LEGACY HOSPICE

VOLUNTEER COORDINATOR TRAINING MANUAL
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VOLUNTEER COORDINATOR TRAINING AGENDA

☐ What is hospice? (Review Volunteer Training Manual—Intro to Hospice)

☐ Federal & State guidelines for volunteering:
  ☐ Acceptable volunteer tasks
  ☐ Direct/Indirect/Community hours

☐ Volunteer Coordinator & Volunteer Job Descriptions

☐ Volunteer Coordinator Organization
  ☐ Legacy website
  ☐ Tickler Files or Outlook Calendars
  ☐ Weekly Structure

☐ Scrapbooks/Binders
  ☐ Recruitment
  ☐ Retention
  ☐ Monthly Reports

☐ Presentations
  ☐ Areas of volunteer recruitment
  ☐ In-Service Sign-in Sheets
  ☐ Letter for “closed offices”

☐ Volunteer Personnel
  ☐ Training manual
  ☐ Personnel files
  ☐ Volunteer forms

☐ Computer Charting

☐ Bereavement Training

☐ Additional Resources for VC’s

☐ Quiz

Acknowledgment of Training:

I, ________________________________, have received training on the above listed materials regarding my position as Volunteer Coordinator.

__________________________________________  __________________________
Volunteer Coordinator Signature             Date

__________________________________________  __________________________
Instructor Signature                         Date
FEDERAL REGULATIONS RELATED TO VOLUNTEERS

§ 418.3 Definitions.
Employee means a person who: (1) Works for the hospice and for whom the hospice is required to issue a W–2 form on his or her behalf; (2) if the hospice is a subdivision of an agency or organization, an employee of the agency or organization who is assigned to the hospice; or (3) is a volunteer under the jurisdiction of the hospice.
[48 FR 56026, Dec. 16, 1983; Amended 73 FR 32204, June 5, 2008]

§ 418.78 Condition of participation—Volunteers.
The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee.
(a) Standard: Training. The hospice must maintain, document, and provide volunteer orientation and training that is consistent with hospice industry standards.
(b) Standard: Role. Volunteers must be used in day-to-day administrative and/or direct patient care roles.
(c) Standard: Recruiting and retaining. The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.
(d) Standard: Cost saving. The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:
   (1) The identification of each position that is occupied by a volunteer.
   (2) The work time spent by volunteers occupying those positions.
   (3) Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) of this section for the amount of time specified in paragraph (d)(2) of this section.
(e) Standard: Level of activity. Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.

§ 418.100 Condition of Participation: Organization and administration of services.
(c) Standard: Services.
   (1) A hospice must be primarily engaged in providing the following care and services and must do so in a manner that is consistent with accepted standards of practice:
      (i) Nursing services.
      (ii) Medical social services.
      (iii) Physician services.
      (iv) Counseling services, including spiritual counseling, dietary counseling, and bereavement counseling.
      (v) Hospice aide, volunteer, and homemaker services.
      (vi) Physical therapy, occupational therapy, and speech-language pathology services.
      (vii) Short-term inpatient care.
      (viii) Medical supplies (including drugs and biologicals) and medical appliances.

(g) Standard: Training.
   (1) A hospice must provide orientation about the hospice philosophy to all employees and contracted staff who have patient and family contact.
   (2) A hospice must provide an initial orientation for each employee that addresses the employee’s specific job duties.
   (3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.
LINKS TO STATE REGULATIONS


Mississippi: http://msdh.ms.gov/msdhsite/_static/resources/2348.pdf


ALABAMA REGULATIONS RELATED TO VOLUNTEERS

420-5-17-.01 Definitions.

(1) Definitions. A list of selected terms often used in connection with these rules:

(h) "Hospice Care Program" or "program" means a coordinated program of home, outpatient, and inpatient care and services including the coordination of the services listed below to hospice patients and families, through a medically directed interdisciplinary team, under interdisciplinary plans of care established pursuant to Section 22-21-20 of the Code of Alabama, 1975, in order to meet the physical, psychological, social, spiritual, and other special needs that are experienced during the final stages of illness, dying, and bereavement:

8. Services of volunteers under the direction of the provider of the hospice care program.

(n) "Interdisciplinary Team" means a working unit composed of professional and lay persons that includes at least a physician, a registered nurse, a social worker, a chaplain, member of the clergy or a counselor, and a volunteer coordinator.

(cc) "Volunteer" means a lay or professional person who offers and provides his or her services to a hospice care program without compensation.

