



BOARD ON

AGING &
LONG TERM CARE

Resident Point of View in Resolving Complaints

State of Wisconsin Board on Aging and Long Term Care

Kim Marheine, Ombudsman Services Supervisor

DQA BNHRC Provider Forum

May 30, 2023



State of Wisconsin Board on Aging and Long Term Care

Long Term Care Ombudsman Program

1.800.815.0015

Volunteer Ombudsman Program

1.800.815.0015

Medigap Helpline

1.800.242.1060

Medicare Part D Helpline

1.855.677.2783

<http://longtermcare.wi.gov>

FROM THE FIELD



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“I love the place where my mom lives, and she’s always felt safe and happy there, until recently. I’d call her and I could hear yelling in the background, and Mom sounded panicky. I’d go over and not see a single staff the whole time I was there. I decided I could help, so I volunteered to do odd jobs: I wheel people to their meals, I pass out snacks and water, and sometimes I just sit and talk with people who seem lonely. Everybody’s doing the best they can, I know that, so I’m doing the best I can, too.”

Jennifer, daughter of a nursing home resident

FROM THE FIELD



“All I did was ask one of the girls to give me some fresh water. My arthritis was really bad and I didn’t sleep good, so I was achy and maybe a little crabby. But she looked at me nasty and shook her finger at me and said I’m not your slave, you know, and she stomped out. She didn’t come back for hours and asked me if I was ready to be nicer. So I asked her if she was ready to be nicer, and she said she was sick of everybody yelling at her. I never saw her after that day and the head guy told me she quit because of me.”

Hildie G, a resident of an assisted living community

FROM THE FIELD

“The aides, they used to joke with me. One day there was a new one, and I was joking around like usual. Later the administrator said she was giving me a discipline, because I made the new gal feel sexually harassed, and if it didn’t stop I was out. All I did was tell a little bawdy joke, for xxxxx’s sake. Guess the rules changed and they forgot to tell me. Whose home is this anyways?”

