Ombudsman
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Beverley L. Laubert,
State Long-Term Care Ombudsman

PERSON-CENTERED STAFF ENGAGEMENT PROJECT PROPOSAL
JANUARY 3, 2017

The Office of the State Long-Term Care Ombudsman is pleased to submit to the Ohio Department of Medicaid a proposal to utilize funding from the Resident Protection Fund for a Person-Centered Staff Engagement Project.

Purpose and Summary

The Person-Centered Staff Engagement Project intends to revolutionize person-centered care in participating nursing homes through the use of foundational practices that promote learning and sharing through communication and relational tools. Nursing homes, required to implement Quality Assurance Process Improvement (QAPI) in the new federal regulations, will launch their QAPI processes alongside well-respected trainers in the long-term care field.

Staff stability is the root of quality care. The long-term care labor market has trended downward with the end of the recession such that there are now 1.3 job seekers for every open job, compared to 6.6 in 2009[i]. Seasonally adjusted, there are 1,025,000 health care and social assistance jobs available in June 2016 compared to 692,000 in June of 2006[ii]. Higher vacancy rates, combined with higher turnover, make meeting residents' needs even more difficult. Staff stability (higher retention, lower turnover, higher quality) is the foundation for resident care.

This ambitious project will build on the Engaging Staff in Individualizing Care starter toolkit[iii], a product of the Pioneer Network's National Learning Collaborative webinar series on *Using the MDS as an Engine for High Quality Individualized Care*[iv], made possible with the support of the Retirement Research Foundation[v]. Forty-nine nursing homes incubated these practices through fifteen-month learning collaboratives convened and facilitated by five Culture Change Coalitions and four nursing home corporations. The incubating homes strengthened these practices by applying them to high priority clinical areas, and found that with huddles and consistent assignment they were able to improve outcomes by adapting to residents' customary routines. As they saw the benefits in clinical outcomes and honed their foundational practices, the incubators were able to build on small scale adjustments to expand their flexibility in dining, morning routines, and night time care. The homes found that the practices together – engaging staff in individualizing care - accelerated improvement in clinical, human resource, and organizational outcomes.

The Long-Term Care Ombudsman Program will put the Engaging Staff in Individualizing Care starter toolkit into use in at least 100 nursing homes statewide and implement supportive ancillary projects in these and as many additional homes as possible. Individualized care, enthusiastically supported by leadership and line staff, will result in measurable improvements in clinical, human resource, and organizational outcomes.

246 N. High St. / 1st Fl.
Columbus, OH 43215-2406 U.S.A.
www.aging.ohio.gov

Main: (800) 282-1206 (TTY dial 711)
Fax: (614) 644-5201
Email: OhioOmbudsman@age.ohio.gov

The State of Ohio's Long-Term Care Ombudsman is established by 42 U.S. Code 3001, Older Americans Act and Ohio Revised Code 173.15, to advocate and resolve problems for consumers of long-term services and supports.

We respectfully request $2,000,242.50 to support the Person-Centered Staff Engagement Project. See attachment A for a budget narrative of the detailed spending plan.

Methodology

Training Regional Long-Term Care Ombudsmen

A dual-purpose project event will be held in Central Ohio to engage and train the regional Long-Term Care Ombudsmen in their role and responsibilities for the project. The Office of the State Long-Term Care Ombudsman will serve as a project management resource for the twelve regional Long-Term Care Ombudsman Programs and train each assigned ombudsman in the structure and purpose of the project. The event will feature B&F Consulting[vi], developer of the starter toolkit, to ensure the ombudsmen have mastery of the materials and implementation techniques in a Train the Trainer format.

Securing Facility Participation

The regional Long-Term Care Ombudsman Programs will use facility quality measure datasets available from CMS's Nursing Home Compare[vii], Ohio Department of Aging Long-Term Care Facility satisfaction surveys available on the Long-Term Care Consumer Guide web site[viii] (see attachments B and C for sample survey tools), verified complaint reports from the Ombudsman Data and Information System (ODIS) and knowledge of facility staffing patterns and challenges to identify approximately 10 homes per region for participation in the project. The programs will attempt to engage some corporate-held facilities with the expectation that lessons learned could be applied more broadly to other facilities in the corporate structure umbrella and thus yield exponential impacts beyond the project's initial scope.

Setting the Stage for Staff Engagement Project

Preparation: With assistance of the Regional Long-Term Care Ombudsman Programs, facilities will conduct an initial organizational self-assessment[ix] (see attachment D) to identify their degree of implementation of foundational practices then determine areas of focus for the project duration. The LTC Ombudsman Programs will assist facilities in creating a baseline for staff retention and turnover using the Advancing Excellence Long-Term Care Collaborative Staff Stability Tracking Tool[x].

Commitment: Facility teams will join the ombudsman programs at an in-depth Year 1 project launch featuring B&F Consulting on a "boot camp" on staff stability. Teams will attend quarterly regional collaborative to learn tools and techniques in their QI efforts. Quarterly collaboratives will include leadership and line staff on subjects such as leadership, coaching and customer service.

Implementation of Individualized Care

Year 1: Facility teams, working with the assigned ombudsmen, will build on the staff stability boot camp, adopting quality practices such as consistent assignment of staff to residents, daily staff huddles, involving STNAs in care planning and quality improvement processes closest to the resident. A second statewide provider training event will focus on QAPI, high involvement leadership, and applying staff engagement practices to clinical areas. Through monthly team meetings, quarterly calls and in-person consultation, ombudsmen will assist the facility staff in identifying and initiating a QAPI project capitalizing on knowledge gained from the first two in-depth training events.

Year 1 into Year 2 the facility teams and the ombudsman programs will continue to apply quality foundational practices to clinical applications by identifying additional areas for improvement through QAPI. A statewide provider training event will

introduce best practices in preventing avoidable hospitalizations and eliminating off-label antipsychotics. Other project examples may include promoting mobility, reducing falls and alarms, operationalizing a "good welcome" for residents' first 24 hours in the facility and reducing unnecessary anti-psychotic medications. Another Year 2 event will bring back the B&F Consulting team for a lookback at accomplishments over the year and set the stage for year two effort.

