Minnesota Board on Aging
report to the

MINNESOTA LEGISLATURE

ON ACUTE CARE OMBUDSMAN SERVICES

Pursuant to Minn. Stat. 256.9745

December 16, 1988

Minnesota Board on Aging
444 Lafayette Road
St. Paul, MN 55155-3843
(612) 296-2770

Acute Care Ombudsman Services/
Decentralizing it to the local level

In 1987 the Legislature established the Office of Ombudsman for Older Minnesotans. Among other things, the Legislature charged the Ombudsman Office with the responsibilty to respond to acute care patient access and premature discharge problems.

In February 1988, Angie McCollum was hired to respond to acute care patient problems including confusion over Medicare hospital rights and benefits as well as assist us in implementing the acute care ombudsman new service component. Governor Perpich announced this new service on July 13, and since that time we have received requests for assistance from nearly 300 persons. Based on our experience, we can now substantiate the Board's original position, i.e., there is a great level of confusion and problems in acute care exacerbated by the new Medicare prospective payment system and the rapid expansion of HMOs.

The 1987 Legislature provided one position to provide the acute care ombudsman service, but no funds for local or regional grants similar to the long term care ombudsman service. However, the Board was required to report back by February 1, 1989, on how to fund and expand the acute care ombudsman service at the local level, i.e., decentralize this service.

This memorandum summarizes our experience in providing acute care ombudsman services over the last several months, and the staff recommendation for expanding and funding the service at the local or regional level.

Summary of Acute Care Ombudsman Service

Since the Governor's press conference announcing the new acute care ombudsman service, the staff received 274 requests for assistance. A total of 100 persons were provided with direct advocacy casework intervention in seeking a resolution to their problem or complaint. The other persons were either provided information to advocate for themselves or referred to other appropriate government offices or advocacy programs (see appendix A).

Most of the individuals who called seeking ombudsman intervention voiced multiple problems or complaints. Some related to problems they experienced while at the hospital as well as subsequent problems with their nursing home care or in-home service provider. Staff tabulated complaints into the following areas:

- rights and benefits - the patient's rights under the Medicare program were ignored or in dispute; the patient's benefits were not provided, eg. HMO benefit restrictions, third party claims, Medicare appeal rights;
- premature discharge - a patient in an unstable medical condition was sent home or asked to leave the hospital, or inadequate or inappropriate discharge planning;
- access - the patient was not provided access to needed health care services, tests, care, etc., eg. hospital admission, physician referral;
- quality of care - care provided was either inappropriate or insufficient.

Of those persons contacting our office, 115 related to rights or benefits issues; 23 concerned premature discharge allegations; 39 were unable to secure the health care services required; and 40 related to complaints of poor quality health care.

Because there is only one staff position for the state, there was a backlog of 60 cases as of 9/30/88. Without additional staff assistance, this backlog is projected to continue.

RESOLUTION

Based on the Minnesota Board on Aging's experience on the following points, the Board recommends:

1) Appropriation of state funds for the program expansion;

2) Build on existing regionalized ombudsman network with the administration of local grants using the same structure utilized by the Board for the Long Term Care program; and

3) In making funds available the Minnesota Board on Aging intends to incorporate input from local providers, consumers, and aging professionals in program expansion and operations.

Of critical concern to the Board is recognizing that a single individual or office cannot efficaciously provide a consumer responsive service to the state. These recommendations would provide a unitary grant system for both Long Term Care and Acute Care Ombudsman services.