Office of the State Long-Term Care Ombudsman Annual Report 2008

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SUMMARY

The long-term care system in Iowa has changed significantly over the past 10 years. County homes are a part of the past and care for people diagnosed with a chronic disease and dementia has risen. It is estimated that at least 70% of the people living in long-term care facilities has some form of dementia, and the number of people with mental health needs continues to grow. People that might have lived in a nursing home 10 years ago are now able to receive services so they can live at home or in assisted living facilities.

Local long-term care ombudsman programs in Iowa are now well established. The state has been divided into seven districts which allows for less driving time and more time spent with people who need assistance. The percentage of complaints local ombudsmen resolved to the satisfaction of the resident declined during the past year due to the large number of involuntary discharges resulting from challenging behaviors and problems in assisted living that cannot be resolved. However, the resolution rate of 66.5% is still well above the national average of 58.74%.

Iowa still ranks near the bottom of 53 ombudsman programs in the nation for ratio of paid staff to residents with one ombudsman for each 7,400 residents compared to the national average of one ombudsman for each 2,174 residents. The seven local ombudsmen have put tremendous effort into improving the lives of the more than 50,000 people who live in 840 long-term care facilities. Local ombudsmen spent over 5,400 hours in facilities during the past year.

The Resident Advocate Committee Program remains stable at 2400 volunteers and Iowa continues to be the only state in the nation with this type of program. All states except five have volunteer ombudsman programs. Resident advocate volunteers are asked to perform duties after only a 90 minute orientation, and operate a step above friendly visitors. Because volunteers do not receive training as required by the Administration on Aging, volunteers are not certified volunteer ombudsmen and the work done by these volunteers cannot be included in Iowa's annual federal reports. With the changing population living in long-term care facilities, this volunteer job is much more challenging than in the past.

People who live in long-term care facilities, family members and friends of residents should expect quality of care and life for themselves and/or their loved ones. Quality has a different definition for each of us, and therein lies one of the unique characteristics of the long-term care ombudsman program: ombudsmen listen to what the resident wants and work to resolve the situation to the resident's satisfaction. Helping to build a long-term care system in Iowa that provides individualized, person-directed quality care is the long-term goal for this office.

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OFFICE OF THE STATE
LONG-TERM CARE OMBUDSMAN
FACT SHEET FFY 2007

This fact sheet contains information from the Administration on Aging National Ombudsman Reporting System for Federal Fiscal Year 2007. Please note this information is not for the recently completed federal fiscal year so it will not match information included in this annual report. Federal reporting is one year behind so that statistics can be compiled on the national level.

- ✓ Iowa ranks 20/52 in the number of facilities and number of beds under the jurisdiction of the ombudsman program. This represents 1.6% of all facilities and beds in the nation.

- ✓ Iowa now ranks 39/52 in the number of paid ombudsman per long-term care beds.
  - o 2007 National Ombudsman Reporting System shows one ombudsman per 6113 beds.
    - During FFY 2007 Iowa had 1 full time state ombudsman and 7 full time local ombudsmen.
    - The national average of paid full time staff has increased to 25.
    - It is recommended that each state have 1 ombudsman per 2,000 beds.
    - Iowa would need 25 ombudsmen to meet that mandate.
    - The national average is 1 ombudsman to 2,174 beds.

- ✓ Iowa ranks 40/52 in number of community education presentations given.
- ✓ Iowa ranks 3/52 in number of DIA surveys in which an ombudsman participated.
- ✓ Iowa ranks 36/52 in number of consultations to facility staff.

- ✓ Iowa ranks 36/52 in number of consultations to individuals.
- ✓ Iowa is tied for last with no help given to resident or family councils.

- ✓ Iowa ranks 35/52 in number of new complaints.

- ✓ Local ombudsmen resolved 75.3% of the cases investigated, compared to the national average of 58.74%.

- ✓ Iowa is one of only 5 states that do not use certified volunteer ombudsmen.

Source: 2007 National Ombudsman Reporting System (NORS), Administration on Aging

OLDER AMERICANS ACT

Duties of all long-term care ombudsmen are mandated by the Older Americans Act. Duties of the State Long-Term Care Ombudsman include the following tasks, by doing them either personally or designating the work to the local program.

