

**Kansas Long-Term Care Ombudsman**

*Reaching out for Quality Care*



**Annual Report**

Fiscal Year 2016





***A Long-Term Care Ombudsman:***

***Advocates*** for increased consumer protections in state and federal laws and regulations.

***Educates*** residents about their rights.

***Empowers*** and supports resident and families to discuss concerns with facility staff.

***Identifies*** and seeks to remedy gaps in facility, government or community services.

***Protects*** the health, safety, welfare and rights of residents of nursing homes and other adult care homes.

***Provides*** information and assistance about Long-Term care series and supports.

***Receives*** and investigates complaints, and helps residents resolve problems.

***Represents*** residents interest before governmental agencies.

***Respects*** the privacy and confidentiality of residents and complainants.

December 2016

Dear Friends of Kansas Long-Term Care Residents:

The Office of the State Long-Term Care Ombudsman is pleased to provide our 2016 Annual Report. This report provides a snapshot of the Kansas Long-Term Care Ombudsman program. It contains not only the statistics gathered by the Ombudsman, but it also contains information about the program and its purpose. The Kansas Long-Term Care Ombudsman is part of a national program, funded by state and federal funds, which works toward ensuring that Long-Term care residents are afforded their rights and that their quality of life is the best it can be.

We hope this report will be informative and helpful to you as we work together to improve the quality of life for our fellow Kansans who need long-term care. I look forward to our future service and your support.

Respectfully submitted,



Barbara J. Hickert

State Long-Term Care Ombudsman

# Regional Offices & Staff

**BARBARA J. HICKERT**  
State Long-Term Care Ombudsman

**TANYA TURNER**  
Senior Administrative Assistant

## **LORI MYERS**

**Region 1 Long-term Care Ombudsman**  
600 Andrew Avenue  
South Hutchinson, KS 67505

Central Kansas: Barton, Dickenson, Ellsworth, Harvey, Marion, McPherson, Ottawa, Reno, Rice & Saline Counties

## **SUE SCHUSTER**

**Region 2 Long-Term Care Ombudsman**  
900 SW Jackson, Suite 1041  
Topeka, KS 66612

Northeast Kansas: Atchison, Brown, Chase, Clay, Doniphan, Douglas, Geary, Jackson, Jefferson, Lyon, Marshall, Morris, Nemaha, Osage, Pottawatomie, Riley, Shawnee, Wabaunsee, & Washington Counties

## **MARIYLN RANDA**

**Region 3 Long-term Care Ombudsman**  
8915 Lenexa Drive  
Overland Park, KS 66214

Kansas City Area: Johnson, Wyandotte, & Leavenworth Counties

## **GLORIA SIMPSON**

**Region 4 Long-term Care Ombudsman**  
300 W. Douglas; Suite 202  
Wichita, KS 67202

South Central Kansas: Butler, Cowley, Harper, Kingman, Sedgwick, & Sumner

## **JAN SCOGGINS**

**Region 5 Long-term Care Ombudsman**  
1509 Avenue P  
Dodge City, KS 67801

Southwest Kansas: Barber, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgemen, Kearney, Kiowa, Lane, Meade, Morton, Ness, Pawnee, Pratt, Scott, Seward, Stafford, Stanton, Stevens, & Wichita Counties

## **VELVET UNREIN**

**Region 6 Long-term Care Ombudsman**  
332 E. 8th Street  
Hays, KS 67601

Northwest Kansas: Cheyenne, Cloud, Decatur, Ellis, Gove, Graham, Jewell, Lincoln, Logan, Mitchell, Norton, Osborne, Phillips, Rawlins, Republic, Rooks, Rush & Russell Counties

## **CAMILLE RUSSELL**

**Region 7 Long-term Care Ombudsman**  
1500 W. 7th Street  
Chanute, KS 66720

Southeast Kansas: Allen, Anderson, Bourbon, Chautaugua, Cherokee, Coffey, Crawford, Elk, Franklin, Greenwood Labette, Linn, Wilson, & Woodson Counties

