Advocating for your client with health care providers

A presentation from the State of Minnesota's
Office of the Ombudsman for Mental Health and Developmental Disabilities
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Advocating for your client with health care providers

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The Problem -

For clients living in the community, specifically in adult foster care homes and group homes:

- Residential providers are expressing concern that, as caregivers, their observations and knowledge of the resident's "normal" behavior are too often discredited.
- Line staff are young and often inexperienced. They don't feel in a position to question the authority of hospital staff and to assert themselves on behalf of the client.

The Problem -

- There is concern that some health care providers appear to be minimizing possible underlying or unidentified medical needs and treating some emergency room visits as evidence of a mental health exacerbation instead of ruling out medical problems.
- There is insufficient information being provided to residential staff
  - about the treatment that has been provided,
  - any recommendations for follow-up,
  - patient education,
  - and "what to look for" upon discharge.

What can you do?

- Knowledge is power.
- Arm yourself with information about your client's medical problems.
- You shouldn't have to be a nurse or a physician.
- You shouldn't have "to diagnose" your client.
- You may find it helpful to use the following website to search for information about medical conditions affecting your clients:

  http://www.nlm.nih.gov/medlineplus/

Underlying medical conditions

Our clients with developmental disabilities frequently have one or more of the following underlying medical problems:

- Seizure disorder
- Swallowing difficulties
- Hydrocephalus/shunt placement
- Cerebral palsy
- Down Syndrome

Seizure disorder

- Seizures are symptoms of a brain problem involving sudden, abnormal electrical activity in the brain.
- There are many types of seizures and some have mild symptoms.
- Seizures fall into two main groups.

  - Focal seizures, also called partial seizures, happen in just one part of the brain.

  - Generalized seizures are a result of abnormal activity on both sides of the brain.

Seizure disorder

- Most seizures last from 30 seconds to 2 minutes and do not cause lasting harm.
- It is a medical emergency if seizures last longer than 5 minutes or if a person has many seizures and does not wake up between them.
- Seizures can have many causes, including medicines, high fevers, head injuries and certain diseases.
- People who have recurring seizures due to a brain disorder have epilepsy.
- From http://www.nlm.nih.gov/medlineplus/seizures.html

Swallowing difficulties/dysphagia

- People with dysphagia have difficulty swallowing and may also experience pain while swallowing.
- Some people may be completely unable to swallow or may have trouble swallowing liquids, foods, or saliva.
- Eating then becomes a challenge.
- Often, dysphagia makes it difficult to take in enough calories and fluids to nourish the body.

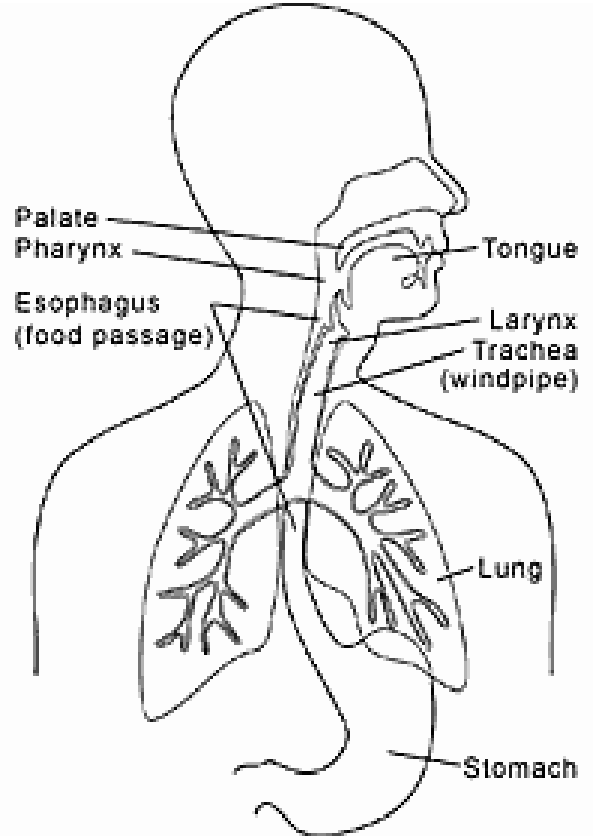
Swallowing difficulties/dysphagia

- Swallowing is a complex process.
- Some 50 pairs of muscles and many nerves work to move food from the mouth to the stomach.
- This happens in three stages.
- Dysphagia occurs when there is a problem with any part of the swallowing process.