A. *Identify, investigate, and resolve complaints that*
   - ❖ *are made by or on behalf of residents and*
     - ▪ *relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), or*
       - *providers, or representatives of providers, of long-term care services;*
       - *public agencies; or*
       - *health and social service agencies;*

B. *Provide services to assist the residents in protecting the health, safety, welfare and rights of the residents;*
C. *Inform the residents about means of obtaining services provided by providers or agencies described above;*
D. *Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;*
E. *Represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;*
F. *Provide administrative and technical assistance to regional long-term care ombudsmen;*
G. *Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions,*
   a. *that pertain to the health, safety, welfare, and rights of the residents, and with respect to the adequacy of long term care facilities and services in the State;*
   b. *recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and*
   c. *facilitate public comment on the laws, regulations, policies, and actions;*
H. *Provide for training representatives of the Office*
   a. *promote the development of citizen organizations, the participate in the program; and*
   b. *provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and*
I. *Carry out such other activities as the Commissioner determines to be appropriate.*

Table 1

PROGRAM ACTIVITIES

CATEGORY	FFY 08	FFY 07	FFY 06	FFY 05
Training for Ombudsmen/Volunteers	99	149	55	37
Technical Assistance for Ombudsmen/Volunteers	2331	2668	713	76
Training for Facility Staff	43	29	28	32
Consultations to Facilities/Providers	609	770	362	957
Consultations to Individuals	961	1385	908	1837
Resident Visitation-Non Complaint Related*	5	422	146	258
Resident Visitation-Complaint Related	814	567	571	512
Participation in Facility Surveys	1392	1016	63	91
Work with Resident Councils	27	3	0	1
Work with Family Councils	15	2	1	1
Community Education	104	26	9	17
Media Interviews	5	9	21	6
Monitoring Laws	4%	4%	4%	4%

*In past years, all non-complaint related visits have been reported, however Administration on Aging has defined this activity as “the number of facilities receiving at least one visit per quarter, not in response to a complaint.” It is not the number of visits made. Iowa local long-term care ombudsmen made 679 visits to 429 facilities but quarterly visits were made to only five facilities.

PROGRAM ACTIVITIES OVERVIEW

Table 1 shows program activities that must be reported to the Administration on Aging each year. As cases and complaints continue to increase there is less time for other activities.

During the past year, some program activities increased and others decreased because the local ombudsmen spent more time in facilities. For example, local ombudsmen investigated more complaints than in the past yet consultations to individuals and providers declined. As local ombudsmen encounter residents, visitors and staff while in facilities, informal conversations offer information on situations that may have risen to the level of a consultation if the ombudsman had not been in the building.

Training for Ombudsmen/volunteers
Local ombudsmen presented training for the volunteers during the past year on Alzheimer's disease. Volunteers report that meeting the local ombudsman opens the lines of communication and allows the volunteer and local ombudsman to work more closely together to improve the quality of life for people living in long-term care facilities.

Technical assistance for ombudsmen/volunteers
The number of calls has decreased, which was expected this year. Following the transition of this program from a contracted agency to this office, volunteers are now more comfortable with processes and procedures. The Advocate newsletter has morphed into a useful tool for the volunteers to use as they carry out their duties.

Training for facility staff
Local ombudsmen continue to have very limited time to present programs for facility staff. Training for facility staff has been given a low priority so that ombudsmen can devote time to resolving complaints for residents.

Consultations to facilities/providers
Local ombudsmen are encouraged to build working relationships with facility staff and providers. The increased time spent in facilities means that questions are answered during routine work, so it is not surprising these calls have decreased. Local ombudsmen offer assistance to facility staff and providers but always remain an advocate of residents.

Consultations to individuals
In the past, local ombudsmen have fielded calls even though they were not experts in the subject. The Department of Elder Affairs has grown and changed, and it was anticipated that calls handled by the local ombudsmen would decrease. However this does not mean the number of calls coming into the department has declined. With additional staff and changes within the Department, specialized assistance is now available. For example, the Office of Substitute Decision Maker is a tremendous resource for both local ombudsmen and individuals with questions or concerns related to guardians, conservators or powers of attorney.