# Overview of Accomplishments

- Received and worked to resolve 1,371 complaints on behalf of long-term care facility residents.
- Made 4,528 facility visits to long-term care facilities.
- Assisted 142 residents impacted by involuntary discharges/evictions.
- Recruited, screened, trained and certified 15 new ombudsman volunteers. Volunteers donated 8,897 hours of service to our program.
- Supported residents and their families through the participation in and development of 222 resident and family councils.
- Received a grant from KDADS to bring MUSIC & MEMORY<sup>SM</sup> to the residents in 30 nursing homes across the state.
- Promoted quality improvement in long-term care facilities through participation in Advancing Excellence in America's Nursing Home Campaign; as a co-convenor of the Local Area Networks of Excellence; as a member of the Kansas Partnership for Better Dementia Care; and as a Member of Kansas Culture Change Coalition Board of Directors.
- Provide support to the PEAK program by participating in 10 site visits to nursing facilities across the state.
- Provided 30 in-service training sessions to 780 facility staff members.
- Provided input to KDADS surveyors prior to or during 71 surveys.
- Provided information and technical assistance to 789 individuals, and to 559 long-term care facilities.
- Resolved or partially resolved 81 percent of complaints received.
- Provided community education on long-term care issues for 52 organizations, reaching over 1,500 persons.



In 2016, the Office of the State Long-Term Care Ombudsman **made 47,075 residents contacts during over 4,528 visits** to ensure timely access to ombudsmen services.



# Mission & Structure

## Mission

The mission of the office of the Long-term Care Ombudsman is to enhance the quality of life and the quality of services for long-term care consumers living in Kansas's adult care homes through advocacy, education, and empowerment. The office promotes person-directed living which respects individual values and preserves individual rights.

Kansas's Long-Term Care Ombudsman program is responsible, through federal and state law, for advocating for residents of long-term care facilities, including nursing homes, assisted living facilities, home pluses, residential care facilities, and boarding care homes. The Office strives to fulfill this responsibility every day by working to resolve complaints that impact the health, safety, and welfare of residents, as well as informing residents of their rights.

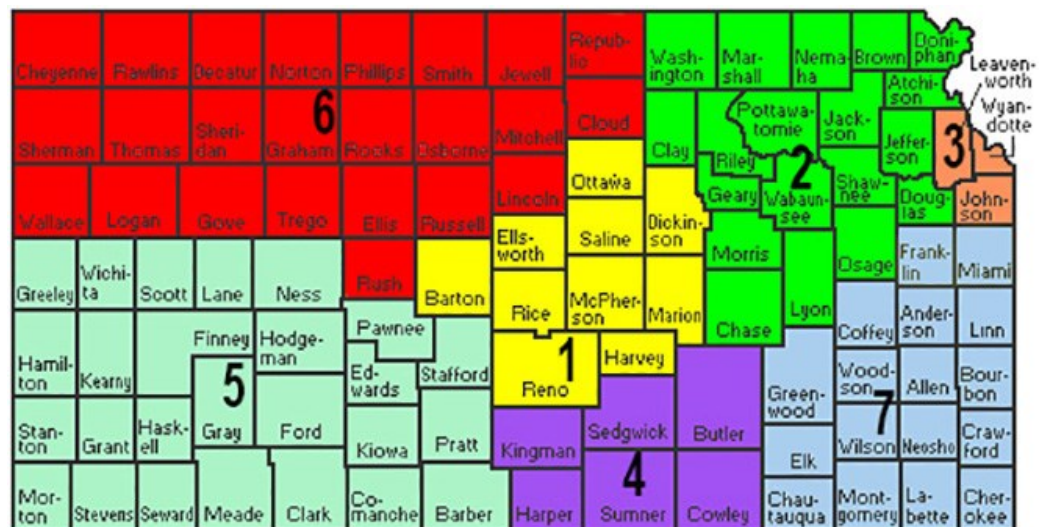
### *What is an Ombudsman?*

*The word "ombudsman" is Swedish and means "one who speaks on behalf of another". The Ombudsman is an advocate for residents of long-term care facilities*

## Structure

The Office of the State long-term Care Ombudsman operates as a separate agency within Kansas Department of Administration. The State Ombudsman is appointed by the governor and coordinates ombudsman services provided by the office across the state. The program is supported by a Senior Administrative Assistant.

