

Office of the State Long-Term Care Ombudsman

2006/2007 Ombudsman Volunteer Survey

Region:

I. Training

- A. Did the initial ombudsman volunteer training adequately prepare you to function in your role as a resident advocate? Yes No

Please Explain?

What was most helpful to you in this training?

What would you have liked to have had included in this training?

- B. Do you attend continuing education training sessions in your region? Yes No

If no, what are the barriers/reasons? Select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Days/times not convenient |
| <input type="checkbox"/> Distance | <input type="checkbox"/> Topics are not useful |
| <input type="checkbox"/> Expense | <input type="checkbox"/> Other _____ |

What suggestions do you have for future regional training sessions?

- C. Have you attended the Annual Volunteer Ombudsman Conference planned by the State Office? Yes No

If no, what are the barriers/reasons? Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Training needs are met in the region |
| <input type="checkbox"/> Distance | <input type="checkbox"/> Topics are not useful |
| <input type="checkbox"/> Expense | <input type="checkbox"/> Date of training not convenient |
| <input type="checkbox"/> Location of training | <input type="checkbox"/> Other _____ |

- D. What suggestions do you have for future Annual Conferences?

II. Challenges and rewards

- A. What are you most proud of in your LTC Ombudsman volunteer experience?
- B. Do you feel empowered as a LTC Ombudsman? Yes No If not, please tell us what you believe are the limitations.
- C. If you could expand your role as an Ombudsman volunteer, what is it that you would like to do?
- Legislative advocacy (testimony, letter writing, visiting legislators, monitoring new legislation, etc.)
 - Public speaking about the Ombudsman Program
 - Public speaking about nursing home issues
 - Participate in ongoing workgroups or collaborative efforts on long-term care issues
 - Become a "team lead" with other volunteers in your area
 - Assisting with starting a family council
- Other _____
- D. What do you believe is your most important role as an Ombudsman volunteer?

III. Interactions with program staff

- A. What ongoing consultation and support do you need? Select all that apply:
- Training topics that relate more to what I do
 - Need more information from staff
 - Need more feedback on how I am doing and if I am effective
 - Need more information about staff activities in my facility/facilities
 - Want to know the outcome of cases that I help with
 - Phone calls to remind me of training events
 - Phone calls to check on how I am doing and if I need help
 - Would like to have the training schedule at the beginning of the year
 - Other _____
- B. To what extent do you receive that level of ongoing support from the regional program staff?
- Outstanding—no changes are needed
 - Above average—I have no complaints but there is always room for improvement
 - Adequate—could be better but my basic needs are met
 - Not nearly enough—much improvement is needed

V. Satisfaction, quality improvement, and general information

A. What motivates you to volunteer with the Ombudsman Program and stick with it? Select all that apply:

- Regional and state program recognition events
- I know that I am making a difference/I enjoy helping others
- Helping consumers get the treatment that I would expect
- Support of the program staff
- Training opportunities
- Educating and empowering residents, families, and staff
- It is my duty as a citizen to volunteer and help others
- I always leave the facility feeling better than when I arrived
- There is no one else to do it
- I enjoy mentoring new volunteers
- It has rewards that you can't get anywhere else
- Other _____

B. Have you encouraged others to participate in the program?
Yes No

C. Where did you first hear of the program?

D. How long have you been a Volunteer Ombudsman?

Comments—What else would you like to tell the State Long-Term Care Ombudsman about your role, experience, and needs as an Ombudsman Volunteer? Please use the back of this page as necessary.

**Please return this survey in the self-addressed envelope provided
(Long-Term Care Ombudsman Program, Department of Health and Senior
Services, PO Box 570, Jefferson City, MO 65102) by
Wednesday, November 8, 2006.**

Thank you for taking the time to complete this survey. The information that you have provided will be used to improve the Long-Term Care Ombudsman Program and will help direct statewide advocacy efforts on behalf of long-term care consumers. YOU DO MAKE A DIFFERENCE!