



NORC Notes

A monthly reminder of available resources and tips for using them.

January 4, 2018

Self-Evaluation of the Long-Term Care Ombudsman Program

Take advantage of the start of a new year and perform a self-assessment of your program using NORC resources in order to identify strengths and areas for improvement. The purpose of doing a self-assessment on the LTCOP is to improve the effectiveness of the program, identify areas of strength and areas that need improvement, and to set standards to strive for. The purpose is *not* to evaluate you as an Ombudsman program representative or compare your program to other programs. Resources of program evaluation and program effectiveness are available on our website [here](#).

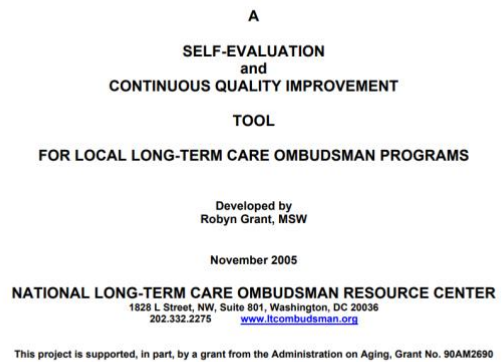
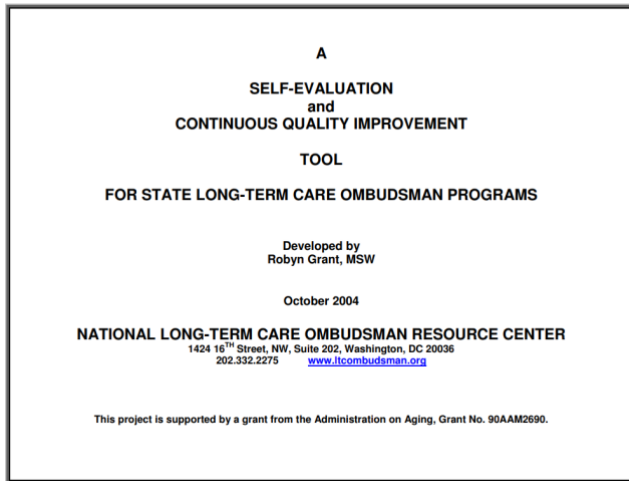


Self-Evaluation and Continuous Quality Improvement Tool

This tool is divided into 13 components critical for an effective LTCO program. The 13 components are: Program Access, Program Management, Complaint Handling, Education/Information and Assistance, Training, Systems Advocacy, Program Integrity, Conflict of Interest, Confidentiality, Legal Resources, Fiscal Resources, Relationships with Agencies/Entities/Individuals/Citizen Groups/Others, and Accountability. The indicators for each component address critical elements of a local program in order to highlight program strengths and areas in need of improvement.

LTCO can use the tool to assess one area at a time or address all components at once. An instructional brief and recorded webinar are available to explain the tool, as well as a mini-tool to assist LTCO in quickly identifying

aspects of their program to address first. This evaluation tool is available for [State Long-Term Care Ombudsmen](#) and for [Ombudsmen program representatives](#).



State Long-Term Care Ombudsman tool (left); Ombudsman program representative tool (right)

Mini Tool

The Mini-Tool uses the same 13 components as the original Self-Evaluation and Continuous Quality Improvement Tool; however, the Mini-Tool only lists three indicators from each component in order for Local and State Ombudsmen to quickly evaluate major aspects of their program. View the Mini-Tool for State Ombudsmen here and the Mini-Tool for Ombudsman program representatives [here](#).

A SELF-EVALUATION AND CONTINUOUS QUALITY IMPROVEMENT TOOL FOR STATE LONG-TERM CARE OMBUDSMAN PROGRAMS:
Mini-Tool

There are 13 components with multiple indicators within each component in the Self-Evaluation and Continuous Quality Improvement Tool for Local Long-Term Care Ombudsman Programs. This mini-tool captures three indicators from each component in order for users to quickly evaluate major aspects of their program and identify program strengths and opportunities for improvement. Each component listed below should be scored separately in order to prioritize areas for improvement. Once program strengths and opportunities for improvement are identified the user can utilize the comprehensive self-evaluation tool for in-depth analysis of those specific areas. The page numbers for each component are provided below and the comprehensive tool can be accessed here:
http://www.lfombudsman.org/sites/default/files/horrc/State-PE-Tool-FINAL_0.pdf
**These tools are designed to encourage program evaluation and improvement, not to monitor program performance or individual ombudsman performance.*

