

Ombuddy Review

April 2009

If you know someone in a long-term care facility, you ought to know us....

Mission:
 to actively promote standards of excellence in advocacy and enhancement of the quality of life for residents of long-term care facilities in San Mateo county.

Vision:
 that we ourselves would be willing to live and enjoy our last years in any one of the facilities we serve.

Values:
 to cherish our Ombudsmen, to fully and faithfully support our clients, and to positively work with all community stakeholders



From the Desk of the Director ..

The organization is in a whole different place from where we were when I last wrote in December. I mean that literally. We have moved! Redwood City made us an offer we could not refuse: free office space in return for services. We will be working with the staff at the senior center to expand their information and referral services offered to their community. A true win/win situation.

Struggling with the budget after the loss of state funding, this move came at a very opportune time for the program. It serves to underscore that "No man is an island." We may think we can go it alone, but in fact we actually need one another in order to be the very best that we can be. That is as true about organizations as it is about individuals. We are all part of a larger community, which is strengthened and better served by the web of collaboratives that are constantly being forged or renewed to connect the people that live there.

If we were to rely only on ourselves we would find ourselves shrinking. Instead of that, we find ourselves expanding -- expanding into this new collaboration with Redwood City, truly excited about spreading our wings and adding a new service, even in a shrinking economy. We are indeed glad to be here in the center of all the activity that makes up Veterans Memorial Senior Center. As one of my staff members put it, "It's like being at a Club Med for seniors." Thank you, Redwood City.

Future Ombudsman?



Darcy, aged 2, granddaughter of Ombudsman Amy Chin

Demand for Service

We anticipate that by 2020 the number of people needing long-term care will double. We will certainly need more ombudsmen to handle the additional numbers. Are you interested in joining our team. If so, please give us a call.



You are Invited

May 29, 10:00 to 1:00
 Visit our new digs
 and
 Get to know us and
 the services we provide

THE HYBRIDIZATION OF NURSING HOMES: Mixing the Mentally Ill with the Frail Elderly

In recent weeks a series of tragedies have occurred in nursing homes across the country, each involving the death of a frail elder at the hands of a younger, mentally ill resident. According to The Associated Press, nursing homes have become "dumping grounds for the nation's young and middle aged people with mental illness." The presence of younger mentally ill clients has increased 41% since 2002, and now makes up 9% of the nation's 1.4 million nursing home residents. I believe our county reflects this trend. Our ombudsmen are frequently called to investigate complaints revolving around this very issue.

Many factors contribute to the current situation, primarily the closing of mental institutions across the nation in the 70s, without an adequate plan in place to deal with the enormous problems of integrating people with severe mental illnesses back into society. Add to that the severe shortage of hospital psychiatric beds to serve the needs of this community.

Today's elderly are healthier, more independent and are more likely to stay in their own homes than before. We must also consider the trend for states to provide in home supportive services to keep people living at home -- a much cheaper option than to institutionalize them. These facts have contributed to unfilled nursing home beds. Carol Scott, Long-term Care Ombudsman of Missouri

states that occupancy in nursing homes is running at 60-70% -- a prescription for economic ruin for the nursing homes, which must run at 90% or more to operate successfully. So it makes good economic sense for nursing homes to fill the vacancies with younger, mentally ill clients.

For the ombudsmen, it can pose a unique dilemma. We do not get to pick and choose our clients -- all residents in all nursing homes are our clients. From time to time we are confronted with nursing homes seeking to discharge a client with hard to manage behaviors that they are ill equipped to deal with. Finding no other homes willing to accept the resident due to behaviors, and with options limited, facilities may be consider discharging to shelters. As resident advocates, we must oppose those actions as an unsafe discharge. But we must also weigh the safety of the other frail and vulnerable residents on the other side of the scale. There are no easy choices. Janet Wells, director of public policy for National Citizens' Coalition for Nursing Home Reform, states, "Sadly, we're seeing the tragic results of the failure of federal and state governments to provide appropriate treatment and housing for those with mental illnesses..." We urge state and local governments to come up with a solution that would provide for the protection of all clients caught up in this dilemma because of circumstances beyond their control