Year 2 and into the future, teams will operationalize individualized care. Ombudsmen and facilities will work with residents to identify person-centered practices such as individualized morning and nighttime schedules, flexible dining schedules and activities that meet their needs. A final statewide wrap-up event will share lessons learned and offer support to teams working to sustain the quality improvements achieved during the project.

A tentative project event calendar is included as Attachment E.

Ancillary Project Activities

The Long-Term Care Ombudsman Programs will work with participating nursing homes on adoption of supportive practices that increase staff engagement in person-centered care.

- Provide *CMS Hand-in-Hand: A Training Series for Nursing Homes Toolkit*[xi] modules as in-service training to participating facility staff;
- Launch staff recognition programs;
- Create resident interview committees to engage residents in the hiring process (e.g. residents meet with prospective staff prior to hiring or residents included in staff interviews). This process is modeled on Sunny Hill Nursing Home's experience (see http://changingaging.org/blog/a-radical-idea-residents-hiring-staff/ and Attachment F);
- Develop Resident Council Coalitions so that resident councils statewide can network and partner with others in their region.

Expected Outcomes

The project will result in 100 nursing homes participating in the two-year effort to engage staff in person-centered practices to improve the quality of resident care and life.

Approximately 200 nursing home staff members will attend the Ohio Person-Centered Care Coalition conference to learn from mentor homes and state- and nationally-recognized speakers fluent in person-centered care.

12 regional ombudsman programs will be engaged in nursing home QAPI efforts and will carry lessons learned into future complaint handling efforts.

A statewide Resident Council Coalition, resident interview committees and staff recognition programs will be launched.

Results Measurement

The Office of the State Long-Term Care Ombudsman will work with Scripps Gerontology Center at Miami University (Ohio) to evaluate the project's outcomes. Existing data sources, below, will be mined for results of the project's efforts. Measureable result targets are:

- *A 10% reduction in ombudsman verified complaints in participating nursing homes (source: ODIS);*

- *A 10% reduction in citations issued by the Ohio Department of Health (source: Nursing Home Compare);*
- *A 10% improvement in staff stability as measured by the Advancing Excellence LTC Collaborative staff turnover/retention tool; and*
- *A 20% improvement between the Quick Organizational Self-Assessment pre- and post-project results.*

The Office of the State Long-Term Care Ombudsman will submit semi-annual reports on project status, changes or in project plans or timelines and spending. A research results report prepared by Scripps Gerontology Center will be submitted after completion of the project.

Assuming a January 2017 approval date, the first semi-annual report will be submitted for the period April 1, 2017 to September 30, 2017 by October 31, 2017.

Period	Report submission
April 1, 2017 to September 30, 2017	October 31, 2017
October 1, 2017 to March 31, 2018	April 30, 2018
April 1, 2018 to September 30, 2018	October 31, 2018
Final project report	April 30, 2019
Final research results report	June 30, 2019 (tentative)

Benefit to Residents

Staff stability and quality foundational practices consistent with person-centered care principles benefit residents in numerous ways.

Through reduced turnover and consistent assignment, residents will benefit from being served by experienced staff who know the residents well and are better able to anticipate resident needs and response more quickly, confidently and naturally. Residents do not have to explain to new caregivers how to care for them day after day. Residents are more comfortable with the intimate aspects of care when they know their caregivers and residents with dementia are more comfortable with familiar caregivers.

Staff who participate in regular team huddles and are empowered to advocate for their residents are more likely to detect and report residents' clinical problems early and be part of the problem-solving quality improvement process to address those issues.

Residents in nursing homes with stable leadership and care staff have better clinical outcomes.

Non-Supplanting

The funding requested for the Person-Centered Staff Engagement Project will not supplant any existing funding or license/certification requirements for Nursing Facilities, nor will it supplant any existing funding or program requirements for the Long-Term Care Ombudsman Program. The foundational organizational practices to be adopted through this project are not required of nursing facilities and would be expected to surpass quality care expectations.

The Office confirms that CMP funds will not be used for any federal- or state-prohibited costs such as food at conference or training events, nor will the funds be used to pay for staff time spent on ombudsman core or optional services such as complaint-handing activities.

Consumer and Other Stakeholder Involvement

As mandated by the federal Older Americans Act and Ohio law, the mission of the Office of the State Long-Term Care Ombudsman is to seek resolution of problems and advocate for the rights of home care consumers and residents of long-term care facilities with the goal of enhancing the quality of life and care of consumers. The Office of the State Long-Term Care Ombudsman is a decentralized, but unified entity including a state office with eight staff employed by the Ohio Department of Aging; and twelve regional programs designated by the State Ombudsman with 86 paid staff and 244 volunteers. All staff and volunteers are certified by the State Ombudsman and undergo rigorous training and examination to represent the office. See Attachment G.

The Advancing Excellence in America's Nursing Homes Campaign, an initiative of the Advancing Excellence Long-Term Care Collaborative, is responsible for the Staff Stability Toolkit. The campaign, though recently suspended, originated from an unprecedented coalition of 28 organizations representing providers, quality improvement experts, advocates and government agencies. To date, the campaign includes 62% of the nation's nursing homes (more than 90% of Ohio's nursing homes). [xii]

Leading experts in the long-term care field, provider organizations and consumer advocates were involved in the Pioneer Network's National Learning Collaborative on *Using the MDS as an Engine for High Quality Individualized Care.* The collaborative was made up of. Representatives from the Advancing Excellence LTC Collaborative, the Division of Nursing Homes at the Centers for Medicare & Medicaid Services, provider and clinician associations and culture change coalitions served on the board and as conveners of the collaborative.