(dd) "Volunteer Coordinator" means a lay or professional person who is responsible for assigning volunteers to patients, families, and other duties, including recruiting, training, retaining volunteers and evaluating the volunteer program.

420-5-17-.03 General Requirements for Hospice Care Programs after Licensure.

(1) Any person licensed to provide a hospice care program shall:

(a) Ensure the provision of the core services of nursing, social work, physician, pastoral or other counseling and volunteer services. The majority of these services shall be provided directly by hospice employees. Persons providing these services directly or by contract shall be responsible to, and function as part of, the interdisciplinary team. A planned and continuous hospice care program, the medical components of which shall be under the direction of a physician, shall be provided.

420-5-17-.06 Personnel.

(1) The hospice care program shall provide each staff member, including volunteer and contracted staff members, with a written job description delineating his or her responsibilities. The program shall assure that all staff members, including volunteers, provide services to hospice patients and their families

(2) Each hospice care program shall have a policy which provides for orientation and ongoing education programs for its personnel, including volunteers that is consistent with acceptable standards of hospice practice which emphasizes:

(a) The hospice care programs' goals and services.
(b) Confidentiality and the protection of patient and family rights.
(c) Procedures for responding to medical emergencies or deaths.
(d) The physiological and psychological aspects of terminal illness.
(e) Family dynamics, coping mechanisms, and psychosocial issues surrounding terminal illness, death, and bereavement.
(f) Safety policies and procedures.
(g) General communication skills.
(h) Licensed nurses, in addition, shall be trained in pain and symptom management.
(i) Documentation of orientation and ongoing education shall be maintained in the personnel or volunteer file.

(3) Each hospice care program shall evaluate the performance of each staff member at least annually.
Alabama Regulations Related to Volunteers, continued:

420-5-17-.10 Volunteer Services.
(1) Each hospice care program shall use trained volunteers to assist with the provision of administrative or direct patient care services and shall have trained volunteers available to hospice patients and hospice patients' families as needed. Volunteers shall provide services under the supervision of a designated, qualified, and experienced hospice staff member.
(2) Each hospice care program shall document active and ongoing efforts to recruit and retain volunteers.

420-5-17-.18 Medical Records.
The hospice develops policies and procedures governing all aspects of the medical record.
(3) The clinical record shall be a comprehensive compilation of information that is documented promptly for all services provided. The record shall be organized systematically to facilitate retrieval of information. Entries to the clinical record shall be made and signed by the person providing the service. All services, whether furnished by employees, persons under contract, or volunteers, shall be documented in the clinical record.
ARKANSAS REGULATIONS RELATED TO VOLUNTEERS

SECTION 4: DEFINITIONS
H. Employee means an individual paid either through a salary or on an hourly or per visit basis and a W2 is issued on his/her behalf. An “employee” also refers to a volunteer under the jurisdiction of the hospice.

SECTION 8: ADMINISTRATION
A. Administration shall provide and document the following:
   1. Job descriptions for all employees and volunteers;
   2. Policies and procedures for each available service;
   3. In-services pertinent to hospice care shall be ongoing for employees, volunteers, and contracted staff;
   4. Orientation for all employees, volunteers and contracted staff; and
   5. Annual review of policies and procedures

SECTION 14: VOLUNTEERS
The hospice shall use volunteers, in defined roles, under the supervision of a designated hospice employee. The hospice shall maintain documentation of active and ongoing efforts to recruit and retain volunteers.
   A. Training—Orientation and training shall be provided consistent with acceptable standards of hospice practice.
   B. Role—Volunteers may be used in administrative services or direct patient care.
   C. Level of Activity—A hospice shall maintain a volunteer staff sufficient to provide administrative or direct patient care at a minimum that equals five percent of the total patient care hours of all paid hospice employees and contract staff. The hospice shall maintain a continuing level of volunteer activity. Expansion of care and services achieved through the use of volunteers, including the type of services, and the time worked, shall be recorded.
   D. Employees as Volunteers—Hospice employees may be used as volunteers only after completing a hospice volunteer training program.
LOUISIANA REGULATIONS RELATED TO VOLUNTEERS

Subchapter A. General Provisions

§8201. Definitions

Employee— an individual whom the hospice pays directly for services performed on an hourly or per visit basis and the hospice is required to issue a form W-2 on his/her behalf. If a contracting service or another agency pays the individual, and is required to issue a form W-2 on the individual's behalf, or if the individual is self-employed, the individual is not considered a hospice employee. An individual is also considered a hospice employee if the individual is a volunteer under the jurisdiction of the hospice.