Resident visitation-*non*-complaint related
Visiting facilities when no complaint has been received is a very important task for local ombudsmen. With each ombudsman responsible for approximately 120 facilities with almost 7200 beds, this continues to be a limited activity. While the number of visits made has definitely increased, the national standard of visiting each facility at least once per quarter continues to remain an unattainable goal.

Resident visitation-complaint related
Local ombudsmen investigate most complaints in person. An on-site investigation allows the ombudsman to meet face to face with the resident, interview staff and review records in an attempt to gather all facts before working towards resolution. A unique characteristic of the long-term care ombudsman program is the fact that complaints are not substantiated, but the investigation is done to discover facts that will help the ombudsman resolve the complaint. Some complaints turn out to be a misunderstanding or misperception, and the local ombudsman works to put a system in place to prevent recurring problems.

Participation in facility surveys
Surveyors from the Iowa Department of Inspections and Appeals continue to contact the local ombudsman upon entrance to nursing care facilities as dictated by federal law. The sharing of information helps both the surveyor and the ombudsman to understand what is happening within the facility and increases the resolution of complaints. Iowa now ranks number three in the nation for ombudsman contact with the survey and certification agency.

Work with resident councils and family councils
Work with resident and family councils has increased in the past year but this activity remains a low priority for local ombudsman. This office developed a family and resident council handout, which provides information on how to get started, how a council should operate and some ideas about meetings. Resident and family councils are wonderful additions to a facility quality improvement process but few exist in this state.

Community education
As with other program activities, community education must remain a low priority so that the focus can continue to be the people currently living in long-term care facilities. Local ombudsmen have increased community education by exhibiting at community events, and meeting with hospice workers, hospital discharge planners or home and community based service agencies. The local ombudsman is available to provide information or assistance when needed to families, consumers and people who live in long-term care facilities.

EMERGENCY RESPONSE

The entire Office of the State Long-Term Care Ombudsman was involved in responding to the weather related emergencies during 2008. The State Ombudsman assisted the department by working at the State Emergency Operations Center and learning first hand about facilities which may need assistance. Local ombudsmen were on site when possible and spent many hours on the telephone providing information and assistance to providers, residents, family members and the community. Office staff worked to gather information, triage telephone calls, and maintain records.

Information learned from these events was shared with other states through the National Association of State Ombudsman Programs.

TABLE 2

CASES AND COMPLAINTS

	FFY08	FFY07	FFY06	FFY05
Number of New Cases Opened	**889**	**698**	**749**	**787**
Number of New Complaints	**2336**	**1687**	**1310**	**1246**
Abuse, Gross Neglect, Exploitation	24	15	9	26
Access to Information	87	51	28	16
Admission, Transfer, Discharge, Eviction	281	224	202	178
Autonomy, Choice, Exercise of Rights, Privacy	449	327	228	230
Financial, Property Lost, Missing or Stolen	98	72	75	73
Care	392	353	301	245
Rehabilitation of Maintenance of Function	60	34	18	28
Restraints-Chemical or Physical	8	8	1	3
Activities and Social Services	103	55	52	38
Dietary	156	108	81	10
Environment	173	137	86	103
Policies, Procedures, Attitudes, Resources	86	34	32	45
Staffing	156	123	115	91
Certification/Licensing Agency	16	10	12	11
State Medicaid Agency	22	6	5	6
System/Others	221	105	62	47
Other than NF/RCF/ALP	4	25	3	4

CASES AND COMPLAINTS OVERVIEW

Complaints have risen dramatically during the past year. 2,336 complaints were investigated by the local long-term care ombudsman, resulting in 889 cases. Each case may have multiple complaints, but each problem, or complaint, will have only one code as set by the Administration on Aging. This represents a 39% increase in complaints for federal fiscal year 2008.

Information from colleagues across the country confirmed that the more time a local ombudsman spends in a community and in facilities, the more complaints are received. This does not mean the quality of care is declining. A review of the data shows there are three reasons why complaints increased:

1. The ombudsmen have educated discharge planners, hospices, health care providers and consumers about the Office of the State of the Long-Term Care Ombudsman and the services offered.
2. The demand for excellent care continues to grow and people are more likely to ask for assistance in resolving concerns.
3. The relationship with the Department of Inspections and Appeals and the changes made within the Resident Advocate Committee Volunteer Program alert local ombudsmen to problems that otherwise would have been missed.