Importantly, nursing home residents themselves will be involved in the Person-Centered Staff Engagement Project. With goals of bringing decision-making closer to the resident, we anticipate that, given the scope of the project, we anticipate that hundreds of residents will be directly involved to some extent with the project implementation. Resident Council Coalition development and the Resident Interview Committees will bring residents into the project as well.

Funding

We respectfully request $2,000,242.50 to support the Person-Centered Staff Engagement Project.

See attachment A for a budget narrative of the detailed spending plan.

Involved Organizations

The Office of the State Long-Term Care Ombudsman, twelve regional long-term care ombudsman programs, B&F Consulting, Scripps Gerontology Center, and approximately 100 Medicaid-certified nursing facilities will be heavily involved in the implementation of the Person-Centered Staff Engagement Project.

Contacts

Erin Pettegrew Ombudsman Projects Coordinator Office of the State Long-Term Care Ombudsman 246 N. High Street, 1st floor Columbus, OH 43215 614-995-0882 epettegrew@age.ohio.gov
B&F Consulting http://www.bandfconsultinginc.com Barbara Frank Bfrank1020@me.com 617-721-5385 Cathie Brady Cbrady01@snet.net 860-334-9379
Scripps Gerontology Center Miami University 396 Upham Hall Oxford, OH 45056 513-529-2914 Dr. Suzanne Kunkel Executive Director kunkels@MiamiOH.edu Dr. Jane Straker Director of Research strakejk@MiamiOH.edu

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[i] *http://www.bls.gov/web/jolts/jlt_labstatgraphs.pdf*

[ii] *Bureau of Labor Statistics, Job Openings and Labor Turnover Survey, Series ID JTS62000000JOL, data extracted September 14, 2016. http://data.bls.gov/pdq/querytool.jsp?survey=jt*

[iii] *http://www.pioneernetwork.net/Providers/StarterToolkit/*

[iv] *http://www.pioneernetwork.net/Events/MDS30_1112/*

[v] *http://www.rrf.org/*

[vi] *http://www.bandfconsultinginc.com/Site/Welcome.html*

[vii] *https://data.medicare.gov/data/nursing-home-compare*

[viii] *http://www.ltc.ohio.gov/NursingHomes.aspx*

[ix] https://www.pioneernetwork.net/Data/Documents/MDS3.0/StarterToolkit/Quick_Organizational_Self-Assessment.PN.2012.pdf
[x] https://www.nhqualitycampaign.org/goalDetail.aspx?g=ss#tab2
[xi] http://www.cms-handinhandtoolkit.info/index.aspx
[xii] https://www.nhqualitycampaign.org/participantNH.aspx

Attachment A

Person-Centered Staff Engagement Project Proposal Budget Narrative

	Cost	Qty	Total
Regional Ombudsman Programs' Project Support SFY2017			
One FTE per regional program (avg), 3 qtrs	$ 41,250.00	12	$ 495,000.00
Administrative costs	$ 3,750.00	12	$ 45,000.00
Travel, printing, other expenses	$ 3,750.00	12	$ 45,000.00
Regional Ombudsman Programs' Project Support SFY2018			
One FTE per regional program (avg)	$ 55,000.00	12	$ 660,000.00
Administrative costs	$ 5,000.00	12	$ 60,000.00
Travel, printing, other expenses	$ 5,000.00	12	$ 60,000.00
Regional Ombudsman Programs' Project Support SFY2019			
One FTE per regional program (avg), 1 qtrs	$ 13,750.00	12	$ 165,000.00
Administrative costs	$ 1,250.00	12	$ 15,000.00
Travel, printing, other expenses	$ 1,250.00	12	$ 15,000.00
SLTCO Project Support SFY17 (3 quarters)			
Ombudsman Projects Coordinator 40% FTE			$ 27,900.00
Ombudsman Quality Liaison 40% FTE			$ 17,400.00
SLTCO Project Support SFY18 (4 quarters)			
Ombudsman Projects Coordinator 40% FTE			$ 37,200.00
Ombudsman Quality Liaison 40% FTE			$ 23,200.00
SLTCO Project Support SFY19 (1 quarters)			
Ombudsman Projects Coordinator 40% FTE			$ 9,300.00
Ombudsman Quality Liaison 40% FTE			$ 5,800.00
Event Expenses SFY17 (3 quarters)			
4 regional collaboratives			$ 12,000.00
3 ombudsman training events			$ 6,000.00
2 statewide provider training events			$ 10,000.00
Event Expenses SFY18 (4 quarters)			
2 statewide provider training events			$ 10,000.00
4 ombudsman training events			$ 8,000.00
4 regional collaboratives			$ 12,000.00
Event Expenses SFY19 (1 quarter)			
1 statewide provider training events			$ 5,000.00
1 ombudsman training events			$ 2,000.00
Project Consultation Support - B&F Consulting			
SFY17			$ 32,250.00
SFY18			$ 46,500.00
SFY19			$ 15,750.00
Data Analysis - Scripps Gerontology Center			
SFY17			$ 18,750.00
SFY18			$ 25,000.00
SFY19			$ 8,500.00
Ohio Person-Centered Care Coalition conference scholarships (2 staff at 100 homes; registration fee is estimated)			
SFY18	$150	200	$ 30,000.00
SFY19	$150	200	$ 30,000.00
Printing and supplies (2 years)			
SFY17			$ 5,000.00
SFY18			$ 7,500.00
SFY19			$ 2,500.00
Engaging Staff in Individualizing Care: An Implementation Handbook, plus shipping; FY2017	$ 159.00	150	$ 23,850.00
Meeting the Leadership Challenge in Long-Term Care: What you do matters, **book assignment for participating homes;** FY2018	$ 58.95	150	$ 8,842.50
TOTAL			**$ 2,000,242.50**

SFY	Total
SFY2017	$ 738,150.00
SFY2018	$ 988,242.50
SFY2019	$ 273,850.00
	$ 2,000,242.50