Subchapter B. Organization and Staffing

§8217. Personnel Qualifications/Responsibilities

Q. Volunteers. The volunteer may and are designed to play a vital role in enhancing the quality of care delivered to the patient/family by encouraging community participation in the overall hospice program. Volunteers that provide patient care and support services according to their experience and training must be in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications. A mature, non-judgmental, caring individual supportive of the hospice concept of care, willing to serve others, and appropriately oriented and trained. Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.

2. Responsibilities. The volunteer shall:
   a. provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;
   b. provide input into the plan of care and interdisciplinary group meetings, as appropriate;
   c. document services provided as trained and instructed by the hospice agency;
   d. maintain strict patient/family confidentiality; and
   e. communicate any changes or observations to the assigned supervisor.

3. Training. The volunteers must receive appropriate documented training which shall include at a minimum:
   a. an introduction to hospice;
   b. the role of the volunteer in hospice;
   c. concepts of death and dying;
   d. communication skills;
   e. care and comfort measures;
   f. diseases and medical conditions;
   g. psychosocial and spiritual issues related to death and dying;
   h. the concept of the hospice family;
   i. stress management;
   j. bereavement;
   k. infection control;
   l. safety;
   m. confidentiality;
   n. patient rights;
   o. the role of the IDG; and
   p. additional supplemental training for volunteers working in specialized programs (i.e. Nursing homes, AIDS facilities).
Louisiana Regulations Related to Volunteers, Continued:

Subchapter C. Patient Care Services

§8221. Plan of Care (POC)

C. Coordination and Continuity of Care. The hospice shall adhere to the following additional principles and responsibilities:

11. maintenance of appropriately qualified IDG health care professionals and volunteers to meet patients need;
12. maintenance and documentation of a volunteer staff to provide administrative or direct patient care. The hospice must document a continuing level of volunteer activity;
13. coordination of the IDG, as well as of volunteers, by a qualified health care professional, to assure continuous assessment, continuity of care and implementation of the POC;
14. supervision and professional consultation by qualified personnel, available to staff and volunteers during all hours of service;

Subchapter D. Administration.

§8235. Agency Operations

D. Operational Requirements:

2. Responsibility of the hospice to the staff shall include, but is not limited to, the following:
   e. protect the patient from being harassed, bribed, and/or any form of mistreatment by any employee or volunteer of the agency;
3. Responsibility of the hospice to the staff shall include, but is not limited to, the following:
   b. have safety and emergency preparedness programs that conform with federal, state, and local requirements and that include:
      ii. documentation of all reports, monitoring activity, and follow-up actions, education for patient/family, care givers, employees and volunteers on the safe use of medical equipment;
MISSISSIPPI REGULATIONS RELATED TO VOLUNTEERS

Rule 1.3.1—Definitions:
62. Volunteer – Means a trained individual who provides support and assistance to the patient, family or organization, without remuneration, in accord with the plan of care developed by the hospice core team and under the supervision of a member of the hospice staff appointed by the governing body or its designee.

Rule 1.13.5—Annual Budget:
3. The annual budget should reflect a comparative analysis of the cost savings of the volunteers.

Rule 1.15.4—Employee Health Screening:
Every employee of a hospice who comes in contact with patients shall receive a health screening by a licensed physician, nurse practitioner or employee health nurse who conduct exams prior to

Rule 1.18.14—Volunteers:
Volunteers that provide patient care and support services according to their experience and training must be in compliance with agency policies, and under the supervision of a designated hospice employee.
1. Qualifications – Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.
2. Responsibilities - The volunteer shall:
   a. Provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;
   b. Provide input into the plan of care and interdisciplinary group meetings, as appropriate;
   c. Document services provided as trained and instructed by the hospice agency;
   d. Maintain strict patient/family confidentiality; and
   e. Communicate any changes or observations to the assigned supervisor.
3. Training – The volunteers must receive appropriate documented training which shall include at a minimum:
   a. An introduction to hospice;
   b. The role of the volunteer in hospice;
   c. Concepts of death and dying;
   d. Communication skills;
   e. Care and comfort measures;
   f. Diseases and medical conditions;
   g. Psychosocial and spiritual issues related to death and dying;
   h. The concept of the hospice family;
   i. Stress management;
   j. Bereavement;
   k. Infection control;
   l. Safety;
   m. Confidentiality;
   n. Patient rights;
   o. The role of the IDT; and
   p. Additional supplemental training for volunteers working in specialized program (i.e. Nursing homes).