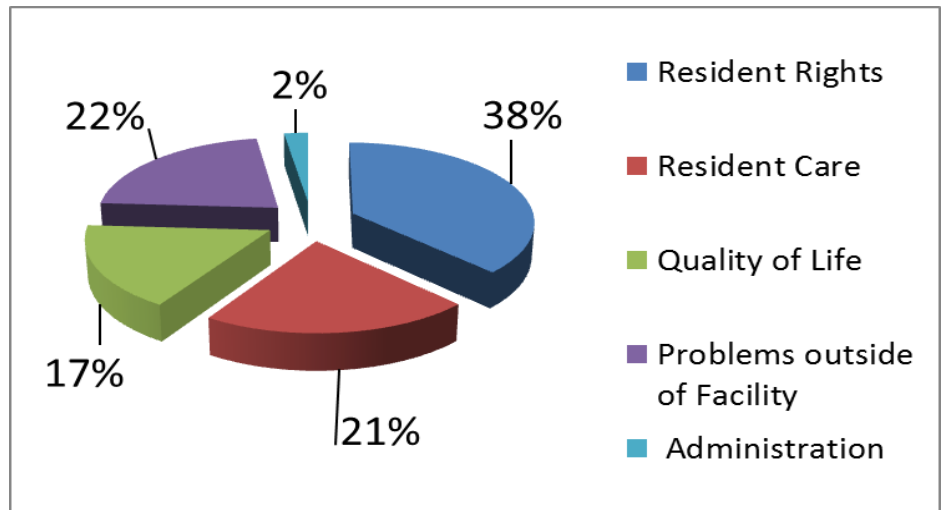
Additionally, there are seven Regional Long-Term Care Ombudsmen in offices across the state: Wichita, South Hutchinson, Topeka, Hays, Overland Park, Chanute and Dodge City. From these locations, the regional ombudsmen investigate and work to resolve complaints and visit all long-term care facilities in Kansas. In addition, the staff also provides support and guidance to certified ombudsmen volunteers, consults with facility staff, provides community education and conducts in-service training.



# Cases & Complaints

Ombudsmen investigate a wide variety of complaints each year. Complaints regarding a long-term care facility, its employees, providers of long-term care services, public or private agencies, guardians, representative payees and other agencies or persons who are in a position of ensuring residents' rights may be investigated. Specific complaints range from privacy, dignity and care issues to improper medication administration and discharge planning procedures.

The Long-Term Care Ombudsman program defines 133 types of complaints grouped into five categories: Resident Rights, Resident Care, Quality of Life, Administration and Problems outside of Facility. The graph to the right shows these five categories and the percentage of each to the total number of complaints handled in FY16. The largest number of complaints handled during this reporting year concerned resident rights (38%) and the smallest number were complaints about administration (2%). The following pages have more detailed information on each of these five categories.



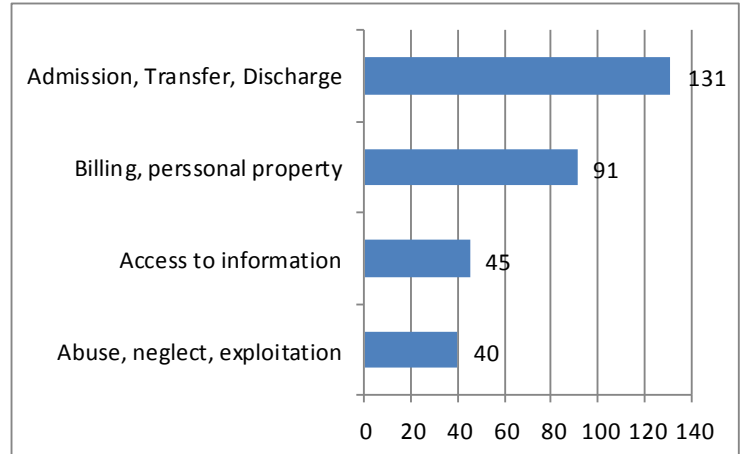
## Most frequent Complaints Received by the Office of the State Long-term Care Ombudsman in FY 2016