Attachment B

Ohio Department of Aging

OHIO DEPARTMENT OF AGING
RESIDENT SATISFACTION SURVEY 2015
NURSING FACILITY

INTERVIEW DETAILS

Today's Date: _____ **Resident ID:** _____

Length of Stay: ○ Long Term ○ Short Stay

Facility ID: _____ Admission Date: _____

Resident Gender: ○ Male ○ Female

Interviewer ID: _____

Start Time 1: _____ : _____ am / pm
Hr Min

End Time 1: _____ : _____ am / pm
Hr Min

Mark only if interview was interrupted and re-started

Start Time 2: _____ : _____ am / pm
Hr Min

End Time 2: _____ : _____ am / pm
Hr Min

INTERVIEW STATUS

○ Complete

○ Incomplete → Reason why interview is incomplete (if applicable)

○ Resident fatigue
○ Unable to respond to questions
○ Refusal to continue
○ Necessary clinical care
○ Resident illness
○ Other

Assistance with interview (if applicable)

○ Family member
○ Volunteer
○ Custodian/Guardian
○ Other

ACTIVITIES

FIRST I'D LIKE YOU TO THINK ABOUT THE ACTIVITIES THE FACILITY OFFERS TO ENTERTAIN YOU OR KEEP YOU INVOLVED.	YES Would you say yes, always or yes, sometimes?		NO Would you say no, hardly ever or no, never?		
	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
1. Do you have enough to do here? Yes or no?	○	○	○	○	○
2. Are the activities here things that you like to do? Yes or no? *(If asked: By activities, I mean entertainment, arts and crafts, religious services, outings, exercise classes)* **(If respondent indicates DK/NA/NR, skip to question 5.)**	○	○	○	○	○
3. Does the activities staff treat you with respect? Yes or no? *(If asked: By respect, I mean are the activities staff polite, listen to what you have to say, care about your feelings)*	○	○	○	○	○
4. Are you satisfied with the spiritual activities they offer here? Yes or no? *(If asked: By spiritual activities, I mean Bible study, mass, hymns, minister visits)*	○	○	○	○	○

CHOICE

NOW I'D LIKE YOU TO THINK ABOUT THE CHOICES YOU HAVE HERE.	YES Would you say yes, always or yes, sometimes? Yes, always	Yes, sometimes	NO Would you say no, hardly ever or no, never? No, hardly ever	No, never	DK/NA/NR
5. Can you go to bed when you like? Yes or no?	○	○	○	○	○
6. Can you decide when to get up in the morning? Yes or no?	○	○	○	○	○
7. Can you decide what clothing to wear? Yes or no?	○	○	○	○	○
8. Can you fix up your room with personal items so it looks like home? Yes or no?	○	○	○	○	○
9. Can you decide when to keep your door open or closed? Yes or no?	○	○	○	○	○
10. Do the people that work here leave you alone if you don't want to do anything? Yes or no?	○	○	○	○	○
11. Do the people who work here let you do the things you want to do for yourself? Yes or no?	○	○	○	○	○
12. Are you encouraged to make decisions about your personal care routine? Yes or no? *(If asked: Bathing help, dressing, exercises, eating)*	○	○	○	○	○

DIRECT CARE AND NURSE ASSISTANTS

THE NEXT QUESTIONS ARE ABOUT THE HELP YOU GET HERE.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
13. Does a staff person check on you to see if you are comfortable? Yes or no? *(If asked: Ask if you need a blanket, if you need a drink, if you need a change in position) (If asked: By staff, I mean the people who work here)*	○	○	○	○	○
14. During the weekdays, is a staff person available to help you if you need it? Yes or no? *(If asked: Help getting dressed, getting things for you) (If asked: By staff, I mean the people who work here)*	○	○	○	○	○
15. At other times, is a staff person available to help you if you need it? Yes or no? *(If asked: During the evenings and nights, on weekends) (If asked: Help getting dressed, getting things for you) (If asked: By staff, I mean the people who work here)*	○	○	○	○	○
16. Do the people who work here know what you like and don't like? Yes or no?	○	○	○	○	○
17. Do you get your medications on time? Yes or no?	○	○	○	○	○

NOW I'D LIKE YOU TO THINK ABOUT THE PEOPLE WHO PROVIDE MOST OF YOUR CARE HERE, THE NURSE AIDES AND NURSING ASSISTANTS.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
18. Are the nurse aides gentle when they take care of you? Yes or no?	○	○	○	○	○
19. Do the nurse aides treat you with respect? Yes or no? *(If asked: By respect, I mean are the nurse aides polite, listen to what you have to say, care about your feelings)*	○	○	○	○	○
20. Do the nurse aides spend enough time with you? Yes or no?	○	○	○	○	○

Attachment B

ADMINISTRATION

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT THE SOCIAL WORKERS HERE.	YES Would you say yes, always or yes, sometimes? Yes, always	Yes, sometimes	NO Would you say no, hardly ever or no, never? No, hardly ever	No, never	DK/NA/NR
21. Does the Social Worker follow-up and respond quickly to your concerns? Yes or no?	○	○	○	○	○
(If respondent indicates DK/NA/NR, skip to question 25.)					
22. Does the Social Worker treat you with respect? Yes or no? *(If asked: By respect, I mean is the social worker polite, listen to what you have to say, care about your feelings)*	○	○	○	○	○
23. Do you get the social services you need? Yes or no? *(If asked: By social services, I mean help with financial matters, appointments out of the facility, or questions about your rights)*	○	○	○	○	○
24. Did you get the help you needed to be admitted and get settled here? Yes or no?	○	○	○	○	○
THE NEXT FEW QUESTIONS ARE ABOPUT THE PEOPLE IN CHARGE. THEY ARE ALSO CALLED THE MANAGEMENT OR ADMINISTRATION.					
25. Is the administration available to talk with you? Yes or no?	○	○	○	○	○
(If respondent indicates DK/NA/NR, skip to question 27.)					
26. Does the administration treat you with respect? Yes or no? *(If asked: By respect, I mean is the administration polite, listen to what you have to say, care about your feelings)*	○	○	○	○	○