Rule 1.19.4—Coordination and Continuity of Care:
The hospice shall adhere to the following additional principles and responsibilities:
12. Maintenance and documentation of a volunteer staff to provide administrative or direct patient care. The hospice must document a continuing level of volunteer activity.

Rule 1.22.3—Other Services:
Volunteer services shall be provided by the hospice. These services shall be provided according to written policies and procedures. These policies and procedures shall address at a minimum:
1. Recruitment and retention;
2. Screening;
3. Orientation;
4. Scope of function;
5. Supervision;
6. Ongoing training and support;
7. Documentation of volunteer activities.

Mississippi Regulations Related to Volunteers, continued:

Rule 1.26.3—In-Services:
The hospice shall provide relevant in-service training on a quarterly basis for volunteers. Documentation of the offered in services and attendees shall be maintained.
MISSOURI REGULATIONS RELATED TO VOLUNTEERS

(1) General Provisions.
   (A) Definitions Relating to Hospice Care Agencies.
   10. Employee—an employee of the hospice or an individual under contract who is appropriately trained and assigned to the hospice program. Employee also refers to a person volunteering for the hospice program.

(2) Administration.
   (I) Medical Supplies and Equipment.
       2. Hospice shall provide education for patient/family, employees and volunteers on the safe use of medical equipment

   (J) Volunteers.
       1. Each hospice shall document and maintain a volunteer staff sufficient to provide administrative and direct patient care hours in an amount that, at a minimum, equals five percent (5%) of the total patient care hours of all paid hospice employees and contract staff. The hospice shall document a continuing level of volunteer activity.
       2. Care and services through the use of volunteers, including the type of services and the time worked, shall be recorded.
       3. The hospice shall document initial screening and active and ongoing efforts to recruit and retain volunteers.
       4. The hospice shall provide task-appropriate orientation and training consistent with acceptable standards of hospice practice, that includes at a minimum:
          A. Hospice philosophy, goals and services;
          B. The volunteer role in hospice;
          C. Confidentiality;
          D. Instruction in the volunteer’s particular duties and responsibilities;
          E. Whom to contact if in need of assistance or instruction regarding the performance of their specific duties and responsibilities; and
          F. Documentation and record keeping as related to the volunteer’s duties.
       5. The hospice shall, in addition, provide orientation for patient care volunteers that includes at a minimum:
          A. Concepts of death and dying;
          B. Communication skills;
          C. Care and comfort measures;
          D. Psychosocial and spiritual issues related to death and dying;
          E. The concept of hospice patient and family as the unit of care;
          F. Procedures to be followed in an emergency or following the death of the patient;
          G. Concepts of grief and loss;
          H. Universal precautions;
          I. Safety;
          J. Patient/family rights;
          K. Hospice and the nursing home; and
          L. Alzheimer’s disease and dementia specific training as specified at 19 CSR 30-35.010(2)(M)1.B.(XIII).
       6. The hospice shall document orientation and ongoing in-services.
       7. Volunteers functioning in accordance with professional practice acts must show evidence of current professional standing and licensure, if applicable
OKLAHOMA REGULATIONS RELATED TO VOLUNTEERS

310:661-1-2. Definitions:
“Employed” means contracting with a person for services, regardless of compensation. This term also includes volunteers.
“Employee” means a person who: (1) Works for the hospice and for whom the hospice is required to issue a W-2 form on his or her behalf; (2) if the hospice is a subdivision of an agency or organization, an employee of the agency or organization who is assigned to the hospice; or (3) is a volunteer under the jurisdiction of the hospice.

310:661-3-2. Organization:
(l) Training.
   (1) A hospice shall provide orientation about the hospice philosophy to all employees and contracted staff who have patient and family contact.
   (2) A hospice shall provide an initial orientation for each employee that addresses the employee’s specific job duties.
   (3) A hospice shall assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice shall have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous twelve (12) months.

(m) Volunteers. Volunteers shall be used in defined roles and under the supervision of a designated hospice employee. The hospice shall provide appropriate orientation and training.
   (1) Training. The hospice shall maintain, document, and provide volunteer orientation and training.
   (2) Role. Volunteers shall be used in day-to-day administrative and/or direct patient care roles.
   (3) Recruiting and retaining. The hospice shall document and demonstrate viable and ongoing efforts to recruit and retain volunteers.
   (4) Utilization. The hospice shall document:
      (A) The identification of each position that is occupied by a volunteer.
      (B) The work time spent by volunteers occupying those positions.

