

DRCOG Ombudsman Program Questionnaire

Purpose: This is a **pilot** project designed to increase ombudsman visibility, educate residents about their rights and help develop a stronger, more familiar relationship between ombudsman and resident.

Facility Name: _____

Date: _____

Type of Facility: NH / ALR (circle)

Helpful Reminders:

- Resident is to remain anonymous.
- Survey is to be confidential.
- You may find that a complaint may come up during this process. Try to finish questionnaire prior to discussing specifics of the complaint. In most cases completed questionnaire should be documented as a consult.
- Time frame:
 - ALR** – Two facilities, six residents per facility, total of twelve residents between January and June of the same year.
 - NH** – One facility, total of twelve residents between January and June of the same year.
- Please familiarize yourself with questionnaire before you administer.

Note: A true program evaluation - one that is valid and reliable – could not be administered at this time due to financial reasons and time constraints. This tool will be used as an initial step in that direction and hopefully in the process empowers residents to advocate more effectively on their own behalf.

1. How familiar are you with the ombudsman program? (If familiar, proceed to 1a, 1b)
(If not familiar skip 1a/1b, educate, and proceed to 1c)

1. a. What have you heard about the ombudsman program, and from where did you hear it?

b. When or how often do you see the ombudsman visiting?

c. If you needed to, how would you contact your ombudsman? (If they don't know tell them how to best contact you, where your poster is located and give them your card).

2. How familiar are you with your rights as a resident of this community?
(If not familiar educate resident and/or offer Resident Rights card)