THERAPY

NOW I HAVE SOME QUESTIONS ABOUT THERAPY.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
27. Do the therapists spend enough time with you? Yes or no*? (If asked: During occupational therapy, physical therapy, speech therapy, or helping you swallow)*	○	○	○	○	○
(If respondent indicates they do not receive therapy, skip to question 29.)					
28. Does the therapy help you? Yes or no? *(If asked: Help you get better or ready to go home)*	○	○	○	○	○

MEALS & DINING

NOW I WANT YOU TO THINK ABOUT THE FOOD AND MEALTIME.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
29. Is the food here tasty? Yes or no?	○	○	○	○	○
(If respondent indicates they do not eat food, skip to question 33.)					
30. Are the foods served at the right temperature? Yes or no? *(If asked: Cold foods cold, hot foods hot)*	○	○	○	○	○
31. Can you get the foods you like? Yes or no?	○	○	○	○	○
32. Do you get enough to eat? Yes or no?	○	○	○	○	○

LAUNDRY

NEXT I'D LIKE YOU TO THINK ABOUT THE LAUNDRY SERVICE HERE.	YES Would you say yes, always or yes, sometimes? Yes, always	Yes, sometimes	NO Would you say no, hardly ever or no, never? No, hardly ever	No, never	DK/NA/NR
33. Do you get your clothing back from the laundry? Yes or no?	○	○	○	○	○
(If respondent indicates that the facility does not do their laundry, skip to question 35.)					
34. Does your clothing come back from the laundry in good condition? Yes or no?	○	○	○	○	○

ENVIRONMENT

NOW I'D LIKE YOU TO THINK ABOUT YOUR ROOM AND THE BUILDING.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
35. Can you get outdoors when you want to? Yes or no? *(If asked: Either with help or on your own)*	○	○	○	○	○
36. Is your room a comfortable temperature? Yes or no?	○	○	○	○	○
37. Can you find places to talk with your visitors in private? Yes or no?	○	○	○	○	○
38. Is your room quiet enough? Yes or no?	○	○	○	○	○
39. Are you satisfied with your room? Yes or no?	○	○	○	○	○
40. Is the facility clean enough? Yes or no?	○	○	○	○	○
41. Is your personal property safe here? Yes or no? *(If asked: The things that belong to you, your personal items, your valuables)*	○	○	○	○	○

OVERALL SATISFACTION

THIS GROUP OF QUESTIONS ASKS YOU TO THINK ABOUT THE FACILITY IN GENERAL.	Yes, always	Yes, sometimes	No, hardly ever	No, never	DK/NA/NR
42. Overall, do the staff and residents help each other and get along? Yes or no?	○	○	○	○	○
43. Are the people who work here friendly? Yes or no?	○	○	○	○	○
44. Would you recommend this facility to a family member or friend? Yes or no?	○	○	○	○	○
45. Overall, do you like this facility? Yes or no?	○	○	○	○	○

THOSE ARE ALL THE QUESTIONS I HAVE ABOUT THIS FACILITY.

THANK YOU VERY MUCH FOR ANSWERING ALL MY QUESTIONS.

GO TO THE FIRST PAGE AND RECORD INTERVIEW STATUS AND INTERVIEW END TIME.

Attachment C

Facility ID:

2016 Ohio Nursing Home Family Satisfaction Survey

Password:

Thank you for taking the time to complete the Ohio Nursing Home Family Satisfaction Survey. It is for family members and other people involved in the lives of Ohio's nursing home and hospital sub-acute unit residents. Please answer as many questions as you can, even if you were only involved with a nursing home resident for a short stay. If a question does not apply to your resident, or you do not know about the service or care, please check the "Don't know/Not applicable" box. You may skip any question you don't want to answer. Do NOT remove this page from your survey. We won't know which facility you are responding about.

You may complete your survey via the Internet if you would prefer. Type the URL http://miamioh.edu/scrippsaging/2016-family-survey into the address line of your Internet browser. Choose the link from that page based on the serial number printed on the bottom of this page. You will be asked to enter a facility identification number and password to login to the survey. Type the facility identifier (the code above beginning with OH) exactly as it appears in the upper right corner of this page. Enter the password from the upper right corner when you login to the survey. The first two characters of the password are letters; the rest are numbers. Do NOT complete and return this paper survey if you complete the survey online.

If you have questions or concerns after reading the letter from ODA on the next page, please call the **toll-free survey helpline at 1-844-781-0233** 9:00-4:00, M-F or send e-mail to **familysurvey@miamioh.edu.** You may leave a message and a phone number any time and your call will be returned the next business day.

PLEASE DO NOT FOLD YOUR SURVEY.

Attachment C

Ohio | Department of Aging

John Kasich, Governor
Bonnie K. Burman, Sc.D., Director

Dear Family Member or Friend of an Ohio Long-Term Care Facility Resident:

Every Ohioan has the right to expect excellence from the long-term care providers who care for and support us or our loved ones. Our goal at the Ohio Department of Aging is to make high-quality, person-centered services and supports the norm at every Ohio nursing home and assisted living facility in the state, and to help residents seek and receive nothing less than the highest quality care possible.

We have contracted with the Scripps Gerontology Center at Miami University to survey family members and friends of residents of long-term care facilities, including nursing homes, residential care facilities and hospital sub-acute units, to gather *your* opinions about the home where your relative or friend is staying. The results of this Family Satisfaction Survey will be posted on the Ohio Long-term Care Consumer Guide Web site (www.ltc.ohio.gov) early in 2017.

The Consumer Guide assists people in selecting a long-term care provider by offering comparative information, but it also helps providers improve their services through the information gathered in this and other surveys. Your participation is voluntary, but critical, as it helps providers identify what they can do to better serve your loved one and others under their care.

More than 27,000 family members and friends participated in the 2014 survey. I hope you will add your voice to the conversation about quality care. The information that you provide in this survey is anonymous: Nothing on the survey identifies you, and providers will not see your responses.