  - Weak tongue or cheek muscles may make it hard to move food around in the mouth for chewing.

  - Food pieces that are too large for swallowing may enter the throat and block the passage of air.

  - Food or liquid that stays in the windpipe may enter the lungs. A serious infection (aspiration pneumonia) can result.



http://www.nidcd.nih.gov/health/voice/pages/dysph.aspx

Hydrocephalus/shunt placement

- Hydrocephalus is the buildup of too much cerebrospinal fluid in the brain. Normally, this fluid cushions your brain. When you have too much, though, it puts harmful pressure on your brain.
- There are two kinds of hydrocephalus.

  - Congenital hydrocephalus.

  - Acquired hydrocephalus can occur at any age. Causes can include head injuries, strokes, infections, tumors and bleeding in the brain. Symptoms of acquired hydrocephalus can include
    - Headache
    - Vomiting and nausea
    - Blurry vision
    - Balance problems
    - Bladder control problems
    - Thinking and memory problems

Hydrocephalus/shunt placement

- Hydrocephalus can permanently damage the brain, causing problems with physical and mental development.
- If untreated, it is usually fatal.
- With treatment, many people lead normal lives with few limitations.
  - Treatment usually involves surgery to insert a shunt.
  - Medicine and rehabilitation therapy can also help.
- National Institute of Neurological Disorders and Stroke

http://www.nlm.nih.gov/medlineplus/hydrocephalus.html

Cerebral palsy - CP

- Cerebral palsy is a group of disorders that affect a person's ability to move and to maintain balance and posture.
- The disorders appear in the first few years of life.
- Usually they do not get worse over time.
- As people with CP age, there is often increasing joint and muscle pain from the prolonged stress that spasticity places on bones, joints, and muscles.
- This stress can also lead to changes in the spine and joints' ability to bear weight and can increase fatigue.
- Respiratory problems can increase.

Cerebral palsy - CP

- People who have mobility limitations may develop heart disease or diabetes at an earlier age than others because of difficulty doing aerobic activity needed for cardiovascular health.
- If a person with mobility limitations has surgery or experiences an injury, recovery may take longer due to difficulty participating in therapies.
- People with athetoid CP (uncontrolled slow writhing movement) have higher caloric requirements.

Cerebral palsy - CP

- CP can cause difficulty swallowing and a delay in emptying of the stomach into the small intestine, leading to vomiting and esophageal irritation.
- If a person has difficulty feeding, malnutrition (and its related health problems) can result; it has been found that women with CP frequently have iron deficiency anemia.
- Osteoporosis is a particular risk for people with mobility impairments. Decreased exposure to sunshine (a precursor to vitamin D), low dietary intake of calcium, lack of exercise, and anti-seizure medicines all can contribute to osteoporosis.
- From http://www.ucp.org/resources/one-stop-resource-guide

Down syndrome

- **Heart defects.** Approximately half the people with Down syndrome are born with some type of heart defect. These heart problems can be life-threatening and may require surgery in early infancy.
- **Leukemia.** Young children with Down syndrome are more likely to develop leukemia than are other children.
- **Infectious diseases.** Because of abnormalities in their immune systems, those with Down syndrome are much more susceptible to infectious diseases, such as pneumonia.
- **Dementia.** Later in life, people with Down syndrome have a greatly increased risk of dementia. Signs and symptoms of dementia often appear before age 40 in people with Down syndrome.

Down syndrome

- **Sleep apnea.** Because of soft tissue and skeletal alterations that lead to the obstruction of their airways, people with Down syndrome are at greater risk of obstructive sleep apnea.
- **Obesity.** People with Down syndrome have a greater tendency to be obese than does the general population.
- **Other problems.** Down syndrome may also be associated with other health conditions, including gastrointestinal blockage, thyroid problems, hearing loss, skeletal problems and poor vision.