<u>Abuse, Gross Neglect, Exploitation</u>
All complaints received in this category are forwarded to either the Department of Inspections and Appeals or the Department of Human Services. Local ombudsmen do not investigate abuse allegations.

<u>Access to Information</u>
Residents and family members complained about restricted access to records and information. In addition, this office received an increase in calls regarding visitors being restricted.

<u>Admission, Transfer, Discharge</u>
Involuntary discharges have increased by over 20%. Frequently it appears that the nursing home or assisted living did not complete a comprehensive assessment of the person prior to admission. Many of these cases involve persons diagnosed with dementia. When staff has the minimum amount of training and there is a lack of mentoring and/or supervision, resident's basic needs, wants and desires are not met, thus resulting in behavior challenges.

Discharges for financial reasons also continue to escalate. Powers of Attorney or responsible parties do not pay the nursing home bill, so residents are forced to leave the place they call home. This office works with providers to report the person who is financially responsible so the resident's life is not disrupted for something over which he or she has no control.

Autonomy, Choice, Exercise Rights, Privacy

Complaints in this category increased by 38%. Complaints included lack of choice in daily activities, visiting restrictions placed on family members or friends, residents not allowed to leave the facility or lack of choice of medical care or treatment options. Resident rights are the foundation for all federal and state laws and rules, and advocating for resident rights is the number one priority for local ombudsman.

Financial, Property Lost, Missing, or Stolen

The loss of hearing aids, dentures, grooming items such as electric razors and clothing usually happens when staff does not take the time to pay attention to details. An electric razor, for example, may be taken down the hall and used with another person and then not returned.

Care

Not responding to requests for assistance (call lights), failure to address changing symptoms or a care plan that does not meet the needs of the resident or is not followed are typical complaints. For the first time in many years this category has fallen to second place in number of complaints.

Rehabilitation of Maintenance of Function

When people enter a nursing home for short term rehabilitation, Medicare is usually the payer source. Often times, a person is discharged from that rehabilitation sooner than he or she thinks is appropriate. Local ombudsmen report that many times the person has a diagnosis of dementia that is exacerbated by the hospital and nursing home admissions, and he or she simply cannot respond to therapy.

Restraints-Chemical or Physical

Iowa has the lowest use of restraints in the country. Often times, these complaints are received from a person diagnosed with mental illness who would like to eliminate some medications.

Activities and Social Services

This category increased by 88%. “There is nothing to do here.” is a frequent lament heard by residents. Local ombudsmen find that information gathered during an admission interview is simply not used to provide meaningful life activities for people living in long-term care settings.

Dietary

Dietary complaints have risen from 10 in 2005 to 156 during the past year. Lack of menu choices and no option about what time to eat are often heard. Complaints about the quality of food, service in the dining room, not enough variety and not enough snacks were also received.

Environment

Cleanliness and old buildings lacking repairs are complaints received in this category. Complaints about air temperature are also included in this group.

Policies, Procedures, Attitudes, Resources

Complaints about staff attitudes are frequently heard in conjunction with not enough staff. Residents are told what to do, when to do it and not offered choices. Multiple complaints have been received where a resident has requested assistance only to be told there is not enough staff to manage the task or the request is not reasonable. Many times the primary caregiver is not considered a part of the facility care team which leads to family and resident anger or frustration.

Staffing

This office tries not to dwell on lack of staff, but instead asks callers "what is it that your loved one needs that is not getting done." Local ombudsmen can work with facility staff to review the care plan and ensure care is provided as promised. The facility has the responsibility to have enough staff to meet the needs of the residents, so by focusing on the tasks to be done the local ombudsman can alert the facility that additional staff may be needed.

Certification/Licensing Agency

Most of the complaints in this category come when the Department of Inspections and Appeals does not substantiate a complaint submitted by a resident or family member.

State Medicaid Agency

When a resident is applying for Medicaid the process can be lengthy and challenging. Lack of communication or miscommunication with the Department of Human Services may cause a resident or family member to call this office for assistance.

System/Others

An increased number of people live in long-term care facilities due to a court committal. These people get frustrated with the lack of choice and lack of freedom to consider other living arrangements.