You may submit your survey responses online using the instructions on the front cover of this packet or complete the printed survey form and return it anonymously to the researchers at Scripps using the enclosed postage-paid envelope. If your family member has received care in several places, please respond thinking about the home that sent the survey to you (printed on the form).

Please submit or mail your survey responses within two weeks of receiving this packet.

Call the Family Satisfaction Survey toll-free helpline at **1-844-781-0233** between 9 a.m. and 4 p.m. or e-mail familysurvey@miamioh.edu if you have any questions about the survey.

If you have concerns about the care your loved one is receiving, please contact the Office of the State Long-term Care Ombudsman at **1-800-282-1206** for assistance. Comments written on the survey form itself may not be seen by an ombudsman who can help.

Your participation in this survey will help providers improve their quality, and will help others select the best home for their loved ones. Thank you in advance for your participation.

Sincerely,

Bonnie K. Burman

Bonnie K. Burman, Director

246 N. High St. / 1st Fl.
Columbus, OH 43215-2406 U.S.A.
www.aging.ohio.gov

Main: (614) 466-5500
Fax: (614) 466-5741
TTY: Dial 711

Attachment C

Ohio Department of Aging Nursing Home Family Satisfaction Survey 2016

Marking Instructions - Use a dark-colored ink (ball-point, gel, roller-ball, felt-tip will all work well).
Please do not use pencil.
If you make a mistake, cross out the incorrect answer and check the correct one.

Correct: ☑
If you make a mistake: ☒

*** Please do not fold your survey ***

Moving In

	Definitely No	*Probably No*	*Probably Yes*	*Definitely Yes*	*Don't know /Not Applicable*
1. When the resident moved in, were you given thorough information to help you know what to expect?	☐	☐	☐	☐	☐
2. Was the resident given a thorough orientation to the nursing home?	☐	☐	☐	☐	☐
3. Did you feel warmly welcomed as a new family member?	☐	☐	☐	☐	☐

Spending Time

	Definitely No	*Probably No*	*Probably Yes*	*Definitely Yes*	*Don't know /Not Applicable*
4. Does the resident have something enjoyable to look forward to most days?	☐	☐	☐	☐	☐
5. Do the staff do a good job keeping the resident connected to the community?	☐	☐	☐	☐	☐
6. Does the resident have plenty of opportunities to do things that are meaningful to them?	☐	☐	☐	☐	☐
7. Does the resident like the provided activities?	☐	☐	☐	☐	☐
8. Does the nursing home provide things the resident enjoys doing on the weekend?	☐	☐	☐	☐	☐
9. Do you have plenty of opportunities to be involved in the nursing home?	☐	☐	☐	☐	☐

Attachment C

Care and Services

	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't know /Not Applicable
10. Are the resident's preferences about daily routine carried out (e.g. time and place for meals and time and type of bath)?	☐	☐	☐	☐	☐
11. Do you have enough opportunities for input into decisions about your resident's care?	☐	☐	☐	☐	☐
12. Do you get enough information to make decisions with or about your resident?	☐	☐	☐	☐	☐

Caregivers

	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't know /Not Applicable
13. Do you feel confident the staff is knowledgeable about the resident's medical condition(s) and treatment(s)?	☐	☐	☐	☐	☐
14. Do the staff know what the resident likes and doesn't like?	☐	☐	☐	☐	☐
15. Do the staff regularly check to see if the resident needs anything?	☐	☐	☐	☐	☐
16. Have you gotten to know the staff who care for your resident?	☐	☐	☐	☐	☐
17. Do the staff come quickly anytime your resident needs help?	☐	☐	☐	☐	☐

Meals and Dining

	Definitely No	Probably No	Probably Yes	Definitely Yes	Don't know /Not Applicable
18. Is there a lot of variety in the meals?	☐	☐	☐	☐	☐
19. Are you included in mealtimes if you want to be?	☐	☐	☐	☐	☐
20. Is the food good?	☐	☐	☐	☐	☐

Attachment C

Environment

	Definitely No	*Probably No*	*Probably Yes*	*Definitely Yes*	*Don't know /Not Applicable*
21. Is the nursing home thoroughly clean?	☐	☐	☐	☐	☐
22. Can the resident get outside often enough?	☐	☐	☐	☐	☐
23. Do you have a good place to visit privately?	☐	☐	☐	☐	☐
24. Are the resident's belongings safe?	☐	☐	☐	☐	☐

Facility Culture

	Definitely No	*Probably No*	*Probably Yes*	*Definitely Yes*	*Don't know /Not Applicable*
25. Are you encouraged to speak up when you have a problem?	☐	☐	☐	☐	☐
26. Are your concerns addressed in a timely way?	☐	☐	☐	☐	☐
27. Are you kept well informed about how things are going with your resident?	☐	☐	☐	☐	☐
28. Do the staff seem happy to work at the nursing home?	☐	☐	☐	☐	☐
29. Do the staff go above and beyond to give your resident a good life?	☐	☐	☐	☐	☐
30. Do you feel confident that staff would help your resident beyond their personal care needs if you could not (e.g. things like completing paperwork, purchasing clothing)?	☐	☐	☐	☐	☐
31. Do you have peace of mind about the care your resident is getting when you aren't at the nursing home?	☐	☐	☐	☐	☐
32. Would you highly recommend this nursing home to a family member or friend?	☐	☐	☐	☐	☐

Background Information

1. How old is the resident (years)?

Example: 101

1	☐	0	☐	*1*	☐
2	☐	1	☑	*2*	☐
3	☐	2	☐	*3*	☐
4	☐	3	☐	*4*	☐
5	☐	4	☐	*5*	☐
6	☐	5	☐	*6*	☐
7	☐	6	☐	*7*	☐
8	☐	7	☐	*8*	☐
9	☐	8	☐	*9*	☐
10	☑	9	☐	*10*	☐