Complaint	Number of Complaints
Discharge, Eviction—Planning, Notice	124
Family Conflict; interference	93
Dignity, Respect — Staff Attitudes	56
Resident Conflict, including roommates	56
Legal— Guardianship, Conservatorship, Power of Attorney, wills	50
Medications—Administration, organization	50

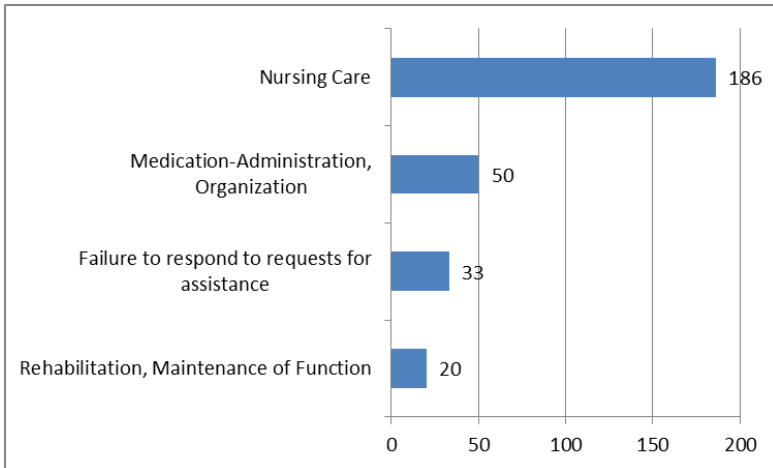
In FY 2016, representatives of the Office **handled 1,371 new complaints and opened 1,189 cases** on behalf of residents.

## Resident Rights-506 Complaints

Involuntary Discharge continues to be the largest complaint that ombudsmen in Kansas work each year (124 complaints) Ombudsmen assist residents and their families by reviewing discharge notices, informing them of their right to appeal and helping them navigate the appeal process, often with positive results.



## Resident Care-289 Complaints



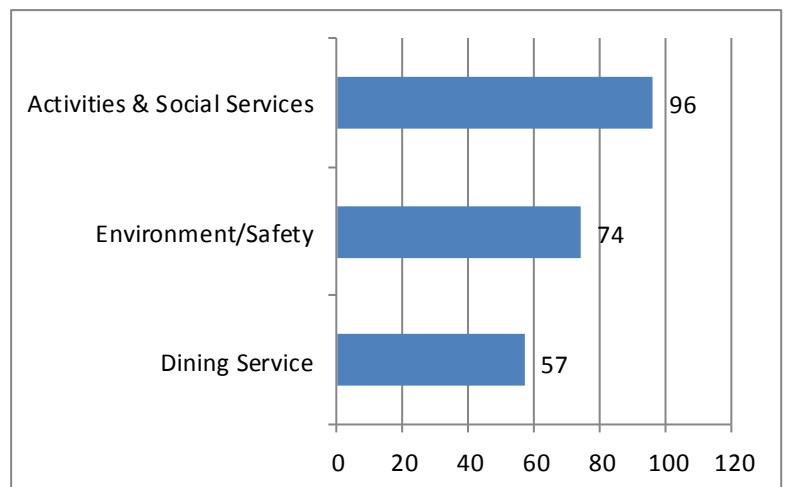
Resident care issues range from call lights not being answered timely (33 complaints) to the administration of medications (50 complaints) to issues about personal hygiene (39 complaints). Ombudsmen work with facility staff providing education and awareness to facilitate prompt corrections and a better understanding by all involved on these care issues.

Ombudsmen follow up with residents and staff to ensure appropriate services are being provided.

## Quality of Life-230 Complaints

Residents continue to lead meaningful lives when resident, staff and family come together to discover and support what gives each individual resident meaning and pleasure.

