

ORANJ Leaf



An occasional electronic publication of the
Organization of Residents Associations of New Jersey www.oranjccrc.org

This first issue of *ORANJ Leaf* is based on a recording of the October 15, 2014 Plenary Meeting of ORANJ at Cedar Crest in Pompton Plains, New Jersey.

To subscribe to *ORANJ Leaf* and our quarterly newsletter, *The ORANJ Tree*, send your name, email address and name of community to oranjnewsletter@gmail.com. Back issues of both *ORANJ Leaf* and *The ORANJ Tree* are archived at oranjccrc.org/publications.htm.



“Services of the New Jersey Ombudsman”

James W. McCracken, New Jersey Ombudsman for the Institutionalized Elderly

Mr. McCracken’s bio is at nj.gov/ooie/meet/ His talk explained the work of his office – see nj.gov/ooie/overview/ He credited ORANJ for help in passage of the Bill of Human Rights for Independent Living Residents. IL-Bill-of-Rights.htm. He would like to change the name of the office, removing the phrase “institutionalized elderly.” However that is the name in the law and change will come slowly.

Due to federal law all states have an ombudsman. NJ is unique in that in NJ it’s the Ombudsman’s office that investigates mandatory reports of abuse. As explained at nj.gov/ooie/overview/, they work closely with local, state, and federal law enforcement and other agencies. His office also helps in cases where a resident seeks to specify life-sustaining treatment when there is no clear advance directive. Every region in NJ has a regional ethics committee which is a resource on ethical dilemmas such as health-care conflicts, life-sustaining treatments. These regional committees consult with relevant parties to ensure that the resident receives the treatment he or she would have wanted.

McCracken then explained POLST (see goalsofcare.org/) which are medical order to carry out the resident’s wishes for end-of-life treatment. It is signed by the resident and the physician

The OOIE receives over 6000 complaints a year. It has a central office and five regional ethics committees. OOIE has 10 field investigators, 2 intake staff, an attorney, a nurse consultant, a regional coordinator, volunteer coordinators, and 220 volunteers. Each field office has regional volunteers, a regional volunteer coordinator, a retired police law enforcement officer, and a registered nurse. McCracken then explained the volunteer program and distributed brochures about being a volunteer advocate. There is a goal to have 80% of nursing homes covered by volunteers by 2015. Contact his office to obtain a brochure

After crediting ORANJ for the enactment of the law on the Independent Living Bill of Rights, McCracken distributed the brand new brochure on Independent Living Rights which is on the OOIE website nj.gov/ooie/pdf/CCRCresidentsrights.pdf as are the Bill of Rights brochures for skilled nursing and assisted living. He said that the Department of Community Affairs (DCA) has approved the brochure and is working on the regulations which will be published by the DCA. New Jersey is unique in requiring reports on all complaints of exploitation to their office. They receive over 6000 complaints a year: physical abuse, verbal abuse, financial exploitation,

etc. Abuse is the largest category. Since 2008 the fastest growing complaint is financial exploitation, exploitation by family members, attorneys, pastors, etc. Because of financial exploitation, there are a growing number of complaints of transfer/discharge issues. Often those who have been financially exploited are now facing transfer/discharge issues, and the Ombudsman's Office works to resolve these. Bullying by peers is an issue of growing concern; bullying is often directed toward a person with dementia.

Confidentiality and consent are a foundation for the work of the OOIE. The phone number to call is 877-582-6995. All calls are confidential.

Also of interest: July 1, 2014, New Jersey converted to Managed Medicaid (one of 23 states to do so). There are five health plans in NJ that manage the program. state.nj.us/humanservices/dmahs/info/resources/care/ Now with Managed Medicaid the patient has a case manager who makes sure that patient is receiving the services that are needed and deserved in a setting of their choice.

Another new program, "I Choose Home, New Jersey" is underway. OOIE is doing its marketing, outreach, and education, and identifies possibilities for those currently in nursing homes who wish to move out to ichoosehome.nj.gov

The Assisted Suicide Bill will bring up passionate, emotionally charged discussion. [Compassionate Choices](#) is in the lead. Organizations are lining up for and against it. McCracken's opinion is that there are other things to work on in New Jersey that are less controversial and a more productive use of time and energy.

Surrogate decision making remains a problem because people fail to have the necessary advance conversations with surrogates so that the patient's wishes are known. This leads to dilemmas on ethical issues.

In closing McCracken said that his office is open for calls and that they have a number of different programs that they can provide to community groups.

Questions and Answers followed:

- 🍊 Q. How long to resolve a case? A. Often the issue is resolved before the case comes to them. Financial exploitation cases take months. Priority is given to cases where they need to get out personally to see the resident.
- 🍊 Q. What is OOIE doing to help boards and managements of CCRC to know about the Independent Resident Bill of Rights? A. No educational programs for board and managements has been established yet because the DCA has not yet produced the regulations. But the law is in effect and OOIE certainly can take complaints now,
- 🍊 Q. About POLST and Advance Directives. Problem is that Advance Directives often say "permanent vegetative state," which is uncommon. Better to say "unable to make decisions." Check the language of Advanced Directives. Typically POLST is for end of life.
- 🍊 Q. Audience member stated POLST is good for everyone. A. McCracken provided more information about POLST. (See goalsofcare.org/)
- 🍊 Q. Audience member stated that David Barile of Goals of Ctare did speak to Medford Leas and POLST forms are being used routinely at their community. A. McCracken is cautious about POLST because it should not be viewed just as a DNR document. It is more than that and is a complement, not a replacement for an Advanced Directive.
- 🍊 Q. An audience member who was a surrogate decision maker spoke of the importance and usefulness of the POLST form, which the patient had and which was implemented.
- 🍊 Q. Of the 6000 complaints, how many turn out to be valid? A. They open about 3000 of the 6000 cases; about 96% of the 3000 are resolved to the complainant's satisfaction.