

Outcome Evaluation of the Long-Term Care Ombudsman Program (LTCOP)

FACILITY STAFF FOCUS GROUP GUIDE

Introductory Script

Hello, my name is _____. I am a researcher from NORC at the University of Chicago, located in Bethesda, MD. Thank you for taking the time to participate in this group discussion.
[Introduce colleague—second site visitor.]

We are here today because the Administration for Community Living/Administration on Aging (ACL/AoA) has contracted with NORC and our partners to conduct an evaluation of the Long-Term Care Ombudsman Program. As part of the study, we are interested in learning about facility staff's experience with and perspectives on the program. We are especially interested in how you heard about the program, your interactions with your ombudsman and your perceptions of the program's effectiveness. These focus groups will provide important information on how the program is implemented at the facility-level.

I want to remind you that your participation in the group discussion is **voluntary**. You can refuse to answer any question that you do not wish to answer. This session will last about an hour and fifteen minutes and is a discussion, not a survey, so feel free to respond to what others are saying.

We ask everyone here today to respect each other's **privacy**. What is said in this room should stay in this room. A summary of this discussion and other discussions conducted at other facilities will be included in a report to the Administration for Community Living, but the individual information you give us will be kept entirely private. We will use only first names in today's discussion and we will not tell program staff what you say. The information that you tell us will not affect your relationship with the program in any way.

We value the information you will share with us today and want to make sure we capture all of it. Therefore, we will record the session, and *[name of person]* will take notes on a laptop. We will delete the recording as soon as we have made complete notes of the meeting, and those notes will **not** use your names. Do I have your permission to record this discussion?

Do you have any questions or concerns about what we plan to do?

PAUSE AND ADDRESS ANY QUESTIONS

Discussion groups like this may be new to some or all of you—so let me make a few general points about what to expect. As the facilitator, I will ask questions and moderate the conversation. It's important for all of you to speak up and participate so we can have an informative discussion. This will be informal; there are no right or wrong answers to the questions we ask. We are interested in learning each of your opinions. In the past, most people have told us they enjoy these discussion groups because it gives them a chance to share their experiences and hear about others' experiences.

We will talk for about an hour and fifteen minutes and at the end of the discussion, there is a very brief background information form for each of you to complete.

We very much appreciate your willingness to come today and share your thoughts about the Ombudsman Program. Are there any questions before we get started?

To start, ask, "Does everyone know each other?" And then go around the room with first name introductions.

Discussion Group Guide

1. Do you know what the Ombudsman program is? Do you know who your Ombudsman is?
2. How and where did you learn about the Ombudsman program?
3. How would you describe the role of the Ombudsman who visits your facility?
 - a. How many and how often do Ombudsmen visit your facility?
 - b. How does your Ombudsman spread awareness of the program among residents and their families? (e.g., posters, interactions with residents)
 - c. Do residents know who their Ombudsman is?
 - d. Does your facility have resident or family councils?
 - i. Does the Ombudsman play a role in supporting the development of resident and family councils?
4. Do you interact with Ombudsman staff (including volunteers and the State Ombudsman)?
 - a. What does that interaction look like (e.g., in-person, over the phone, by email, presentation at your facility)?
 - b. How often do you interact with Ombudsmen?
5. What was the purpose of your interaction with your Ombudsman (e.g., resident complaints, training/information provided, compliance issues, etc.)?
6. How helpful did you find this interaction?
 - a. Was the Ombudsman knowledgeable about the issue that was raised?
7. How would you describe your relationship with the Ombudsman?
 - a. Does the Ombudsman conduct himself/herself in a professional manner?
 - b. Is the relationship collaborative? Effective?
8. Are there areas where you would like more support from the Ombudsman program?
9. Has the Ombudsman program impacted the way that you do your work? Please explain.
10. Has the Ombudsman program impacted any facility policies or practices? Describe how.
11. Do residents benefit from contact with Ombudsmen? What aspects of their work are most beneficial?
12. How well do Ombudsmen resolve complaints? Are there certain types of complaints are ombudsmen most effective at resolving?
13. Based on your experience, what do you think are the best features of the Ombudsman program?
14. How could the Ombudsman program be improved to better serve residents?
15. Is there anything you would like to discuss about your experience with the Ombudsman program?

Thank staff for their participation and hand out background information forms.