

A National Tragedy: COVID-19 in the Nation's Nursing Homes

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BIOGRAPHY:

Quiteka "Teka" Moten works for the Tennessee Commission on Aging and Disability as the State Long Term Care Ombudsman. Teka is from Memphis, TN and is a graduate of the University of Tennessee- Knoxville with a B.A. in Interdisciplinary Studies and a B.A. in Sociology. Following undergrad, Teka worked as Senior Programs Coordinator for the YWCA in Knoxville. Next, she managed programs and policy efforts for the Alzheimer's Association in South Central TN. During this time, she worked to establish rural senior networks, train first responders, and manage early-stage engagement programs & respite grants.

Following her time with the Alzheimer's Association, Teka pursued her Master of Public Health in Behavioral Sciences at Tennessee State University while working as a government contractor. Passionate about supporting caregivers, Teka has spent years assisting families affected by Alzheimer's and other dementias. Through providing hands-on training, care plan management, and respite referrals, Teka makes use of her Certified Dementia Practitioner and PAC Dementia Coach designations by training caregivers and healthcare professionals. She has made appearances on several local television and radio programs throughout the state and southern region—most notably are her features in NPT's Aging Matters series.

OVERVIEW of the Ombudsman Program (OMB)

The Long-Term Care Ombudsman Program (LTCOP) is an essential component to the oversight of communities such as skilled nursing facilities, assisted care living facilities, and residential homes for the aged, or (SNFs, ACLFs, and RHAs). There are 1362 staff Ombudsman (FTE) including 50 States along with D.C and Puerto Rico and 5947 designated volunteer Ombudsman in the nation. For context's sake, there are 16,253 nursing facilities per NORS 2019, Total Counts¹.

The structure of each State Long-term Care Ombudsman Program varies based upon organizational criteria developed by NASUAD (National Association of States United for Aging and Disabilities)². Major activities of the Tennessee Long-Term Care Ombudsman Program include required visits, reporting, mandatory meetings with other state agencies, follow-up on facility-initiated discharges, and coordination of the volunteer Ombudsman program (VORs).

The cases for the LTCOP are resolved through complaint investigations as laid out in the CMS State Operations Manual. LTCOP representatives investigate individual complaints and address concerns that impact residents in facilities. Long-term Care Ombudsmen (LTCOs) can also address general concerns they personally observe during a visit (e.g. odors, concerns about the environment, staff not knocking on resident doors before entering rooms.) As LTCOPs are resident-directed, LTCOs cannot share information without resident consent. Investigations by LTCOP representatives are done to gather facts, but the main goal is to resolve the issue to the residents' satisfaction.

The LTCOP operates as a community-based, bedside advocacy program working to uphold Residents' Rights. The Nursing Home Reform Act established the following Residents' Bill of Rights³:

- The right to live in a caring environment free from abuse, mistreatment and neglect
- The right to live without the fear of enduring physical restraint
- The right to privacy
- The right to receive personal care that accommodates physical, medical, emotional and social needs
- The right to a social contact/interaction with fellow residents and family members
- The right to be treated with dignity
- The right to exercise self-determination
- The right to exercise freedom of speech and communicate freely
- The right to participate in the creation and review of one's individualized care plan
- The right to be fully informed in advance of any changes to care plan or status of the nursing home
- The right to voice grievances without discrimination or reprisal

¹ See Aging, Independence, and Disability (AGID) Program Data Portal: <https://agid.acl.gov/DataGlance/NORS/>

² State Long-term Care Ombudsman Programs: Organizational Structure: <https://ltcombudsman.org/uploads/files/support/NASUAD-2016-Ombudsman-Rpt.pdf>

³ The 1987 Nursing Home Reform Act: https://www.aarp.org/home-garden/livable-communities/info-2001/the_1987_nursing_home_reform_act.html (coincidentally—my year of birth!!)

How COVID impacted the OMB Program:

COVID and the ensuing policies disrupted the Ombudsman Program's immediate access to residents (as provided for in the Code of Federal Regulations). The inability to have face-to-face meetings made it difficult to verify complaints, assure confidentiality and readily gain consent from residents and/or their medical surrogates. It also made it difficult to advocate for residents dealing with facility-initiated discharges (oftentimes leaving them in behavioral health or medical centers with the risk of losing Medicaid). Particularly affected by these issues were people living with dementia (PLWD); those who were aphasic or unable to speak; those who were deaf, hard of hearing or, have assistive technology needs; those without the manual dexterity to use a phone; and those without funds to purchase their own.

In addition, the workforce shortage in nursing homes was further exacerbated by COVID. Lack of staffing and an inability to be with their family had a major impact on residents. Some of the complaints received by the Tennessee Long-Term Care Ombudsman Program included:

- An overall decline in quality of care in many facilities
- Unanswered call lights, not getting basic care/assistance, and dehydration
- Issues with repositioning which left residents in bed resulting in an exponential increase in bed sores
- Unchanged catheters and pressure sores resulting in sepsis and death
- Issues of dignity and hygiene stemming from residents having to sit in their own urine and feces for hours
- Delayed discharges to hospitals for treatment of serious conditions, facility-initiated Hospice
- Communication issues with facilities and privacy concerns by families
- Resident isolation (resulting in emotional distress and leading to physical decline)
- COVID infection cases, issues surrounding cohorting residents, and room changes.

SOLUTIONS

There are a few contemplations as the Tennessee State Long-Term Care Ombudsman:

1. There is a need to reform the strategy of recruiting and retaining staff support especially with a rapidly growing elderly population.
2. It's fair to make the argument that LTCOP's are an essential piece of the system that seeks to respond to and support the health, safety, and welfare of residents regardless of any status a state may have bestowed upon the program.
3. There is a need for more Geri-psych units. Residents are typically held for two weeks if sent out by nursing homes; that is usually not enough time for the medications residents received to cycle out of their systems and then hold the resident for observation.
4. There should be an established, uniform system for communicating with families in the event of a PHE or natural disaster.