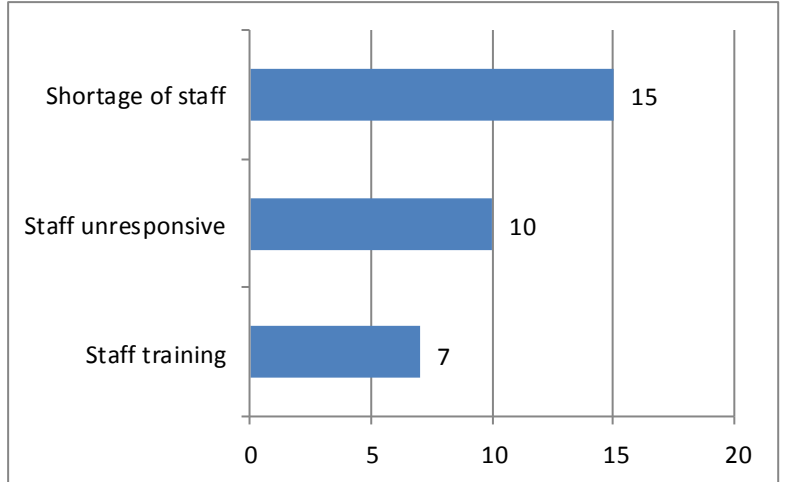
The largest number of complaints about quality of life dealt with resident conflict, (63 complaints) a significant number of which concerned roommate issues.



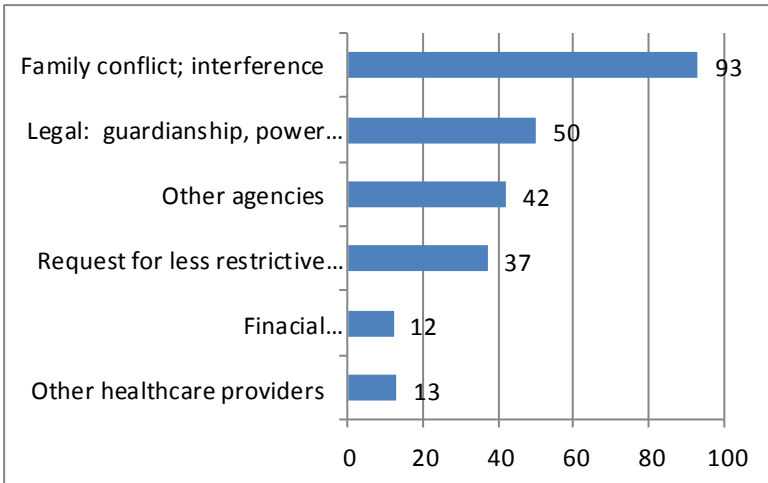


## Administrative-32 Complaints

Ombudsmen received 32 complaints about administrative concerns, the largest number of which were about staffing problems. Having a sufficient numbers of staff that are well trained, who know the residents and their care is one of the most important keys to providing quality care.



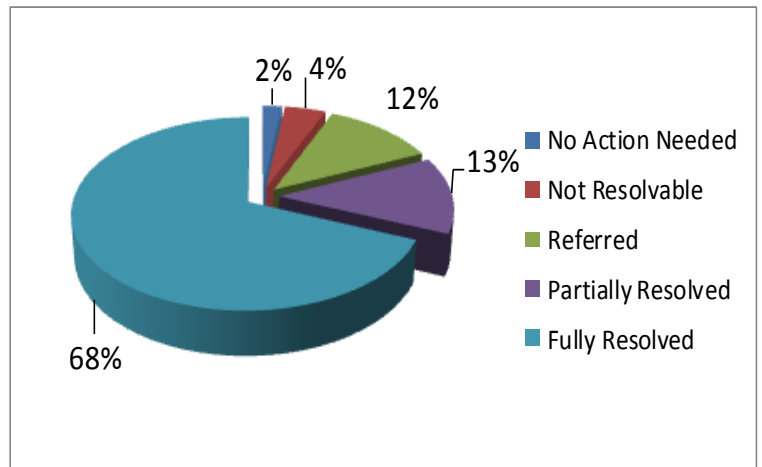
## Outside of the Facility-292 Complaints



Ombudsmen encourage family members to be active in the daily activities of their loved one, but at times family dynamics are such that they may be perceived as a barrier to providing care. Ombudsmen listen to both sides in these cases and play a key role in reaching resolution on behalf of the resident. Ombudsmen also work to provide education and resources on issues sounding advance directives, and the responsibilities of agents and fiduciaries.

