Authority to:
 - Conduct Investigations (overt, undercover, with “granny cams”)
 - Access Medical Records
 - Assess Civil Monetary Penalties
- Systemic Advocacy
 - Community Education & Outreach
 - Facility In-service training
 - Legislative Advocacy



What is the role of an Ombudsman?



- ⇒ "Carrier of the Message"
 - ⇒ Finds out the resident's wishes/concerns
 - ⇒ Advocates on behalf of the resident
- ⇒ An Ombudsman investigates and resolves complaints and works towards empowering the resident
- ⇒ An Ombudsman is independent of the long-term care facility
- ⇒ Services are free and confidential

How we are different...



- Not regulators
- Facility access anytime, for any reason
- Can make recommendations for change
- Can contest an inappropriate discharge
- Resident-centered

Core Principles of Complaint handling



- Complaints are resident-driven. They begin with the resident, focus on the resident, and end with the resident.
- When someone else refers a complaint, the ombudsman determines, to the extent possible, what the resident wants before intervening.
- Complaints are confidential. Ombudsmen do not reveal the identity of a resident without permission.
- Though there are many persons involved in a resident's care, the primary focus of the ombudsman program is the resident.
- Complaints call for empowerment. Before intervening, Ombudsmen should first reinforce and facilitate residents/complainants ability to act on their own behalf.
- Ombudsmen strive to resolve complaints to the **resident's** satisfaction.

Finding a balance

Efficiency

Quality of Life

Health and Safety

Right to Autonomy &
Self-Determination

Facility Interests

Resident Interests

Respectful & Empathic

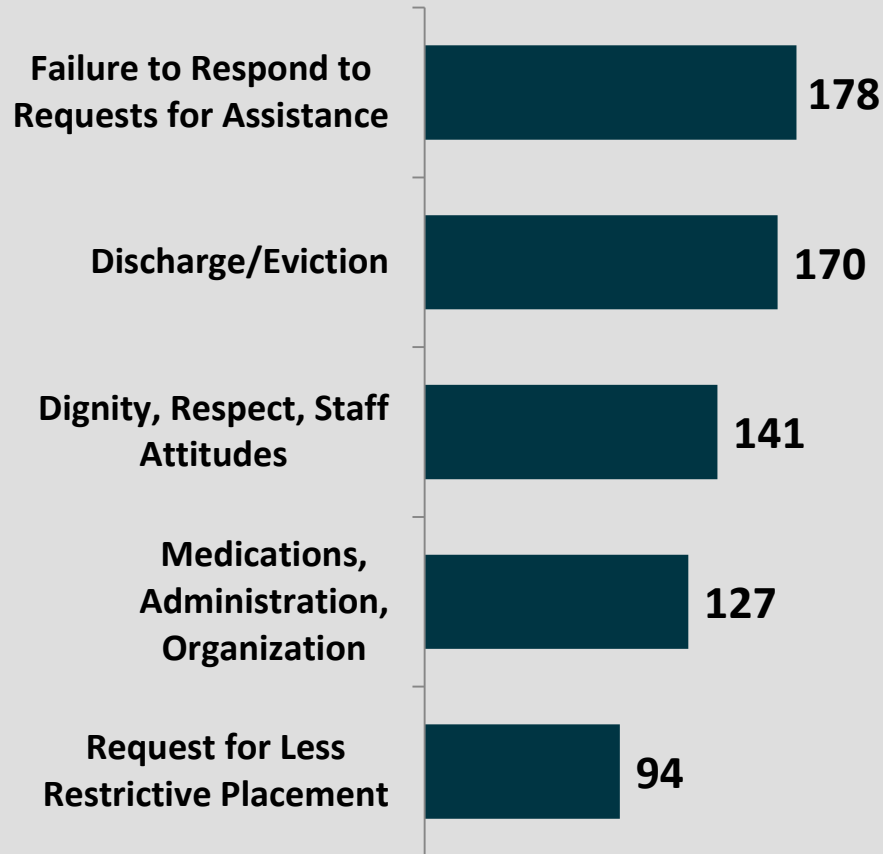
Persistent & Professional



Top Complaints 2016

Nursing Home

Complaints = 2754



Assisted Living

Complaints = 1020





PROGRAM **RESPONSIBILITIES**

- 12,300 Long-Term Care Residents
- 72 Nursing Facilities
- 223 (+/-) Licensed Residential Care Homes
- 40 (+/-) Unlicensed Residential Care Homes
- Systems Advocacy to Improve the Quality of Life for Vulnerable Adults
- Conduct Validation Site Visits for facilities requesting confirmation of restraint-free status.