Joe L., a nursing home resident

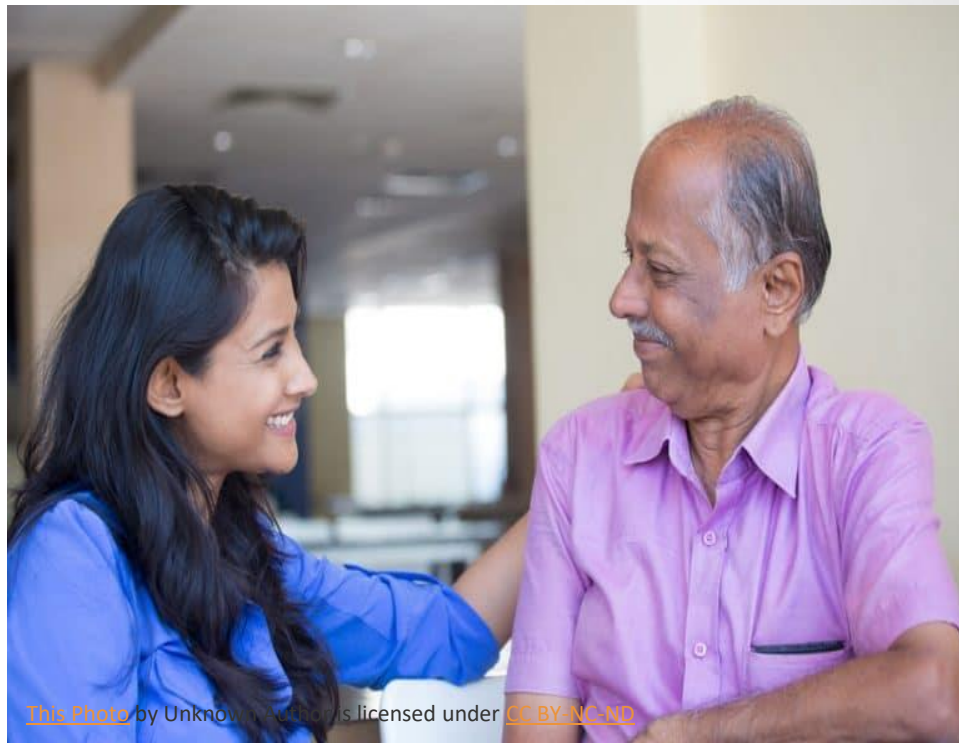


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FROM THE FIELD

"I know these are hard times and I wanted to share a good experience I've had with the staff who take care of my dad. He moved in when my mom died, and they assigned him a support staff right away. She visits him every day, asks whether he needs anything, and lets him know who he can talk to if he has a question, or offers to do it for him herself. She's been a guardian angel for him and for me, since I had heard how bad things are in places these days, but I really didn't have a choice."

Susan R., the daughter of a nursing home resident



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Quality from Resident Perspectives – Have You Asked?

- To get to the bathroom on time.
- To have an actual bath, not a sponge bath in the bathroom, sitting naked on the toilet, freezing and embarrassed!
- The night nurse, Julie: she's so gentle, she talks to me nice even when she has to change my bed. She's got a good heart.
- To be asked, not told.
- To have someone just sit and talk to me and listen like they really care, just for a couple of minutes. It's lonely here.
- To be treated with dignity, not like I'm a child. I was a college professor, for God's sake! I raised 5 kids alone, I was a great chef and usually the life of the party. Now I'm treated like a misbehaving burden by people who don't seem to know much about the world, or like they really even care, even though I try to give them my respect.

Quality from Staff Perspectives – Have You Asked?

- To get the best quality: the right kind of staff for this work, well-trained, emotionally prepared, more concerned about others than themselves, leaders who lead and are willing to jump in with you, and who are models themselves of care with respect.
- Management who has your back with some of the people we have to face every day – not talking about the residents, mostly.
- More attention to how things get done and how they turn out than what they cost.
- Quality would be better if the managers would take the time to understand how hard this work is and give us a little support. It's not always about more money, sometimes it's an extra thank you, maybe a meal or a treat every now and then, an open door during a hard day. Just show up the way they expect us to show up.

Quality from Leader Perspectives – Have You Asked?

- Deficiency-free surveys, no complaints; “no offense, but maybe fewer ombudsman visits.”
- Hitting at least my break-even margin.
- No call-ins for even just a week.
- No falls, no pressure injuries, no med errors, no self-reports.
- Residents and families who look and act happy, who smile, who socialize, who know how much we care about them.
- Families who work through the hard days with us instead of against us.
- Having a little energy at the end of the day – better quality to my life so I can give it back to someone else.
- Feeling like I can stay here for a while instead of always looking for a better place to be.

Complaints – How do you feel before you act?

Do resident or family questions or concerns, or encounters with particular families or residents, activate a response in you that can inhibit a positive resolution or make you slower to respond?

➤ Do you become more resilient by the experience? How?

Or

➤ Do you become more weary? What does that look like?

➤ What are your insights into how you respond to and resolve complaints?

➤ What's your ideal in resolving complaints, and how does that play into the expectations of others, including your own?

Reframing Complaints

- *What's the ideal: no complaints, no serious complaints, no loss of residents or staff as a result of complaints, no cites from complaints, no loss of reputation*
 - *What are the strategies:*
 - Ask residents/families what goals and ideals should be; can they participate?
 - “Open Door” or Town Hall approaches
 - Staff education – continuous and focused
 - Staff support – continuous and focused
 - Ombudsman education with residents and families
 - New resident/family mentors
- Engaging resident councils

Reframing Complaints

- *What's the ideal: no complaints, no serious complaints, no loss of residents or staff as a result of complaints, no cites from complaints, no loss of reputation*
- *What are the strategies – continued:*
 - Use what and who you know – in all the best ways.
 - Build up an effective resident council, and think about starting a family council. *Your ombudsman can help.*
 - Limit your control; be visible and accommodating as part of the planning and resolution processes
 - Reframe conversations so councils aren't only about gathering complaints as much as gathering solutions:
 - “What would a best day look like here at Honeymoon Acres?”
 - “What’s the best meal/snack/social program you've had here recently, or somewhere else?”
 - “We have a lot of great staff here. What are some of the things that great staff do that you wish everyone did?”