From http://www.mayoclinic.com/health/down-syndrome/DS00182

Underlying medical conditions

Our clients with mental illnesses and/or personality disorders frequently have one of more of the following underlying medical conditions:

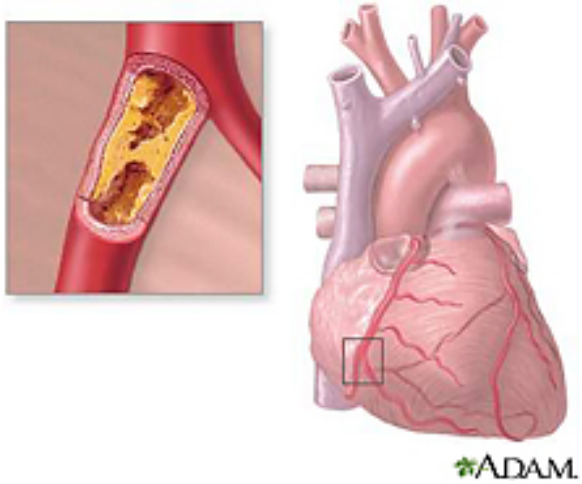
- Coronary artery disease
- Hypertension/High Blood pressure
- Hyperlipidemia/High Cholesterol
- Diabetes
- Chronic obstructive pulmonary disease

Coronary artery disease

- Coronary artery disease (CAD) is the most common type of heart disease. It is the leading cause of death in the United States in both men and women.

CAD happens when

- the arteries that supply blood to heart muscle become hardened and narrowed.
- due to the buildup of cholesterol and other material, called plaque, on their inner walls.
- As the buildup grows, less blood can flow through the arteries. As a result, the heart muscle can't get the blood or oxygen it needs.
- This can lead to chest pain (angina) or a heart attack.



Most heart attacks happen when a blood clot suddenly cuts off the hearts' blood supply, causing permanent heart damage.

Coronary artery disease

- Over time, CAD can also weaken the heart muscle and contribute to heart failure and arrhythmias.
- Heart failure means the heart can't pump blood well to the rest of the body.
- Arrhythmias are changes in the normal beating rhythm of the heart.
- From

http://www.nlm.nih.gov/medlineplus/coronaryarterydisease.html

Hypertension or High Blood Pressure

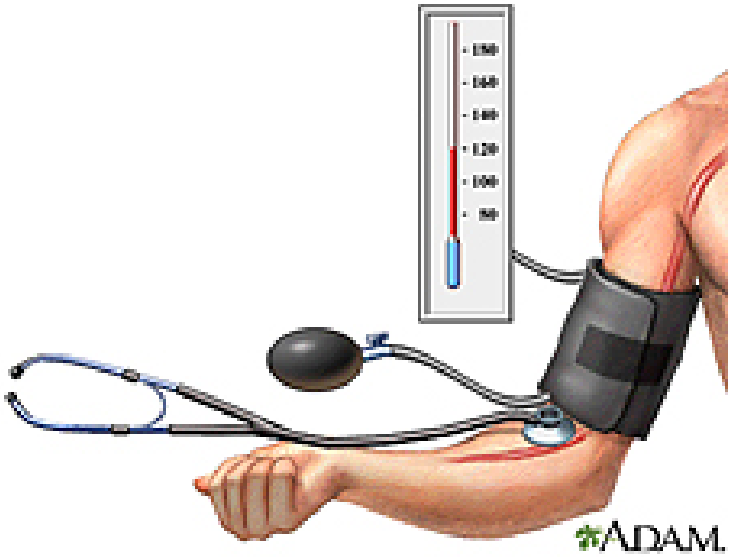
- Also called: HTN, HBP
- Blood pressure is the force of your blood pushing against the walls of your arteries.
- Each time your heart beats, it pumps out blood into the arteries.
- Your blood pressure is highest when your heart beats, pumping the blood. This is called systolic pressure.
- When your heart is at rest, between beats, your blood pressure falls. This is the diastolic pressure.

Your blood pressure reading uses these two numbers, the systolic and diastolic pressures. Usually they are written one above or before the other. A reading of

120/80 or lower is normal blood pressure

140/90 or higher is high blood pressure

120 and 139 for the top number, or between 80 and 89 for the bottom number is prehypertension.