## Complaint Resolution

A complaint is “resolved” when the complaint/problem is addressed to the satisfaction of the resident or complainant if the resident is not able to make their wishes known. **In FY16, ombudsmen achieved overall positive outcomes for 81% of complaints.**



# Consulting and Training

## Consultation

The Long-Term Care Ombudsman's Office provides information to consumers, facilities, and providers. Requests for information are most frequently related to resident rights; choosing a nursing home; interpreting regulations; the abuse, neglect or exploitation of a resident; and admission and discharge procedures. Consultation does not involve investigating or working to resolve a complaint.

In FY 2016, representatives of the Office **consulted with 789 consumers and 559 facilities or providers** about long-term care issues.

## Resident and Family Councils

The Long-Term Care Ombudsman's Office assist resident and family councils by attending meetings upon request, and by providing assistance in the development and continuation of resident and family councils. Resident and family councils are meetings that give residents and their families opportunities to discuss issues, care needs, and frustrations as well as to receive support and encouragement.

In FY 2016, representatives of the Office **worked with 210 resident councils and 17 family councils** across the state.

## Community Outreach and Education

The Long-Term Care Ombudsman's Office conducts community outreach throughout the state through presentations at local senior centers, church and civic groups, and involvement in various community events. Ombudsmen provided education at these events on the rights of residents, how to advocate on behalf of or empower residents, the services of the ombudsman program, resident care practices, and elder abuse.

In FY 2016, representatives of the Office **provided 52 community education sessions and 6 media interviews and articles** about issues pertaining to long-term care across the state.

## Survey Participation

The Long-Term Care Ombudsman's Office participates, as needed, in surveys conducted by the Department for Aging and Disability Services, which serves as the regulatory agency for long-term care facilities in Kansas to ensure their compliance with federal and state laws. The role of the Office is to provide comment; share concerns on behalf of residents, and family members; and to ensure the residents' voices are heard. Participation by the Office may include pre-survey briefings and attending resident interviews or the exit interview.

In FY 2016, representatives of the Office **participated in 71 facility surveys** across the state.

# Volunteer Program & Funding



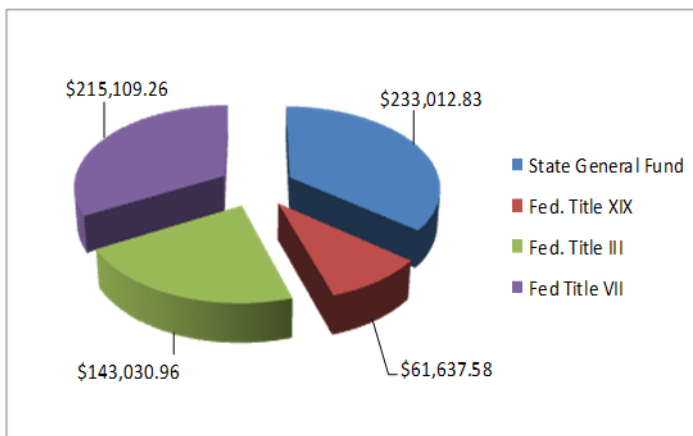
The Certified Ombudsmen who volunteer for our agency are truly the heart of our program. One hundred and forty volunteers actively served in the Long-Term Care Ombudsman program and contributed 8,897 hours in FY16. Regional staff ombudsman recruited, trained and supervises volunteers, while state office staff approved training and issued certifications for each ombudsman. A total of 15 new volunteer ombudsman completed their training and were certified during this time period.

In 2016, Ombudsman Volunteers provided **8,897 hours of service worth over \$200,000** to Kansans living in our state's long-term care facilities.