0	☐
1	☐
2	☐
3	☐
4	☐
5	☐
6	☐
7	☐
8	☐
9	☐

2. How old are you (years)?

Example: 85

		0	☐	*1*	☐
1	☐	1	☐	*2*	☐
2	☐	2	☐	*3*	☐
3	☐	3	☐	*4*	☐
4	☐	4	☐	*5*	☐
5	☐	5	☑	*6*	☐
6	☐	6	☐	*7*	☐
7	☐	7	☐	*8*	☐
8	☑	8	☐	*9*	☐
9	☐	9	☐		

0	☐
1	☐
2	☐
3	☐
4	☐
5	☐
6	☐
7	☐
8	☐
9	☐

3. What is your race/ethnicity?

Asian/Pacific Islander	☐	*Hispanic*	☐
African American/Black	☐	*Native American/Indian*	☐
Caucasian/White	☐	*Other*	☐

4. Mark the gender for the resident

☐ *Male*

☐ *Female*

5. Mark the gender for you

☐ *Male*

☐ *Female*

6. What is your educational level?

Less than high school	☐	*Completed college*	☐
High school completed	☐	*Master's or higher*	☐

7. Do you expect the resident's total stay in this nursing home to be: (Please try to answer to the best of your ability. Select the category closest to your expectations.)

Less than 1 month ..... ☐

From 1 to 3 months ..... ☐

Greater than 3 months ..... ☐

8. On average, how often do you visit the resident?

- *Daily* ☐
- *Several times a week* ☐
- *Once a week* ☐
- *Two or three times a month* ☐
- *Once a month* ☐
- *Few times a year* ☐

9. When you visit the resident, what do you help the resident with?

Help with:

	Never	*Sometimes*	*Always*
I. Eating	☐	☐	☐
II. Dressing	☐	☐	☐
III. Toileting	☐	☐	☐
IV. Grooming (combing hair, cutting nails)	☐	☐	☐
V. Going to activities	☐	☐	☐

10. What is your relationship to the resident? You are their_____.

- *Spouse*..... ☐
- *Child*..... ☐
- *Grandchild*..... ☐
- *Niece/Nephew*..... ☐
- *Son/Daughter in law*. ☐
- *Brother/sister*..... ☐
- *Friend*..... ☐
- *Parent* ..... ☐
- *Guardian* ..... ☐
- *Other*..... ☐

11. Do you talk to the following staff?

	Never	*Sometimes*	*Always*
I. Nurse Aides	☐	☐	☐
II. Nurses	☐	☐	☐
III. Social Workers	☐	☐	☐
IV. Physician	☐	☐	☐
V. Administrator(s)	☐	☐	☐
VI. Other	☐	☐	☐

12. How much help does the resident need with the activities below? Please check the appropriate box.

12a. Taking medication

- *Needs no assistance or supervision from another person*..... ☐
- *Needs some assistance or supervision from another person*..... ☐
- *Needs a great deal of assistance or supervision from another person*..... ☐
- *Resident is totally dependent*..... ☐

12b. Going to bathroom

- *Needs no assistance or supervision from another person*..... ☐
- *Needs some assistance or supervision from another person*..... ☐
- *Needs a great deal of assistance or supervision from another person*..... ☐
- *Resident is totally dependent*..... ☐

12c. Dressing

- *Needs no assistance or supervision from another person*..... ☐
- *Needs some assistance or supervision from another person*..... ☐
- *Needs a great deal of assistance or supervision from another person*..... ☐
- *Resident is totally dependent*..... ☐

12d. Transferring (moving from or to a bed or chair)

- *Needs no assistance or supervision from another person*..... ☐
- *Needs some assistance or supervision from another person*..... ☐
- *Needs a great deal of assistance or supervision from another person*..... ☐
- *Resident is totally dependent*..... ☐

Attachment C

Thank you for your time! Your participation will help others know more about Ohio's nursing homes. Please review your survey, making sure no pages were skipped and only one answer was chosen for questions 1-32. Place your completed survey in the business reply envelope and drop into the mail.

*** Please do not fold your survey ***

Return to: Scripps Gerontology Center
Miami University
Oxford, OH 45056

Your comments below will be shared anonymously with the nursing home and the Ohio Long-Term Care Ombudsman 's office:

Attachment D: Incubator Phase of the National Learning Collaborative on MDS 3.0 as the Engine for High Quality Individualized Care

Quick Organizational Self-Assessment

INSTRUCTIONS: Please rate where you are on a scale of 1—10, (1 = Never; 10 = Always) where you were at the beginning of this collaborative (Spring 2012) and where you are now. Indicate areas you worked on. All data will be confidential. We are using this survey to better understand what you accomplished. ***Please discuss this at your home, fill it out and bring a copy to the next webinar session.***

Facility Name:	**Completed by (Name and Position)**		
Organizational Practice	**Rate (1-10) Spring 2012**	**Rate (1-10) Spring 2013**	**Worked on**
Individualized Care from the MDS Section F			
1. Residents choose their own bedtime			
2. Residents choose between a tub bath, shower, bed bath, or sponge bath			
3. Residents do their favorite activities			
Individualized Care from QIS Resident Interview			
4. Residents make decisions regarding food choices/ preferences			
5. Residents choose when to get up			
6. Residents are involved in decisions about their daily care			
Relational Coordination			
7. Daily CNA documentation aligns with MDS on Mood, Customary Routines, and Functional Status, and QIS Resident Interview (Web. One)			
8. CNAs and nurses have consistent assignments; residents have no more than 10 CNAs taking care of them in a given week (Webs. One and Two)			
9. CNAs participate actively in care plan meetings (Web. Two)			
10. CNAs and nurses have a start of shift huddle (Web. Two)			
11. At shift hand-off, CNAs and nurses from both shifts huddle (Web. Two)			
12. CNAs, nurses, and others on the care team huddle for quality improvement and problem-solving (Web. Three)			
Customary Routines, Quality of Life and Relational Coordination to Inform Quality of Care for:			
13. Promoting mobility and reducing falls with injury (Web. Four)			
14. Individualizing dining (Web. Five)			
15. Making smooth transitions in care (Web. Six)			
16. Reducing use of anti-psychotic medications (Web. Nine)			
17. Preventing and healing pressure ulcers (Web. Eleven)			
18. Promoting mental health (Web. Ten)			

