

## Evaluation of the Long-Term Care Ombudsman Program (LTCOP) Facility Administrator Survey

### PURPOSE OF THE STUDY:

NORC at the University of Chicago, with funding from the Administration for Community Living/Administration on Aging (ACL/AoA), is conducting an evaluation of the Long-Term Care Ombudsman Program. The purpose of the survey is to better understand the relationships between the Long-Term Care Ombudsman Program and the facilities. This survey is voluntary and is not part of an audit or a compliance review. The information you provide is confidential. We do not include names of respondents in any reports or in any discussions with supervisors, colleagues, or ACL/AoA. This survey will take approximately \_\_ minutes to complete. Please complete and return this form using the pre-paid envelope, or by scanning and emailing it to LTCOPsurvey@norc.org, or by faxing it to 301-634-9582.

Please contact NORC at 1-877-XXX-XXXX or LTCOPsurvey@norc.org if you have any questions or concerns.

OMB Control No.:

Expiration Date:

### **SECTION A: Activities and Interactions**

1. How regularly does the Ombudsman visit your facility?

\_\_\_\_\_

2. How does the Ombudsman spread awareness of the program among residents and their families?  
{Check all that apply}

- 1. Poster in the facility
- 2. Brochures and pamphlets in the facility
- 3. In-person interaction with residents throughout the facility
- 4. In-person interaction targeting new residents
- 5. Other (Please specify): \_\_\_\_\_

3. Does your Ombudsman support or assist the development of resident and family councils in your facility?

- 1. Yes
- 2. No
- 97. Don't know

4. Does the LTCOP participate in the licensing survey conducted by the state licensing and certification agency?

- 1. Yes
- 2. No
- 97. Don't know

**SECTION A: Activities and Interactions (continued)**

5. Do you personally interact with the following Ombudsman Program representatives? *{Check all that apply}*

- 1. Ombudsman staff
- 2. Ombudsman volunteer
- 3. State Long-Term Care Ombudsman
- 4. Other LTCOP staff

Please note the position of these individuals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What form does this interaction take? *{Check all that apply}*

- 1. In person
- 2. Phone call
- 3. Email
- 4. Other (please specify): \_\_\_\_\_

7. On average how often do you personally interact with any of the representatives of the LTCOP?

- 1. Weekly
- 2. Monthly
- 3. Quarterly
- 4. Less than quarterly
- 5. As needed

8. What type of interaction have you had with Ombudsman representatives? *{Check all that apply}*

- 1. Discussion about facility compliance issue
- 2. Discussion about specific resident complaint
- 3. Discussion about pattern in resident complaints and potential solutions
- 4. Discussion about disagreement with a resident or resident's family/friend
- 5. Discussion about potential training
- 6. Information provided

What was the topic? \_\_\_\_\_

- 7. Training provided by Ombudsman representative

What was the topic? \_\_\_\_\_

- 8. Other (please specify): \_\_\_\_\_

**SECTION A: Activities and Interactions (continued)**

9. Who at your facility interacts with the Ombudsman/Ombudsmen when they visit your facility? *{Check all that apply}*

- 1. Nurse practitioners (NPs)
- 2. Registered nurses (RNs)
- 3. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)
- 4. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides
- 5. Social workers—licensed social workers or persons with a bachelor’s or master’s degree in social work
- 6. Activities director and activities staff \_\_\_\_\_
- 7. Other (please specify): \_\_\_\_\_

10. Are there areas where you would like more support from the Ombudsman Program?

- 1. Yes  
If so, please describe: \_\_\_\_\_
- 2. No

11. How could the Ombudsman Program be improved to better serve residents?

\_\_\_\_\_

12. Based on your experience, what are the strengths of the Ombudsman Program?

\_\_\_\_\_

13. Would you consider the relationship with your primary LTCOP contact to be:

- 1. Very effective
- 2. Somewhat effective
- 3. Somewhat ineffective
- 4. Not at all effective

14. Have you ever reported a complaint about an Ombudsman?

- 1. Yes  
If so, please describe the complaint: \_\_\_\_\_
- 2. No

## **SECTION B: Program Outcomes**

1. To your knowledge, has the Ombudsman Program contributed to changes in your facility's policies and practices?  
 1. Yes  
 2. No  
 97. Don't know
  
2. Do you agree with the following statement: Overall, residents benefit from Ombudsman presence in my facility?  
 1. Strongly agree  
 2. Agree  
 3. No opinion  
 4. Disagree  
 5. Strongly disagree
  
3. How effectively do Ombudsmen resolve resident complaints in your facility?  
 1. Very effectively  
 2. Somewhat effectively  
 3. Not effectively  
 97. Don't know

## **SECTION C: Background and Staff Profile**

1. How many beds does your facility have?  
\_\_\_\_\_
  
2. What is the type of ownership of this facility?  
 1. Private-nonprofit  
 2. Private-for profit  
 3. Publicly traded company or limited liability company (LLC)  
 4. Government—federal, state, county, or local
  
3. Is this facility owned by a person, group, or organization that owns or manages two or more long-term care facilities?  
 1. Yes  
 2. No  
 97. Don't know
  
4. What is the total number of years this facility has been operating at this location?  
 1. Less than 1 year  
 2. 1 to 4 years  
 3. 5 to 9 years  
 4. 10 to 19 years  
 5. 20 or more years

**SECTION C: Background and Staff Profile (continued)**

5. For each staff type below, indicate how many full-time employees and part-time employees this facility currently has:

|  | Full-Time | Part-Time |
|--|-----------|-----------|
| a. Nurse practitioners (NPs)   |           |           |
| b. Registered nurses (RNs)   |           |           |
| c. Licensed practical nurses (LPNs) /<br>licensed vocational nurses (LVNs)   |           |           |
| d. Certified nursing assistants, nursing<br>assistants, home health aides, home care<br>aides, personal care aides, personal care<br>assistants, and medication technicians or<br>medication aides |           |           |
| e. Social workers—licensed social workers or<br>persons with a bachelor’s or master’s<br>degree in social work   |           |           |
| f. Activities director and activities staff  |           |           |

***THANK YOU FOR COMPLETING THIS SURVEY.***