After they have completed training, each Certified Ombudsman is assigned to one facility near his or her home. We ask these volunteers visit the facility once a week to meet with residents. Every ombudsman encourages self-advocacy and interaction among residents, staff and community. The Certified Ombudsman works to ensure that the legal rights of the residents are being honored; and receives, investigates, and resolves concern made by or on behalf of residents.

We provide new volunteers with 30 hours of classroom and on-site training regarding elder rights, the regulatory process, plans of care, advocacy, the aging process, communication, problem-solving and facility staff structure. Once a volunteer has successfully completed training, the newly certified Ombudsman volunteer and the regional staff match the Certified Ombudsman with a facility. Following placement, regional staff provide ongoing support and training.

## Funding for SFY16



The chart to the left shows a breakdown of the total funding for the Ombudsman program in SFY16. Funds supporting the Ombudsman Program were comprised of federal (65%), and state (35%) Funds.

# Recommendations

Despite the positive efforts and outcomes listed above, there are barriers that exist when attempting to protect the rights, health, safety and welfare of persons residing in long-term care. The following issues are of particular concern.

**Staffing shortages that impact the quality of care of LTC residents.** Workforce shortages are a known issue across the state and are becoming increasingly intense. Even the best caregivers cannot do their job without enough staff to care for residents. The LTCOP has observed decreased quality of care e.g. delayed response times to call buttons. Many of the deficiencies noted by survey teams can also be attributed to workforce issues. One remedy has been more use of temporary contract staff which carries the challenge of training time versus direct care time for residents. Furthermore, the staff are unfamiliar with the residents and facility overall.

During this reporting period, **289 complaints** were brought to us regarding resident care and treatment.

An aging population coupled with a shrinking labor pool, low wages, insufficient staffing levels, inadequate training and limited on the job support results in providers who can neither recruit nor retain qualified nursing staff. Not only is turnover high, but it is increasingly difficult to fill vacant positions. Growing and stabilizing the workforce requires paying competitive wages, while also providing health coverage and consistent shifts with full-time hours. Additionally, to stem the cycle of turnover, workers need better training, support, and opportunities for professional growth. Nursing homes are dependent on public funds— both Medicaid and Medicare. Therefore, a solution to this problem will necessitate a public and private partnership.

**Misuse of Antipsychotic Medications.** Instead of using person-centered strategies to address behaviors related to dementia, facility staff and families have often asked physicians to prescribe drugs to manage agitation and other behaviors. When prescribed for residents with dementia, antipsychotic drugs may have serious implications, including loss of independence, over-sedation, confusion, falls, or even death. Across the United States, organized efforts by residents, families, advocates, health care providers and others are targeting the alarmingly high rates of antipsychotic drugs prescribed for residents in SNFs, and are working to eliminate the problem. Facility staff and prescribers need education and training to become more aware of alternatives to antipsychotic medication. Consumers and families also need to understand the dangers of these drugs and that there are alternatives available.

Since the national effort to reduce the use of these medications for residents with dementia began, there has been a 31.8% reduction in the national prevalence of antipsychotics in nursing home residents. While other states have made much more improvement than others, Kansas had only a modest decrease which resulted in Kansas moving from 45th to 50th in terms of states with the highest usage of these potentially dangerous drugs.

The misuse of antipsychotic drugs is a complicated, many-pronged issue that will need to involve consumers, family members, physicians, regulators and facility staff. Approaches should include: establishing minimum care standards for dementia care units, mandating dementia training for all adult care staff, educating doctors and other prescribers as well as consumers, requiring informed consent before antipsychotics can be given to a nursing home resident and promoting interventions known to be successful, such as the Music and Memory Program.

# Recommendations

**Discharge Protection:** Involuntarily discharging and relocating residents often adversely affects the mental and physical health of the resident. Transfer/Discharge/Eviction is the number one issue dealt with by the Ombudsman program in both the category of complaints and consultations. The ombudsman monitors for compliance with applicable law, educates all parties on the process, and advocates for the resident if so directed.

During this reporting period, 149 complaints were brought to us regarding discharge or eviction.

