

Long-Term Care Ombudsman Program

Annual Shadow Visit and CO Evaluation Form SFY _____

Volunteer: _____ Facility: _____

Date: _____ Time: _____

		YES	NO
Was the CO screened for any conflicts of interest in the last year?		<input type="checkbox"/>	<input type="checkbox"/>
CO demonstrates knowledge on:		YES	NO
• Confidentiality and consent requirements		<input type="checkbox"/>	<input type="checkbox"/>
• When and how to access medical or other records		<input type="checkbox"/>	<input type="checkbox"/>
• The facility grievance process		<input type="checkbox"/>	<input type="checkbox"/>
• Survey participation		<input type="checkbox"/>	<input type="checkbox"/>
• Abuse, neglect, and exploitation procedures		<input type="checkbox"/>	<input type="checkbox"/>
• Monthly reporting		<input type="checkbox"/>	<input type="checkbox"/>
During annual shadow visit, CO:	N/A	YES	NO
• Seemed to know and interacted with residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stayed resident-centered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knocked and received permission to enter residents' rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had a cooperative working relationship with facility staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Actively listened to residents and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Spoke to hard-to-reach and isolated residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Gave resident or other complainant privacy to discuss a concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Got consent prior to taking any action on behalf of a resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does CO regularly work complaints on behalf of residents? # complaints in current SFY _____		<input type="checkbox"/>	<input type="checkbox"/>
CO has attended:		YES	NO
• Resident Council Meeting(s)		<input type="checkbox"/>	<input type="checkbox"/>
• Care Plan Meeting(s)		<input type="checkbox"/>	<input type="checkbox"/>
• Family Council Meeting(s)		<input type="checkbox"/>	<input type="checkbox"/>
• Fraud and Fair Hearing(s)		<input type="checkbox"/>	<input type="checkbox"/>
CO has made referrals to:		YES	NO
• Texas Legal Services Center or Center of Legal Aid		<input type="checkbox"/>	<input type="checkbox"/>
• MFP		<input type="checkbox"/>	<input type="checkbox"/>
• Regulatory Services (Consumer Rights and Services)		<input type="checkbox"/>	<input type="checkbox"/>
• Law Enforcement		<input type="checkbox"/>	<input type="checkbox"/>

What additional training does CO require? (Discuss with CO)

How can the ombudsman program better support CO? (Discuss with CO)

Staff Ombudsman *or* MLO Signature

Date

How can the... (faint mirrored text)

Handwritten notes on lined paper (faint mirrored text)

... (faint mirrored text)

Annual Alamo and Bexar AAA

Volunteer Ombudsman Program Evaluation 2015

As a Volunteer Ombudsman, you are an essential component to the success of the Ombudsman Program. Your responses to the following questions will help us to make our program more effective. Please be as complete and honest as you can. All of the information collected will be kept strictly confidential.

Name _____ Date _____

1) What do you find most rewarding about your Ombudsman work? (Check all that apply)

- Case Resolution Interacting with Facility Staff
- Interacting with Residents Interacting with Program Staff and Volunteers
- Interacting with Families of Residents Inservices on Long-term Care
- Reporting Monthly Activities Interacting with Resident/Family Councils

Other (Please Specify) _____

2) What do you find least rewarding about your Ombudsman work? (Check all that apply)

- Case Resolution Interaction with Facility Staff
- Interacting with Residents Interacting with Program Staff and Volunteers
- Interacting with Families of Residents Inservices on Long-term Care
- Reporting Monthly Activities Interacting with Resident/Family Councils

Other (Please Specify) _____

3) To what extent do you, as a volunteer, believe you are effective at the facility you serve:

With the Residents? (Circle one) Not Effective Somewhat Effective Very Effective

With Family Members? (Circle one) Not Effective Somewhat Effective Very Effective

With Staff and Administration? (Circle one) Not Effective Somewhat Effective Very Effective

If Not Effective, Please explain

4) What do you believe to be the most difficult part of your Ombudsman duties?

5) Do you receive the support from the Ombudsman program/staff to do your work effectively?

No

Somewhat

Yes

What additional support is needed? _____

6) Does the information you receive in training provide you with the knowledge and skills to do your work as an Ombudsman?

No

Somewhat

Yes

Please explain: _____

7) What was the most interesting training you attended this year? What was the least interesting training you attended this year?

Most _____

Least _____

8) Would you like to be an Ombudsman Volunteer Mentor?

Yes

No

9) In order to best assist you in your role as Ombudsman, please recommend types of training which would be most helpful:

10) Overall, how would you rate your Ombudsman experience?

Not Satisfied

Satisfied

Very Satisfied

11) Would you recommend becoming an Ombudsman Volunteer to others?

Yes

No (if no, please explain): _____

12) Please offer any other thoughts or suggestions you may have regarding improving the effectiveness of the Ombudsman Program.