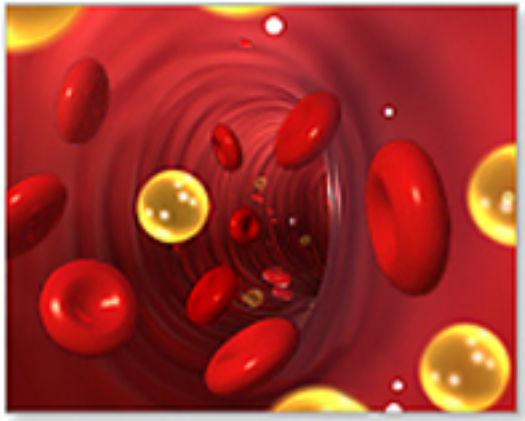


Hypertension or High Blood Pressure

- High blood pressure usually has no symptoms, but it can cause serious problems such as stroke, heart failure, heart attack, and kidney failure. You can control high blood pressure through healthy lifestyle habits and taking medications, if needed.
- National Heart, Lung, and Blood Institute
- From http://www.nlm.nih.gov/medlineplus/highbloodpressure.html

Hyperlipidemia or High Cholesterol

- Also called: HDL, Hypercholesterolemia, Hyperlipidemia, Hyperlipoproteinemia, LDL



- Cholesterol is a waxy, fat-like substance that occurs naturally in all parts of the body.
- Your body needs some cholesterol to work properly.
- But if you have too much in your blood, it can stick to the walls of your arteries.
- This is called plaque. Plaque can narrow your arteries or even block them.

Hyperlipidemia or High Cholesterol

- High levels of cholesterol in the blood can increase your risk of heart disease.
- Your cholesterol levels tend to rise as you get older.
- There are usually no signs or symptoms that you have high blood cholesterol, but it can be detected with a blood test.
- You are likely to have high cholesterol if members of your family have it, if you are overweight or if you eat a lot of fatty foods.

Hyperlipidemia or High Cholesterol

- You can lower your cholesterol by exercising more and eating more fruits and vegetables.
- You also may need to take medicine to lower your cholesterol.
- National Heart, Lung, and Blood Institute
  http://www.nlm.nih.gov/medlineplus/cholesterol.html

Diabetes

- Diabetes is a disease in which your blood glucose (or sugar) levels are too high.
- Glucose comes from the foods you eat.
- Insulin is a hormone that helps the glucose get into your cells to give them energy.
- With Type I diabetes, your body does not make insulin.
- With Type 2 diabetes, the more common type, your body does not make or use insulin well.

Diabetes

- Without enough insulin, the glucose stays in your blood.
- Over time, having too much glucose in your blood can cause serious problems.
- It can damage your eyes, kidneys, and nerves.
- Diabetes can also cause heart disease, stroke and even the need to remove a limb.
- Pregnant women can also get diabetes, called gestational diabetes.

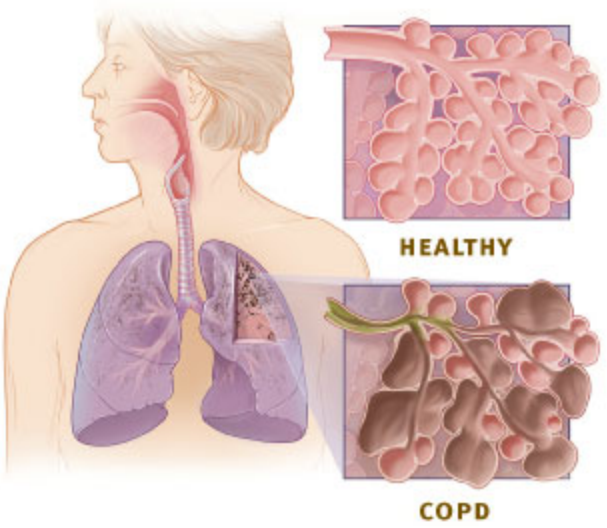
Diabetes

- Symptoms of Type 2 diabetes may include fatigue, thirst, weight loss, blurred vision and frequent urination.
- Some people have no symptoms.
- A blood test can show if you have diabetes.
- Exercise, weight control and sticking to your meal plan can help control your diabetes.
- You should also monitor your glucose level and take medicine if prescribed.
- National Institute of Diabetes and Digestive and Kidney Diseases

  http://www.nlm.nih.gov/medlineplus/diabetes.html

Chronic obstructive pulmonary disease - COPD

- Chronic Obstructive Pulmonary Disease (COPD) makes it hard for you to breathe.
- Coughing up mucus is often the first sign of COPD.
- Chronic bronchitis and emphysema are common COPDs.



http://www.nhlbi.nih.gov/health/dci/Diseases/Copd/Copd_Whatls.html

Chronic obstructive pulmonary disease - COPD

- Your airways branch out inside your lungs like an upside-down tree.
- At the end of each branch are small, balloon-like air sacs. In healthy people, both the airways and air sacs are springy and elastic.
- When you breathe in, each air sac fills with air like a small balloon.
- The balloon deflates when you exhale.
- In COPD, your airways and air sacs lose their shape and become floppy, like a stretched-out rubber band.