Evaluation Component	Indicator	Score				
		1= Never	2	3	4	5= Always
I. Program Access	1. State licensing and certification agency staff, including the complaint handling unit and survivors, understands the program, its scope and its role, and make appropriate referrals.	1	2	3	4	5
	2. Callers receive a prompt, timely response to their call within an established time frame. (This does not mean that the program must respond to calls 24 hours a day, for instance through the use of a beeper.)	1	2	3	4	5
	3. 100% of all long-term care facilities are visited at least quarterly (NOTE: a visit includes contact with residents, not just with the administrator or facility staff and involves listening to and observing residents).	1	2	3	4	5
TOTAL:						
<i>For the complete Program Access component refer to pg. 8 of the Self-Evaluation and Continuous Quality Improvement Tool</i>						
II. Program Management	1. There is regular, periodic evaluation of the state and local programs.	1	2	3	4	5
	2. There is strong, ongoing two-way communication - including the dissemination of written information - between the Office of the State Ombudsman and local ombudsmen, as well as between local ombudsmen throughout the state.	1	2	3	4	5
	3. There is a systematic process for recruiting volunteers.	1	2	3	4	5
TOTAL:						
<i>For the complete Program Management component refer to pg. 13 of the Self-Evaluation and Continuous Quality Improvement Tool</i>						
III. Complaint Handling	1. The type of complaint work conducted by the program is consistent with the role of a resident advocate and is distinct and separate from the duties of other entities such as the regulatory agency, adult protective services or the nursing facility.	1	2	3	4	5
	2. Ombudsmen are given clear guidance and training about how to handle the complex situations (i.e. resident consent issues and reporting abuse).	1	2	3	4	5
	3. Accurate, objective and complete documentation and case notes are maintained for each case handled by the ombudsman program.	1	2	3	4	5

1

A SELF-EVALUATION AND CONTINUOUS QUALITY IMPROVEMENT TOOL FOR LOCAL LONG-TERM CARE OMBUDSMAN PROGRAMS:
Mini-Tool

There are 13 components with multiple indicators within each component in the Self-Evaluation and Continuous Quality Improvement Tool for Local Long-Term Care Ombudsman Programs. This mini-tool captures three indicators from each component in order for users to quickly evaluate major aspects of their program and identify program strengths and opportunities for improvement. Each component listed below should be scored separately in order to prioritize areas for improvement. Once program strengths and opportunities for improvement are identified the user can utilize the comprehensive self-evaluation tool for in-depth analysis of those specific areas. The page numbers for each component are provided below and the comprehensive tool can be accessed here:
http://www.lfombudsman.org/sites/default/files/horrc/local-PE-Tool-Final_1.pdf
**These tools are designed to encourage program evaluation and improvement, not to monitor program performance or individual ombudsman performance.*

Evaluation Component	Indicator	Score				
		1= Never	2	3	4	5= Always
I. Program Access	1. The local ombudsmen and certified volunteers have large print business cards that identify them as being with the local ombudsman program.	1	2	3	4	5
	2. The local program initiates opportunities in the community to educate others about its services (e.g. at trainings, presentations, or discussions organized by other organizations/agencies, at service clubs or meetings of religious organizations, etc.)	1	2	3	4	5
	3. Complaints are received from a variety of sources including: residents, families/friends, non-relative guardian/legal representative, governmental and non-governmental agencies, facility staff and ombudsman observation.	1	2	3	4	5
TOTAL:						
<i>For the complete Program Access component refer to pg. 11 of the Self-Evaluation and Continuous Quality Improvement Tool</i>						
II. Program Management	1. There is a regular, periodic evaluation of the local program that includes input from a range of program stakeholders (e.g. residents, families, the area agency on aging, etc.).	1	2	3	4	5
	2. The Local Ombudsman coordinates with local advocacy organizations involved in long-term care issues.	1	2	3	4	5
	3. The volunteer supervisor/coordinator, SLTCO or experienced LTCCO accompanies the volunteer on a facility visit at least once a year.	1	2	3	4	5
TOTAL:						
<i>For the complete Program Management component refer to pg. 18 of the Self-Evaluation and Continuous Quality Improvement Tool</i>						
III. Complaint Handling	1. The type of complaint work conducted by the program is consistent with the role of a resident advocate and is distinct and separate from the duties of other entities such as the regulatory agency, adult protective services or the nursing facility. (Being a resident advocate means that the ombudsman acts at the direction of the resident and responds to what the resident says is important to him/her).	1	2	3	4	5
	2. With resident consent, the LO and LTCCOs in the local program pursue all possible strategies (e.g. repeated facility visits, facility chain of command, media) before determining that a complaint cannot be resolved.	1	2	3	4	5

1

Mini-Tool for State Ombudsmen (left); Mini-Tool for Ombudsman program representatives (right)

Webinar

This webinar provides an overview of the self-evaluation tool, demonstrates how to use the tool, features presentations from Ombudsmen (SLTCO and LLTCO) that have used the tool and introduces the mini-tool. You can view the webinar as a [PowerPoint](#), [PDF](#), or listen to a [recording](#).



Happy New Year! Make 2018 the best year by setting goals and priorities for the new year! Use these tools to develop an action plan tailored to best serve your program.

Read archived issues of NORC Notes, [here](#). If you have a question, are not able to find a resource, or want to share training materials or program practices related to program effectiveness, please email ombudcenter@theconsumervoice.org.

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