Federal regulations have long required an administrative appeals process, and now require all discharge notices to be sent to the office of the long-term care Ombudsman. However, these same protections are not available for residents of our assisted living facilities and other residential facilities. Kansas should strengthen the regulations in order to protect all residents from inappropriate involuntary discharges. Kansas should implement an administrative appeal process for residents in all adult care homes to challenge involuntary discharges; adopt financial penalties for regulatory violations related to transfer & discharge; require all facilities use a uniform, regulatory-compliant involuntary discharge notices; and all adult care homes should also be required to send the ombudsman office a copy of each discharge notice given to residents.



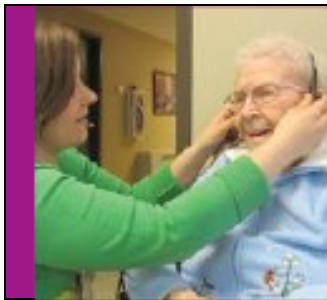
**Behavior health needs of residents lead to challenging behaviors.** The root cause may be mental health, substance abuse and /or dementia-related behaviors that are ‘typical’ for the diagnosis and ‘to be expected’ in relation to cognitive issues. It is anticipated the number of residents exhibiting these behaviors will continue to increase. This ties into the workforce issues i.e. frequent changes of the temporary staff who don’t have the training needed to work with the behaviors and also don’t have the familiarity with the residents. This also impacts transfer/discharge/eviction as facilities acknowledge their staff don’t have the knowledge and skills necessary and become overwhelmed by the extra demands.

Refusals by facilities to take residents back after a transfer to a hospital increase and some providers are willing to take a deficiency rather than accept the resident back. Training of staff is a recommendation though many challenges are inherent. The limited workforce is needed for direct care and extra training time is difficult to accommodate. Also with the temporary contract staff rotating through it is difficult to educate them and have them become familiar with specific residents when they are there for a short time. Also, a part of the challenge is the statewide shortage of mental health providers and resources for consultation.



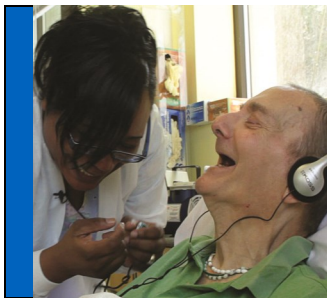
# Music & Memory

Through a grant from the Kansas Department for Aging & Disability Services, our office partnered with the Kansas Partnership to Improve Dementia Care to bring the MUSIC & MEMORY program to the residents in thirty (30) Kansas nursing homes. The project fully funded the certification of the homes as MUSIC & MEMORY facilities and provide equipment for up to seven (7) residents with a diagnosis of Dementia from each facility to participate in the program. We also provide on-site support and monthly webinars for the participating facilities.



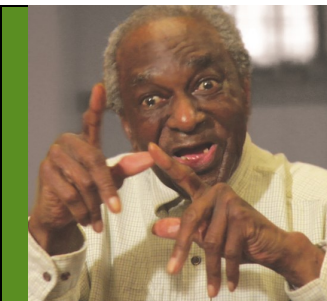
## What is Music & Memory?

Grounded in extensive research, Music & Memory helps people living with a wide range of cognitive and physical challenges to find renewed joy in life through musical favorites. Facilities are trained to develop personalized playlist, delivered through iPods, a key element in the individual's plan of care.



## How does Personalized Music Make a Difference?

- Beloved music helps to reduce depression and anxiety and can also moderate pain.
- Musical favorites tap deep memories and can improve quality of life
- Participants are happier, more social and receptive to care and family visits.
- Personalized music can help to reduce reliance on anti-psychotic, anti-depressants and pain medications.



## Who can benefit?

Anyone resident can benefit from the power of listening to musical favorites

- People with Alzheimer's and other forms of dementia
- Individuals who are bed-bound, on dialysis or ventilators
- People with chronic pain
- Those receiving hospice care

For more information about Music & Memory, visit [musicandmemory.org](http://musicandmemory.org).





*For more information, or to secure the services  
of an Ombudsman,  
Call or write*

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