Chronic obstructive pulmonary disease - COPD

- Cigarette smoking is the most common cause of COPD.
- Breathing in other kinds of irritants, like pollution, dust or chemicals, may also cause or contribute to COPD.
- Quitting smoking is the best way to avoid developing COPD.
- Treatment can make you more comfortable, but there is no cure.
- National Heart, Lung, and Blood Institute

From http://www.nlm.nih.gov/medlineplus/copdchronicobstructivepulmonarydisease.html

Heart Attack Warning Signs

- Some heart attacks are sudden and intense — the "movie heart attack," where no one doubts what's happening.
- But most heart attacks start slowly, with mild pain or discomfort.
- Often people affected aren't sure what's wrong and wait too long before getting help.

Heart Attack Warning Signs

Here are signs that can mean a heart attack is happening:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath** with or without chest discomfort.
- **Other signs** may include breaking out in a cold sweat, nausea or lightheadedness

Heart Attack Warning Signs

- *As with men, women's most common heart attack symptom is chest pain or discomfort.*
- *But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.*

Heart Attack Warning Signs

Learn the signs, but remember this:

- Even if you're not sure it's a heart attack, have it checked out (tell a doctor about your symptoms).
- Minutes matter! Fast action can save lives — maybe your own.
- Don’t wait more than five minutes to call 9-1-1 or your emergency response number.

Heart Attack Warning Signs

- Calling 9-1-1 is almost always the fastest way to get lifesaving treatment.
- Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car.

Heart Attack Warning Signs

- EMS staff are also trained to revive someone whose heart has stopped.
- Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too.
- It is best to call EMS for rapid transport to the emergency room.

http://www.heart.org/HEARTORG/Conditions/HeartAttack/Heart-Attack_UCM_001092_SubHomePage.jsp

Stroke Warning Signs

If you or someone with you has one or more of these signs, don't delay!

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Stroke Warning Signs

- Immediately call 9-1-1 or your emergency response number so an ambulance (ideally with advanced life support) can be sent for you.
- Check the time so you'll know when the first symptoms appeared.
- It's very important to take immediate action.
  - If given within three hours of the start of symptoms, a clot-busting drug called tissue plasminogen activator (tPA) can reduce long-term disability for the most common type of stroke.
  - tPA is the only FDA-approved medication for the treatment of stroke within three hours of stroke symptom onset.

Stroke Warning Signs

- A TIA, or transient ischemic attack, is a "warning stroke" or "mini-stroke" that produces stroke-like symptoms but no lasting damage.
- Recognizing and treating TIAs can reduce your risk of a major stroke.
- The usual TIA symptoms are the same as those of stroke, only temporary.
- The short duration of these symptoms and lack of permanent brain injury is the main difference between TIA and stroke.
- From http://www.strokeassociation.org/STROKEORG/AboutStroke/About-Stroke_UCM_308529_SubHomePage.jsp

What would you do? Case 1

- A client tells you he is having chest pains.
- He has
  - a history of anxiety & substance abuse.
  - a history of diabetes and early onset heart disease in his family, which has led to many family deaths of persons in their mid 40s to early 50s.
- The client had been scheduled for a cardiac stress test due to recent weight gain and elevated cholesterol, but the test was postponed.

What would you do? Case 1

- He went to the ER and was discharged back to the group home with no discharge paperwork.
- The client informed his group home staff that the doctor thought he was having an anxiety attack.

What would you do? Case 2

- Your client appears disoriented and weak.
- He was taken to the ER and was admitted to the hospital.
- He has a history of mental health problems and has been prescribed a number of medications that may cause confusion.
- He has a history of recent med changes.
- The hospital informs his residence that he is ready for discharge, yet he still is very weak.

What would you do? Case 2

- He comes back to the facility and is taken to his room to lie down.
- 15 minutes later he is dead.

- After the client's death, the Office of Health Facility Complaints at the Minnesota Department of Health investigated the hospital and substantiated a violation of federal regulatory requirements.

What would you do? Case 3

- Your client has a shunt.
- He has a traumatic brain injury (TBI).
- He has depression and a "history of exaggerating his symptoms for attention seeking."
- He was hospitalized for psychiatric needs, but during his hospitalization, he was treated on a medical unit due to a low grade fever. (You know that people with shunts are at higher risk of infection.)

