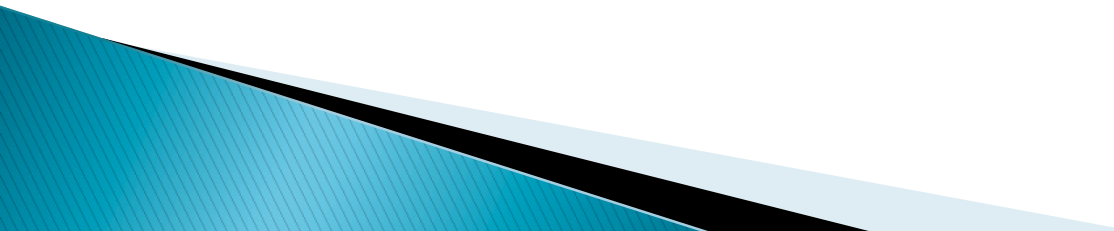


# Case Study

## The Ombudsman Perspective

# WHAT SAFETY ISSUES WOULD YOU LOOK FOR IN THIS RESIDENT'S CASE?

- ▶ Safety – first concern is whether or not she is a danger to herself or others. On the surface she does not appear to be; however, if she is hitting and kicking staff, that could escalate to the point that she is indeed a danger to others. This needs to be dealt with.
- 

# HOW WOULD YOU ADVOCATE FOR THIS RESIDENT AND HER FAMILY?

- ▶ **Psycho-social history:** Need for good psycho social history on record
  - What we know:
    - Was a top executive of a successful business
    - Does she communicate predominantly in English or Tagalog?
    - Tends to be a loner
    - Current sleeping patterns
    - How long she has been in facility

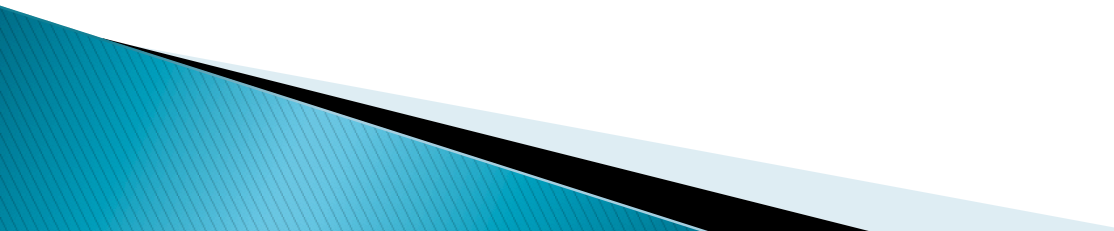
## Psycho-social history (cont)

- What we don't know
  - Past sleeping patterns – have they changed?
  - Types of activities she engages in?
  - Family: # children, grandchildren, kinship relations?
  - Hobbies/interests?
  - How long has she been in USA – where did she go to school, college?
  - How long has she lived alone?

# Thorough Physical Assessment

- ▶ Rule out the obvious
  - Physical pain
  - Oral pain (often missed)
  - Infection (UTIs can cause some strange behaviors among clients with dementia)

## Consistent caregivers

- ▶ Find out which caregivers relate well to her and assign them to her consistently so that she is always dealing with the same team of people -- morning/noon/night/weekends. Consistent caregivers lead to better knowledge of the resident which leads to building strong relationships between client and caregivers and better care.
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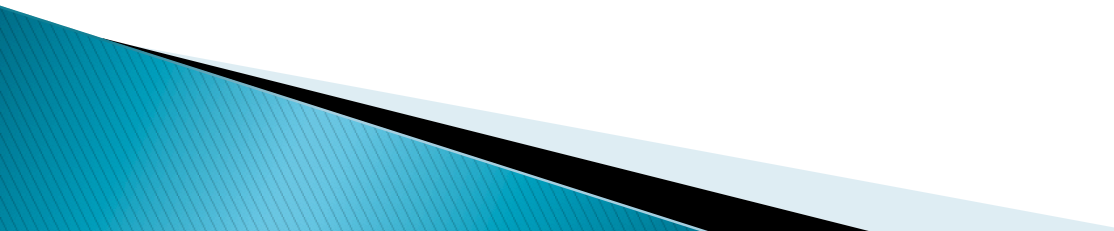
- ▶ **This resident may require time spent alone – she has a history of doing that.**

# Adequate training for staff

- ▶ Do not engage in an argument with the resident – if argumentative, come back later
  - Facility policies – are there any?
- ▶ Refusal of care
  - If consistently refusing have somebody else come try
  - Focus on the resident not the task – it is OK to come back a little while later to change a resident – let the resident dictate the timing
  - Caregiver should examine his/her body language, tone of voice
  - Sex of caregiver/ethnicity of caregiver/language spoken by resident (and by caregiver)



# Yelling/shouting out

- ▶ Having consistent caregivers and better knowledge of the client often opens a way for the caregiver to provide diversion when client is yelling out. It means taking time one on one with the client as needed and knowing her background in order to divert her. If possible move her to a single room, at least until the problem is under control (may not be possible).
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# Bathing

- ▶ No need to put a client in a shower against his/her will. Nothing to say resident must shower 2x per week (or whatever facility policy might state). Perhaps a family member might succeed where facility cannot? There is a good training video available regarding “Bathing without a Battle.” Get resident to help with his/her own bathing if possible. Always be aware of retaining the resident’s dignity. The spa experience can be helpful in making bathing time a real treat.

# Dining

- ▶ Be mindful that this resident is accustomed to living alone.
- ▶ Try seating her at a table alone.
- ▶ Have her eat in the dining room after all the residents have left.
- ▶ Is resident losing weight? If so then facility needs to develop a plan to change this trend
- ▶ If that does not work, feed her in her room for 1 or two meals/day – must have a 1:1 caregiver when doing that –(regs do not permit her to eat all her meals alone in her room)
- ▶ What kind of food does she prefer to eat – what do Filipinos eat for breakfast in the Philippines?