Commitment to Resolution Through Engagement

- Ensures the most basic of rights: to be treated with dignity and respect.
- Trust, rapport, and mutual respect can make a hard conversation a little easier to have.
- Increased interest in participation, communication, effective self-advocacy. Informed decision-making.
- Empowerment, recognition and acceptance of risk, associated benefits and consequences. Exercise self-determination.
- Increased satisfaction with relationships that are also partnerships: This is my home. This is my home.

Best care, not just better care

Grievance Processes

By administrative code, every licensed and certified long-term care setting is required to have a grievance process.

The process should tell residents and families who is responsible for receiving and investigating grievances, as well as the process for resolving grievances **and communicating the resolution back to the resident or family member.**

In the experiences of our ombudsmen, enacting a home's grievance process seems to be limited mostly to those concerns that might also rise to the level of a self-report to the regulatory agency. When asked, many staff are not aware of a home's grievance procedure, or remember hearing about it at orientation, but have never participated in such a process.

A LTC setting's Grievance Policy says a lot about the setting's culture, philosophy of care and respect for personhood. It is a means toward ensuring the most basic of rights: to be treated with dignity and respect.

This is my home. This is my home.

Best care, not just better care.

Recognizing and respecting point of view is essential when striving to meet expectations and in receiving and resolving complaints.

Rights, Respect & Response

- **Recognize** (rights, expectations, point of view – residents and yours)
- **Request** (information about satisfaction and expectations, concerns large or small – don't wait for a concern to emerge before asking)
- **Respond** (listen more than talk, be objective, consider point of view)
- **Resolve** (collaborate on a resolution, consider dignity of risk, act when action is required)
- **Resource** (know who or what else may be available to achieve resolution, don't be afraid to reach out – call an ombudsman)
- **Reflect** (check back – more than once - to make sure the resolution is the right one)

Where to from here?

- Many complaints have a thread that weaves back to staffing:
 - Take cues from your community: what do people like to do, where do they like to go? Can you replicate some of those experiences within your LTC setting?
 - Talk about it: think about having staffing stressors, goals and remedies as a topic for a future resident council or resident education. Ask residents for their ideas about how to ease pressures.
 - Ask if there are residents who might form a group for the purpose of welcoming new residents or those who may not have a lot of visitors.
 - Make resident goals about quality of care and quality of life your setting's goals.
 - Consider how stress, loss and isolation also affects staff: promote new connections, engage supports, re-visit boundary conversations, just ask, "How are you today?" "Do you have what you need for today?"

Can you try this?

- When we know better, we have a responsibility to do better. Have you identified a “better” you can do?
- Can you consider families part of the care continuum, as might be appropriate: ask residents if they’d be comfortable, screen and educate, enable them to assist with care as might be appropriate and desired, evaluate. Support these informal caregivers, understanding that caregiving can change a family dynamic.
- Consider policies and practices that are based on resident needs and wishes, visitor capability and willingness; be thorough, communicate, involve, document.

Looking for a Re-set?

- Re-visit your setting's philosophy of care, and how you affirm your philosophy with intention – and don't forget to check your website to make sure it represents what people can expect from your staff and services:
 - Do your actions match your words?
 - How are you re-building your team?
 - Do you keep your promises?
- Affirm your intent to give not just “good” care but “best” care.
- Affirm that your setting IS home for the people who live there.
- Affirm that your staff are guests in the home of the people who live with you.

It is the philosophy of the Ombudsman Program of the Board on Aging and Long Term Care that all clients, including those with activated powers of attorney and/or guardians, have the right to participate, to whatever extent they may be capable, in all decisions impacting their choices, care, safety and well-being.

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