Other than NF/RCF/ALP/EGH

Occasionally a call comes from someone who lives in independent living or a level of care that does not fall under the jurisdiction of long-term care ombudsmen. When no other agency will assist the consumer there are times when a local ombudsmen will assist in analyzing information or connecting the caller with other resources.

RESIDENT ADVOCATE COMMITTEES

TABLE 3

RESIDENT ADVOCATE COMMITTEE COMPLAINTS

COMPLAINT CATEGORY	FFY 08	FFY 07	FFY 06	FFY 05
TOTAL	**1707**	**1932**	**1668**	**1752**
Abuse, Gross Neglect, Exploitation	5	11	5	8
Access to Information	24	14	19	48
Admission, Transfer, Discharge, Eviction	27	31	37	23
Autonomy, Choice, Exercise of Rights, Privacy	145	191	156	87
Financial, Property	39	65	64	97
Care	472	449	360	461
Rehabilitation or Maintenance of Function	65	67	96	37
Restraints-Chemical or Physical	3	3	4	3
Activities and Social Services	152	184	175	148
Dietary	291	317	285	305
Environment	399	482	331	410
Policies, Procedures, Attitudes, Resources	4	8	6	12
Staffing	72	98	113	106
Certification/Licensing Agency	1	7	7	7
State Medicaid Agency			4	0
System/Others		5	6	0
Other than NF/RCF				

RESIDENT ADVOCATE COMMITTEES VOLUNTEER PROGRAM

The Resident Advocate Committee (RAC) Program was established in the early 1970s, shortly after the inception of the Long-Term Care Ombudsman Program in Iowa. The program was originally intended to watch for violations of the law in nursing homes. Committees were then instructed to report those violations to the Office of the State Long-Term Care Ombudsman and the Department of Inspections and Appeals. During that time, each Area on Aging (AAA) had a RAC Coordinator to recruit new volunteers, process applications, train, support, and provide daily assistance and continuing education for the volunteers. Each Coordinator had different duties based on the number of hours allotted to the RAC program. Depending on the AAA, coordinators worked from 8-40 hours each week. There was little or no orientation for the new volunteers. Each coordinator chose the training topics for the year and either presented the training or worked with local experts in the subject matter.

Also during that time, each committee was required to meet quarterly to discuss concerns identified and to decide which concerns would be reported to the facility administrator for follow up. This data was submitted to the State Long-Term Care Ombudsman. The information was focused on the number of visits and the number of complaints identified by the volunteers. Few details were collected regarding the types of complaints or the resolution of those complaints. There was little, if any, contact between volunteers and this office.

In 2004, the AAAs withdrew from the RAC program, and the program was contracted out to another agency. During that time, there was still little or no contact between the volunteers and the Office of the State Long-Term Care Ombudsman.

In 2006, the Office of the State Long-Term Care Ombudsman began to look for ways to enhance advocacy services in long-term care facilities. The decision was made to bring daily functions of the RAC volunteer program into the operations of this office. All processes have been condensed to be as efficient as possible. Today, contact between ombudsmen and volunteers occurs frequently.

Today, over 2400 Resident Advocate Committee volunteers continue to serve in over 600 nursing facilities, residential care facilities and elder group homes. Approximately 100 long-term care facilities do not currently have active resident advocate committees. Many of these are facilities that primarily serve people with mental illness or mental retardation and many serve a younger population. This office is not equipped to train or support these types of facility volunteers.

Just as local ombudsmen work to resolve concerns quickly, the intent of the volunteer program has changed to focus on the resolution of, not just the identification of concerns. Volunteers are encouraged to assist residents in seeking resolution to concerns as they arise. This is a substantial change from the past where concerns were not addressed until committee meetings (held once per quarter) and then the committee decided what to report.

Each new volunteer is now required to participate in an orientation telephone conference call conducted by the program coordinator before they can begin visiting with residents or attend committee meetings at the assigned facility. This 90 minute orientation covers basic rules of the program and expectations of the volunteers. Local Ombudsmen contact the new members following orientation to introduce themselves and to address any concerns, answer questions, etc.