Oral Hygiene -- The Need For Improved Care



It is strange that a facility, fully compliant with Federal and State laws, can still be providing inadequate care for its residents. The law states that a nurse or a physician must do the initial oral hygiene assessment on a client within 7 days of admission. No nurse or medical doctor that I have spoken with believes that they are adequately trained to perform a proper oral hygiene examination of a patient. But that is what the law requires. We would like to see facilities making use of a new brand of dental hygienist to assist them in performing this service. Several dental schools, including that of University of the Pacific in San Francisco, are providing additional training to dental hygienists specifically to work in nursing homes with this frail elderly population. What an opportunity for facilities to provide a quality assessment, to be sure that any problems in the mouth are identified immediately and incorporated into the resident's care plan. Oral hygiene is, after all, an essential for good overall health. Research indicates that the lack of good oral hygiene might be the cause of up to 70% weight loss in facilities across the nation. In addition it is known to cause increase in cardio vascular incidents, to contribute to increased incidents of pneumonia, and to make it difficult to stabilize wildly fluctuating blood sugar levels in diabetics. Isn't that enough to convince facilities to take action? We hope so. Thanks to a grant from Mills Peninsula Hospital, a broad coalition in our county, including, but not limited to, the Ombudsman Program, the San Mateo Dental Society, the California Dental Foundation and the Peninsula Dental Hygienists Association, has provided training to the staff of 6 nursing homes to adequately perform the daily oral hygiene regimen for the clients. Bravo to all who participated, and thanks to those that did the training.

A Learning Opportunity and Afternoon Tea with Your Ombudsman

It is an ongoing quest to provide support and assistance to facilities to achieve excellence. Twice a year we provide opportunities for facility administrators to attend a "Best Practice Model" training on topics we deem to be systemic problems. Unfortunately, we were unable to offer our usual May event, due to the move to City and put on our However, we will be swing. calendars November 12 from 3:00 to 5:00. Our oral hygiene coalition, led by the California Dental Foundation, will do a presentation based on the findings of the pilot project they have conducted and the outcome of the trainings provided to the staff of 6 facilities in the county. We plan to offer continuing education credits and hope to have a full house.



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Love for our Elders Must Lead to Valuing the Caregivers

To improve the system of care operational in the long-term care facilities, we must look at how we value the workers who provide front-line care. According to the New York Times (Editorial, January 28, 09), the healthcare sector is one of few that is adding jobs. However, the jobs being added are for direct care workers -- among the lowest paid and most exploitable. Direct care workers are classified as companions and are not subject to fair labor laws, such as those covering minimum wages or overtime. The Federal Courts have failed to support direct care workers in their attempt to be reclassified under current labor laws as they exist today.

The work is largely seen as requiring unskilled labor. This may have been true in the remote past but not today. People entering the long-term care system are older and frailer than in the past. Because of a trend to transition people out of nursing homes to less restrictive environments, we are also seeing higher acuity levels in assisted living and board and care homes. Direct care workers are expected to continue to provide, and to meet the increased expertise to match the increased care requirements of this much more frail clientele. They must keep our loved ones functioning at the highest levels possible. Is this unskilled labor? Not any more. And all this must be done without any provision for increased training and support.

If we truly value our loved ones, we must truly value the caregivers. Is it right that we should be asking them to provide health care for our family members, when the majority of them have no health insurance themselves or their families? This group of workers, mostly women, many of them single parents, are working two or three jobs just to put bread on the table. What does that do for the quality of care they are providing? Low wages and difficult working conditions contribute to an extremely high employee turnover and high burnout rate, affecting continuity and quality of care, and are known to be causal factors in the incidents of abuse we see in the facilities.

Alice Hedt, the new Project Director of Eldercare Workforce Alliance, states: "EWA's goal is to develop practical solutions that will build a caring and competent workforce providing high-quality, culturally sensitive, person-directed, and family-focused care for America's elders." We are certainly supportive of that, and it starts with valuing each and every direct care worker, most of whom give so generously of themselves.

How Can I Help?
By donating to the program or volunteering as an Ombudsman. Please complete and mail the form on the back of the newsletter or call our office





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