LISTENING FORUM WRITTEN TESTIMONY Ruth Hancock, Certified Ombudsman

I'll call her Mrs. Ferguson. She knew she wasn't ready for a nursing home, but there was a new Assisted Living facility close by. Selling her home would be painful but necessary. She knew it was time because she needed the assistance the brochure offered. She felt uneasy and unsafe doing things she'd always done. Painful back problems kept her from stooping, her feet were swollen, putting on her own socks was impossible, she was afraid in the shower, and knew she wasn't eating properly.

The brochure promised round-the-clock care, shower help plus any other assistance she needed. She would be charged for each extra service she required, but if it helped her to manage, it would be worth it. So, when the house sold, she signed the contract, even though it was frightening to turn her body and her day-to-day existence over to strangers.

When I called on her the first time she joked that she didn't realize she'd need a whatever I was...an <u>"Ombudsman!</u>". She didn't know how to spell it, didn't know what it meant to her, and asked me if what I was offering would hurt. Laughing, I reassured her that I was not a medication. Then went further to explain that having an Ombudsman was like having a good friend to help with any problems she might have with the facility or staff, plus a lot more. She seemed relieved to have found someone who might understand the tensions and doubts she was experiencing.

In the beginning it worked because she was determined it would, until the day it didn't.

The night before the awful bathing situation, she'd turned on her call light to ask for a pain pill. She had disagreed with them that she certainly could manage her own medication, but they hadn't yet taken the time to test her to see if she indeed could keep her medication in her own room. An hour went by. No one came. At about 10:30 pm in robe and slippers she wandered into the lobby to see if someone would get her something to ease her pain. No one was there. No one at the front desk, the nurses station was empty, the lights out. All the offices were locked up and dark. What would happen if there was a fire, a break-in? Where she now lived made her feel unsafe and lonely. She wandered back to her room and slept in pain that night. Fear mounted that the brochure had exaggerated.

The next day was her shower day, and the aide who came spoke broken English. The aide was brusque and rough in helping Mrs. Ferguson undress, grabbing and pushing at her. After that was accomplished the aide merely leaned against the bathroom wall after handing Mrs. Ferguson a cold wash cloth and telling her to do the best she could.

She didn't offer to help with water temperature, explain the hand held shower head, or assist in any way and then when Mrs. Ferguson wanted her hair washed the aide insisted she could shampoo and rinse it herself. So much for assisted living. The rude aide muttered under her breath something about crabby old woman. By that time the resident was genuinely frightened and obeyed when the aide yanked her telling her to "Hurry up!"...As soon as she was dressed, in fear and tears, she called me, th<u>e lady with the funny title</u>, her Ombudsman.

My appointment with the Administrator and the Director of Nursing followed immediately after my visit with the resident. It was emphatic and direct. And in all fairness they were as shocked as I was at the report I gave them. The State was informed of the rough aide who was released from her job. We also discussed the lack of management and protection on site, and we scheduled an immediate testing of Mrs. Ferguson's ability to take and keep up with her own medications.

This is why I am an Ombudsman. The power to help this individual was set up and available. I learned early in life, that the best thing you can be is the answer to someone else's prayer. Everything I do is intended to protect resident's rights. It's imperative that residents are the centerpiece of their own care plan.

My concerns cover: showers, medications, meal times, in-room assistance, stolen articles, attitudes and availability of staff, laundry, leisure time activities, security issues, protection from other residents, and much more that is not only covered in the manuals the Ombudsman must live by but in monthly in-service meetings. Nothing is left to chance. There is always someone for me to call when the situation is new to me or over my abilities. I'm constantly suggesting that people consider being an Ombudsman. Men especially are needed, as I think men who live in facilities tire of being so outnumbered by women.

For many years I was a Hospice volunteer, until one day, while sitting with a terminally ill patient, I watched as an aide put a resident into a rude and embarrassing situation. She positioned the resident in the bathroom (I'm sure you've got the picture) and told her to stay there until she returned. After 20 minutes with no aide in sight, the resident in tears, crying for help, I reported it only to be told it was none of my business. I decided to make it my business by calling the number on the bulletin board that informed of the Ombudsman program.

In Hospice the relationship with a patient is an individual one. When one is an Ombudsman the care for everyone in their assigned facility is their responsibility and concern.

Assisted Living Facilities are fairly new on the health care horizon and the number increases daily. When they are good you can almost bet it's because they use the help of the people with the funny name, Certified Ombudsmen. I'm proud to be one.