After orientation, volunteers are encouraged to help residents resolve problems by working with facility staff. Collaboratively, the volunteers and staff work to identify the cause of the problem and then implement strategies to correct the situation. Volunteers are also encouraged to follow-up to ensure that the resident continues to be satisfied with the outcome.

Committees for each facility are required to meet quarterly; although volunteers are encouraged to meet more frequently. During the meetings, volunteers share concerns identified and whether or not resolution was possible. Volunteers discuss any concerns reported by a resident or identified by the volunteer so the committee can determine if concerns are isolated events or if a pattern is emerging that needs to be addressed.

Each year local ombudsmen conduct education programs for the volunteers. Programs are scattered throughout the state and include almost 50 counties. Although it is a requirement for the volunteers to attend the yearly training, in 2008 only 850 volunteers actually attended. Cited reasons for not attending were: volunteers could not/did not want to drive to training due to rising gas prices, could not come at the time planned and some did not think they needed additional training. In a survey conducted in 2008, only 23% of the volunteers who responded said that they would be interested in additional training if held via teleconference or ICN.

Maintaining a database of 2400 volunteers requires daily attention to detail. Frequent changes with new members, addresses, phone numbers, changes in positions (chair, secretary), attendance at educational programs and resignations must be updated on a daily basis.

The Advocate, a newsletter for volunteers is written and distributed quarterly. In the survey conducted in 2008, 100% of the respondents to the survey said that they read and used the information in the newsletter. All newsletters are always available on the website and the State of Iowa Library depository.

This office continues to review the Resident Advocate Committee program and monitor the activities of the volunteers. Currently, one full time program coordinator and two other office staff devote almost 80 hours each week on this program.

A survey of Resident Advocate Committee Volunteers was conducted during the summer of 2008. Approximately 30% of the active volunteers responded. Information gathered includes:

Average Age	72 years
Gender	76% female, 14% male

Only 2% reported they did not attend meetings on a regular basis.

100% of the respondents report they read and use the information in The Advocate newsletter.

Less than 8% report having access to the internet.

Only 9% of the volunteers currently have a family member living in the facility where they serve as a volunteer, and 25% report they had a family member living there in the recent past.

Approximately 30% of the volunteers attend the annual training. This will be a future challenge since the rules have changed and all volunteers must attend training at least once every two years.

As we face a future of limited resources and staff, we must always find the most efficient and effective ways to meet the needs of people living in long-term care facilities. Only five states currently do not have a volunteer ombudsman program. With the changing demographics and diagnoses of people living in long-term care facilities and the increase in assisted living facilities, it is time to consider moving this volunteer program to a new level. Complaints continue to increase and without more paid staff to respond, we must seek options to provide more intense training for volunteers so they can assist with investigations and follow up.

Factors that affect both the ombudsman and resident advocate volunteer program include:

- People living in nursing homes tend to have a much higher acuity level than in the past.
- An estimated 70% of the population currently living in nursing home has some form of dementia.
- Other alternatives are now available for people that include assisted living and home and community based services.
- Assisted living facilities are being built at a rate of 2-3 per month. Resident advocate committees do not exist in these facilities. With only seven local long-term care ombudsmen it is impossible to visit each facility.
- The current survey of volunteers shows that very few are interested in additional training or an increase of responsibility in volunteer duties.

The Administration on Aging does not recognize this volunteer program because these volunteers only participate in a short initial orientation and do not receive the intensive training required to be certified volunteer ombudsmen. The concerns identified by these

volunteers cannot be added into local ombudsman data submitted in Iowa's annual reports. Volunteers spend time in assigned facilities and help local ombudsman, but volunteers are not able to assist in investigations or conduct routine monitoring visits to facilities.

Resident Advocate resolution of complaints is calculated for the Medicaid Accountability Measure program. Resolution of at least 60% of complaints identified allows a facility to receive one point towards the add-on dollars.

Options to be considered in the future for the volunteer program include:

- Convert the current resident advocate volunteers to family councils. Family councils are a very effective advocacy group in other states. Local ombudsmen would provide technical assistance, resources and support for these councils, but reports to this office by the volunteers would be voluntary instead of mandatory. There would not be an application process or maintenance of a database.
- Create a volunteer ombudsman program. Iowa is one of only five states that do not have a volunteer ombudsman program.