What would you do? Case 3

- He is discharged without any paperwork.
- Upon his return home, he is tired and weak, which the facility is told can be expected after discharge.
- He dies a few days later from infection in his shunt.

Why does this happen?

- Sometimes the medical provider may be unaware of the client's living situation.
- If so, give the provider written information about the client's living situation.
- This office has reviewed many hospital records in which the clinician notes that the client is returning to his **nursing home** when he lives in an adult foster care home or group home.

(Sample Form)

Client Residence Information for Health Care Providers

Name of Client/Patient:_____

Address:_____

Living Situation (circle one):

Adult Foster Care Group home Independent living Shared housing
Intermediate Care Facility for People with DD (ICF-DD)

Total number of residents/roommates:_____

Telephone:_____
Fax: _____

24 hour contact (residential supervisor/case manager):_____

In Home Staffing (Circle as appropriate):_____
None.

Day:_____ Eve:_____ Night (circle one): Awake Asleep

Health Care Resources

Residential RN (or circle None):_____

Name:_____

Phone Number:_____

On-site availability (circle one): Yes No

Total number of sites & residents:_____

Residential LPN (or circle None):

Name:_____

Phone Number:_____

On-site availability (circle one): Yes No

Total number of sites & residents:_____

Primary Physician

Name:_____

Phone Number:_____

Fax Number:_____

Pharmacy

Name:_____

Phone Number:_____

Fax Number:_____

Delivery mode &/or time allowed to fill prescription:_____

Med Administration (circle one): Trained staff Licensed staff Self-administration

http://www.ombudmhdd.state.mn.us/alerts/clientresidence.htm

What can you do?

- Help your client find a primary care provider who will be aware of the client's medical history.
- Whenever possible, accompany the client to the emergency room or clinic.
- Ask the provider for a copy of the discharge summary or discharge paperwork along with any patient education materials before leaving the facility.

What can you do?

Just say "No" to a premature discharge. Say

- "No. We are unable to provide that type of care for the client."
- "No. We can tell the client is not feeling as s/he usually does." It is helpful to be as specific as you can. The client
  - is not smiling,
  - is crying,
  - seems ill, won't eat, can't swallow, keeps vomiting,
  - can't walk when he usually can, or falls more often,
  - is having more trouble breathing than usual.

It is the health care provider's responsibility to find out why.

Facts about Speak Up™ Initiatives

- In March 2002, The Joint Commission, together with the Centers for Medicare and Medicaid Services, launched a national campaign **to urge patients** to take a role in preventing health care errors by becoming **active, involved and informed** participants on the health care team.
- While this information is valuable for staff to use for themselves and their families, it also can be adapted for use with clients.
- The program features brochures, posters and buttons on a variety of patient safety topics. Speak Up™ encourages **the public** to:

- Speak up if you have questions or concerns. If you still don't understand, ask again. It's your body and you have a right to know.

- Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right health care professionals. Don't assume anything.

- Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan.

- Ask a trusted family member or friend to be your advocate (advisor or supporter).

- Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.

Facts about Speak Up™ Initiatives

- Use a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards.

- Participate in all decisions about your treatment. You are the center of the health care team.

Free downloadable files of all Speak Up brochures and posters (including Spanish language versions of the brochures) are available on The Joint Commission Web site at

http://www.jointcommission.org/speakup.aspx

Speak Up materials

- New! What you should know about stroke
- What you need to know about breastfeeding
- Dialysis - Five ways to be active in your care at the hospital
- Help Prevent Errors in Your Care
- Five Things You Can Do To Prevent Infection
- Tips for Your Doctors Visit
- Reduce Your Risk of Falling
- Diabetes - Five Ways to be Active in Your Care at the Hospital
- Prevent Errors in Your Child's Care
- What You Should Know About Pain Management
- Help Avoid Mistakes With Your Medicines
- Help Prevent Medical Test Mistakes
- Help Avoid Mistakes in Your Surgery
- Planning Your Follow-up Care
- Understanding Your Doctors and Other Caregivers
- **Know Your Rights**
- Information for Living Organ Donors
- What You Should Know about Research Studies
- Stay Well and Keep Others Well (Coloring Book)

Know Your Rights

What are your rights?

- You have the right to be informed about the care you will receive.
- You have the right to get important information about your care in your preferred language.
- You have the right to get information in a manner that meets your needs, if you have vision, speech, hearing or mental impairments.
- You have the right to make decisions about your care.
- You have the right to refuse care.