PROGRAM **ACCOMPLISHMENTS**

- Nearly 9400 hours of volunteer service, valued at close to \$215,935. (using national volunteerism hourly rate of \$23.07)
- Approximately 40,000 resident contacts
- More than 3700 resident & family complaints resolved
- More than 9900 consultations
- Systems advocacy & community outreach to over 6200 consumers, providers and family members

Omnibus Budget Reconciliation Act (OBRA 87)

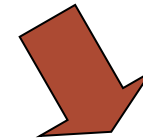
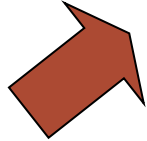


Quality of Life: A facility must care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of **each resident.**

Quality of Care: Each resident must receive and the facility must provide the necessary care and services to attain or maintain the **highest practicable physical, mental, and psychosocial well being** in accordance with the comprehensive assessment and plan of care.



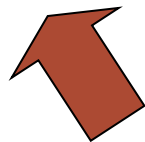
**Old people are
not valuable,
not productive**



**Atrophy of previous
skills, competency;
loss of self
confidence**

AGEISM

**“You’re old &
sick, you have to
depend on me”**



**‘I’m old & sick, I have
to depend on you ’
(learned
helplessness)**

Resident Rights & Wishes

Vs.

Resident Best Interests

What's most important to you?

- Visit family
- Meaningful activity every day
- Family pictures/personal items
- Your own schedule. Control over how you spend your time
- Social time with friends (in private, enough space)
- Keeping/Preparing food the way you like
- Furniture from home/living space how you like it
- Pets
- Being around people of other ages/races, including children
- Your own room
- Being seen as an individual
- Making independent decisions
- Private bath/shower with water the temperature you choose
- Being listened to. Your opinion taken seriously
- Private phone #/privacy for calls
- Being seen as a sexual being
- Space/supplies for a hobby
- Listening to radio station/TV program that you like
- Time to be alone. Peace & quiet
- Considerate, respectful care
- Practicing your religion
- Special morning or evening ritual (walk, coffee, prayer/meditation, etc.)
- Chance to share fears/feelings about aging, loss, life and death

Resident Rights



Long-Term Care residents have special rights; they are in addition to the rights we all have as citizens of the U.S.

Rights of Residents



- Fairness
- Freedom
- Choice
- Privacy

AND....

The Right to live in the least restrictive setting possible

Fairness



- Be treated with respect
- Be free from discrimination
- Receive information about all services and their costs
- Receive a written description of your legal rights and responsibilities
- Live in a safe and clean facility
- Be served appetizing and nutritious meals
- Be given help when you need it

Freedom



- Be free from restraints
- Be free from physical, emotional and verbal abuse
- Be free from financial exploitation
- Participate in activities
- Participate in resident association
- Appeal any unjustified room changes
- Come and go from the facility
- Voice complaints and have them promptly resolved

Choice



- **Decide to accept or refuse medical treatment**
- **Understand and participate in your plan of care**
- **Choose your doctor, pharmacist or other health care professional**
- **Be given information about your medical condition and health**
- **Be given information about your eligibility for benefits**
- **Manage your own finances**

Privacy



- Keep and use your personal belongings without loss or damage
- Receive private and confidential medical care and records and have your records remain confidential.
- Privacy in your room, visits, phone conversations and mail.



Title II - American's With Disabilities Act: **Olmstead Decision**

June, 1999 Olmstead vs. L.C. and E. W.

The Supreme Court ruled that the Americans with Disabilities Act (ADA) grants consumers new rights to live in something other than an institution when health or supportive services are needed. The decision applies to all governmental-funded programs and to all people with disabilities, without regard to age or the kind of disability.

How We Advocate for Residents' Rights



- Empower residents to speak on their own behalf, regain control over their own lives.
- Proceed at a pace and in a direction a resident feels comfortable with.
- Take experiences and concerns seriously
- Be alert to suggest ways in which residents can exercise choice
- Encourage residents to express their preferences
- Assist staff and residents to listen to each other
- Help staff think in terms of :

How can we . . .

instead of

We can't because . . .

For More Information:



New Mexico Long-Term Care Ombudsman Program

Santa Fe & Northeastern NM: 1-866-451-2901

Albuquerque & Northwestern NM: 1-866-842-9230

Las Cruces & Southern NM: 1-800-762-8690