Developed by B&F Consulting for the Pioneer Network's National Learning Collaborative 2013
Funded by The Retirement Research Foundation
Office of the State Long-Term Care Ombudsman Person-Centered Staff Engagement Project Proposal

Attachment E

Project event calendar

Ombudsman training events. Tentatively planned schedule includes three events in SFY17:

1. Project details, training on recruiting and organizational self-assessment tool
2. Assessment results, using data for project improvement, QAPI
3. Project planning for year 2

4 in SFY18:

1. Using Hand-in-Hand in the trainer role
2. Resident council coalition development
3. Resident Interview Committee development
4. Post-project organizational self-assessment tool

1 in SFY19:

1. Wrap up, lessons learned, close out reporting instructions

Provider training events. Tentatively planned schedule:

2 in Central Ohio in SFY17

1. Provider staff stability "Boot Camp"
2. QAPI, leadership, and applying staff engagement practices to clinical areas

2 in Central Ohio in SFY18

1. Best practices in preventing avoidable hospitalizations and eliminating off-label antipsychotics
2. TBD: set stage for year 2

1 in Central Ohio in SFY19

1. Lessons learned and sustainability

DRAFT

Attachment F

Resident Interview Committees

The Resident Interview Committee is an opportunity to engage residents in the selection of their caregivers, a fundamental change in how the nursing home views the hiring process and the relationship between the resident and their home.

Our rollout is based on the experiences of Sunny Hill Nursing Home in Joliet, IL, a large government-owned home at which a resident interview committee has been in place for over nine years (see http://changingaging.org/blog/a-radical-idea-residents-hiring-staff/).

Process

The nursing home administration has the responsibility of selecting and preparing residents to be involved in the committee. The nursing home and resident interview committee establish a standing interview schedule is so that residents and staff have availability for applicant scheduling. The nursing home screens applicants for licensure, criminal background, experience and qualifications prior to the resident committee interview process. The resident committee meets with applicants and uses an agreed upon series of questions (see below). A representative of the nursing home stays in the room but sits in the background so that the applicant addresses the residents rather than facility staff. After the interview, the resident committee has input into the hire of all new staff. The nursing home maintains the right to fill a position without the resident interview committee input in case of emergency or to observe any legal considerations.

Resident Committee Membership

Residents selected for the committee should have a history conducive to the role: previous experience hiring and firing, managing employees, an attention to detail, committee experience and ability to abide by interview guidelines to avoid asking illegal or inappropriate questions in the interview.

Resident Committee Sample Interview Questions

Residents on the interview committee meet with each other and staff to develop a list of appropriate interview questions. This process ensures that residents' are prepared in advance and that they refrain from asking illegal or inappropriate questions in the interview such as age, marital status or whether the applicant has children. Some sample questions developed at Sunny Hill Nursing Home include:

Could you tell us about position you are applying for and your experience.
What would your previous employer say about you?
Describe what you know about resident centered care?
Describe your work ethic to the group.
If you witnessed something inappropriate what would you do?
If you are not able to keep a promise to me how would you explain your actions?
If I ask for something special would you get it for me?
What will we talk about while you are caring for me?
What would you like to share with us?

Ohio Office of the State Long-Term Care Ombudsman

Federal Authority: **Older Americans Act of 1965 As Amended (US Code 3058(g))**
45 CFR 1324
State Authority: **Ohio Revised Code 173.14 – 173.28**
Ohio Administrative Code Chapter 173-14

Mission

As mandated by the federal Older Americans Act and Ohio law, the mission of the Office of the State Long-Term Care Ombudsman is to seek resolution of problems and advocate for the rights of home care consumers and residents of long-term care facilities with the goal of enhancing the quality of life and care of consumers.

Governing Principles

Subject to:
- Ohio Ethics Law
- Ombudsman Code of Ethics

Ombudsman
Expect Excellence in Your Care

Structure

The Office is a decentralized, but unified entity including:
- **A state office** with eight staff employed by the Ohio Department of Aging; and
- **Twelve regional programs** designated by the State Ombudsman with 86 paid staff and 244 volunteers.

All staff and volunteers are certified by the State Ombudsman and undergo rigorous training and examination to represent the office.

Key Ombudsman Functions

- Handle complaints
- Provide advocacy services
- Manage volunteer resources
- Provide professional development for representatives of the office
- Provide public or community education and information
- Overall program administration
- Establish a presence in long-term care facilities with consumers and with long-term care providers
- Review and comment on any existing and proposed laws, regulations and other government policies and actions that pertain to the rights and well-being of long-term care consumers

Confidentiality

Ombudsman representatives may not disclose identities without consent or a court order, nor any information contained in ombudsman records. Ombudsman services are documented in a secure web-based system on a central server; access is managed by the State Ombudsman.

Complaint Process

1. Intake from any complainant, including the ombudsman based on observation
2. Investigation to identify extent of problem, verify facts, look for root cause
3. Resolution through negotiation, mediation, education and referral
4. Follow-up to determine effectiveness and sustainability of resolution

Unique Functions in Ohio

- **HOME Choice Transition Coordination:** Most regional ombudsman programs help nursing home residents return to the community by locating places to live in the community, facilitating transition of benefits and services, and establishing a household.

- **MyCare Ohio:** Regional ombudsman programs in the demonstration area for MyCare Ohio (financial alignment demonstration) advocate for members, who include community-well individuals, as well as those who are consumers of long-term services and supports.

- **Advocacy for Consumers of Home and Community-Based Services:** Ohio is one of 13 states that expand the work of the Office to assist consumers living in their own homes.