Know Your Rights

- You have the right to know the names of the caregivers who treat you.
- You have the right to safe care.
- You have a right to have your pain addressed.
- You have the right to care that is free from discrimination. This means you should not be treated differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression.

Know Your Rights

- You have the right to know when something goes wrong with your care.
- You have the right to get a list of all of your current medicines.
- You have the right to be listened to.
- You have the right to be treated with courtesy and respect.
- You have the right to have a personal representative, also called an advocate, with you during your care. Your advocate is a family member or friend of your choice.

Ask for written information about all of your rights as a patient.

What is your role in your health care?

You should be active in your health care because your choices will affect your care and treatment.

- You should ask questions.
- You should pay attention to instructions given to you by caregivers.
- You should share as much information as possible about your health with your caregivers. For example, give them a list of your medicines, vitamins, herbs and supplements. And remind them about your allergies.

What is the role of your advocate?

- Your advocate can be with you to provide support during your care.
- Your advocate can get information and ask questions when you cannot.
- Your advocate can remind you about instructions and help you make decisions.
- Your advocate can ask for help if you are not getting the care you need.

Find out if there is a form to fill out to name your advocate. Ask about your state's laws regarding advocates.

Know Your Rights

Can your advocate make decisions for you?

- Yes, if they are your legal guardian or if you signed a legal document giving them the power to make decisions for you. This document may be called a health care power of attorney.

Can other people find out about your disease or condition?

- Health care providers must keep some details about your health private. You can sign a form if you want health care providers to share information with others.

Know Your Rights

What is "informed consent?"

- Informed consent means that you understand your treatment choices and their risks.
- Your caregivers should help you understand the treatment choices and risks, and what will happen if you are not treated.
- Informed consent is required if you are asked to try any experimental treatment.

Know Your Rights

Can the organization take pictures or videos of you?

- Yes. They can take pictures, videos, or other images and recordings to be used for your care or treatment, or to identify you. The staff must ask your permission to use the images or recordings for any other purpose.

Know Your Rights

What happens if something goes wrong during treatment or with my care?

- If something goes wrong, you have the right to an honest explanation and an apology. These should be made in a reasonable amount of time.

Know Your Rights

How do you file a complaint?

- Contact the state agency that licenses or certifies the health care facility.
- Call the health care facility or health system so that they can correct the problem.
- Contact The Joint Commission with complaints about our accredited organizations. You can fill out a complaint form at www.jointcommission.org/report_a_complaint.aspx.

Know Your Rights information from http://www.jointcommission.org/assets/1/6/Know_Your_Rights_brochure.pdf

Things to try before calling the Ombudsman for Mental Health and Developmental Disabilities

- A difference of opinion or misunderstanding is often resolved by simply taking the time to talk and listen.

Basic Steps

- Be Prepared
  - Have relevant info available before you call the agency or program. A short phone call may save hours of time and headaches.
- Be Pleasant
  - Treat others as you would like to be treated.
  - Getting angry or rude will not resolve the problem and may confuse the real issues.
- Keep Records
  - Take notes.
  - Ask for names and titles of those you speak to
  - Keep all correspondence.

Basic Steps

- Ask Questions
  - Ask why the agency or program did what they did.
  - Ask for the relevant rules, polices or laws.
- Read Everything Sent to You
  - Many decisions can be appealed but there are deadlines and procedures to follow.

If you have followed these suggestions and are unable to resolve your problem, please give us a call. We may be able to assist you.

http://www.ombudmhdd.state.mn.us/reports/ombudsmanbrochure12.pdf

Bottom Line

As one of our physicians on the Medical Review Subcommittee is fond of asking -

- *If the client were your*
  - *mother,*
  - *father,*
  - *brother, cousin, uncle, grandfather,*
  - *grandmother, aunt, or sister,*

  would you take them home under these circumstances?
- *What would you expect the health care provider to tell you before you take them home?*

State of Minnesota
Office of the Ombudsman for
Mental Health and Developmental Disabilities
121 7th Place East, Suite 420, Metro Square Building
St. Paul, Minnesota 55101-2117
Voice: 651-757-1800 or Toll Free: 1-800-657-3506
TTY/Voice – Minnesota Relay Service 711
http://www.ombudmhdd.state.mn.us/

"Giving voice to those seldom heard"