

Facility Orientation

Volunteer Name: _____ Date: _____

Facility Name: _____

Local Ombudsman: _____

Point of Contact (POC) Name and Title: _____

I.	Meet with new volunteer to explain orientation process, distribute VOP materials
II.	Meet with administrator. General introductions of Local Ombudsman and volunteer <ul style="list-style-type: none"> • Ombudsman- describe Local Ombudsman role, the counties you serve, and your involvement in the VOP • Volunteer- discuss background and/or experience, motivation for volunteering
III.	Explanation of volunteer role, goals of VOP to administrator <ul style="list-style-type: none"> • Ombudsman use the "VOP Copy" for discussion • Give "Facility Copy" to the administrator
III.	Administrator Q/A
V.	Facility tour with Administrator
VI.	Ombudsman shadowing

Notes

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Certified Volunteer Long Term Care (LTC) Ombudsman Program (VOP)

(VOP Copy)

- Volunteer Ombudsmen assist the Office of State Long Term Care Ombudsman in carrying out the duties described in the Older Americans Act.
- Volunteers are over the age of 18 and required to pass criminal history, dependent adult abuse registry, state and national sex offender registry, and Office of Inspector General (OIG) exclusion checks conducted by the State prior to acceptance into the VOP.
- Volunteers are recruited, trained, assigned to facilities, monitored by VOP Coordinators.

The Volunteer LTCO:

- Spends a minimum of three hours per month in unannounced and varied visits to residents on any day of the week. **(Mention: volunteers are not to be obstructed from entering or visiting with residents, staff, or family. This is considered interference).**
- Observes, listens, and interacts with persons living in the facility and identifies concerns.
- Aids and empowers residents in resolving concerns and complaints.
- Observes general conditions of the facility and keeps a log of observations. **(Mention: facility staff will likely see the volunteer taking notes. The volunteer is not permitted to share handwritten notes with the facility. All information will be shared verbally).**
- Refers all concerns, questions, or unresolved complaints to the facility point-of-contact (POC) and VOP Program Coordinator. The VOP Program Coordinator communicates the information to the Local Long-Term Care Ombudsman.

Volunteer Point-of-Contact (POC):

- Explain that the administrator must identify a point-of-contact (POC). The POC is a facility employee whom the VOP volunteer will contact regarding resident concerns and/or complaints identified during VOP visits.
- The volunteer will share resident concerns with the POC only. VOP-related inquiries from other facility staff should be directed to the designated POC. Streamlining communication will create a smoother process and decrease the likelihood of confusion and miscommunication between all parties.
- VOP volunteers are not permitted to share residents' names or information which may indirectly identify a resident unless resident permission has been given.
- VOP volunteers are not permitted to share handwritten/typed notes with facility staff, including the POC. If the POC wishes to take notes, he/she may do so.
- Requests names of new admissions; visits new residents to explain the VOP. **(Ask the facility for the best method for relaying this information. Also, would they be willing to include a VOP informational sheet/flyer in their admission packets?)**

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- Provides follow-up visits on cases investigated by Local LTC Ombudsman and monitors facility progress. **(e.g., a Local Ombudsman may ask a volunteer to check the status of a particular issue on their behalf).**
- Requests Resident and Family Council member names and attends meetings at the request of council members. **(Verify the facility is willing to provide council members' names).**
- Provides general information to residents and families **(Volunteers will distribute brochures to residents and family members).**
- Seeks to establish a positive working relationship with facility staff. **(Mention: We have a common goal- we all want what's best for the residents. Volunteers are there to identify issues where they exist, not to create issues where they don't exist. Volunteers are beneficial in resolving smaller issues early without the need for further involvement from DIA or LTC Ombudsman).**

The Volunteer LTCO DOES NOT:

- Volunteer in any capacity other than a Volunteer Ombudsman at assigned facility, or as an Ombudsman for any facility other than that assigned by the VOP.
- Volunteer for the facility or participate in any kind of social activity with residents. **(Volunteers may attend social events to observe activities and resident interaction, but will not participate or lead any facility-driven activities; those planned or initiated by the facility).**
- Establish personal friendships with residents that will affect their advocacy role. **While all volunteer LTCO will be *friendly*, their relationship with residents is through advocacy. The relationship is deliberately planned, objective, purposeful, and controlled.**
- Act as a Local LTC Ombudsman.
- Receive a paycheck or accept gifts from families, residents, or facility staff. This includes free meals on a routine basis. **(It is appropriate for a volunteer to accept an item if its value is less than \$2.99 (e.g., handmade craft). If the item is valued at more than \$2.99, the volunteer should accept the item, return it to the facility point-of-contact and report the offer to the VOP Coordinator. Volunteers are generally not permitted to accept meals, however, if the volunteer identifies a meal concern and he/she determines it's necessary to eat a meal to assess the issue, the volunteer will notify the VOP Coordinator of the need to purchase a meal and the VOP Coordinator will arrange payment for the meal in advance).**
- Discuss issues of confidentiality or disclose resident concerns to the facility, unless resident permission has been given. **(Volunteers MUST have residents' permission to discuss their concerns and disclose their identity).**
- Interpret medical, health, or financial information for residents.
- Become involved with or make medical, legal, or financial recommendations.
- Perform any hands-on personal care, activity, or treatment for residents, including: **Offering a resident a drink/snack, transferring from one location to another (e.g., wheelchair).**
- Have regulatory authority **(Volunteers will talk with DIA and may attend exit meetings between survey team and residents with residents' consent).**