310:661-5-4. Rights and responsibilities:
(c) The hospice shall be responsible for:
   (13) Ensuring that contracted providers and volunteers are qualified and properly trained and provide care consistent with the values and philosophy of hospice.
TENNESSEE REGULATIONS RELATED TO VOLUNTEERS

1200-08-27-.01 DEFINITIONS.

(73) Volunteer. An individual who agrees to provide services to a hospice care patient and/or family member(s), without monetary compensation, in either direct patient care or an administrative role and supervised by an appropriate hospice care employee.

1200-08-27-.06 BASIC AGENCY FUNCTIONS.

(5) Volunteers. The hospice service program may use volunteers, in defined roles, under the supervision of a designated hospice program employee.

   (a) Training. The hospice program must provide appropriate orientation and training that is consistent with acceptable standards of hospice practice.

   (b) Role. Volunteers may be used in administrative or direct patient care roles.

       1. Recruiting and retaining. The hospice must document active and ongoing efforts to recruit and train volunteers.

       2. Availability of clergy. The hospice service program must make reasonable efforts to arrange for visits of clergy and other members of religious organizations in the community to patients who request such visits and must advise patients of this opportunity.
Volunteer Coordinator

JOB SUMMARY:
- Responsible for the recruitment, selection and partial education of volunteers. Responsible for coordinating the training program for the volunteers and for placement and supervision of volunteers.

SUPERVISION:
- Supervised by: Patient Care Coordinator and Volunteer/Bereavement Coordinator Director.
- Supervises: Volunteers.
- Works closely with: Social Worker, Bereavement Coordinator and visiting staff.

JOB SPECIFICATIONS:
- Education:
  - Required:
    - High School graduate. Satisfactory completion of hospice training course.
  - Desired:
    - Bachelor of Science Degree in related field.
- Experience:
  - Desired: One year experience coordinating a volunteer program, and one year management/supervision experience.
- Licenses, certifications, and/or registrations:
  - Current driver’s license.
  - Proof of current automobile liability insurance.
  - Certificate of Liability with limits of 100/300/100.
- Specialized knowledge and skills:
  - Humanitarian attitude and a good understanding of hospice philosophy.
  - Ability to organize, supervise, delegate and assess.
  - Acceptance of the goals, mission and philosophy of Legacy Hospice.

JOB FUNCTIONS:
- Defines, develops and evaluates the role of hospice volunteers.
- Recruits, screens and assigns volunteers to meet the needs of patients and families.
- Participates in training programs for the volunteers, continually assessing the need for changes in the program.
- Maintains close communication with the volunteers assigned to each patient.
- Completes marketing reports and a 5% Cost Savings Reports that tracks the savings volunteers provide per patient care hour.
- Supervises and evaluates activities of all volunteers.
- Arranges and participates in support and in-service meetings for all volunteers.
- Develops and maintains appropriate record of volunteer’s visits; maintains logs of volunteer statistics in accordance with State and Federal regulations.
- Participates in community activities related to hospice such as speaking and education.
- Plans and participates in social function for volunteers.
- Maintains and updates materials used for volunteer training.
- Performs other related duties as assigned.

PHYSICAL REQUIREMENTS:
- Must be able to perform full-range sedentary work requiring sitting, walking, and standing.
- Must possess vision, hearing, feeling, physical strength and dexterity.
- Must be able to communicate effectively with individuals both verbally and in writing. Must be able to give and receive instructions and information, both in person and via telephone.
- Work requires exerting force of up to 50 pounds occasionally, and/or up to 25 pounds frequently, and/or up to 10 pounds constantly in moving objects or materials.

I have read and understand the job descriptions for the position of Volunteer Coordinator. I understand that I am expected to perform this job in a manner consistent with the values, mission and philosophy of Legacy Hospice.

___________________________________                                                  __________________________________
Employee Signature                                                  Date
Direct Volunteer

JOB SUMMARY:
- Provides supportive care to both the patient and the family.

SUPERVISION:
- Supervised by: Volunteer Coordinator.
- Supervises: No one.
- Works closely with: All hospice staff.

JOB SPECIFICATIONS:
- Experience:
  - Required: Satisfactory completion of the volunteer training course. Willing to attend educational programs at least three times a year (four in Mississippi). Sign a Confidential Information Agreement.
  - Desired:
    - Previous experience volunteering in a health care setting.
- Licenses, Certifications and/or Registrations:
  - Proof of Identification/current driver’s license.
  - Current automobile liability insurance (if applicable).
  - Submit to criminal background check.
- Specialized Knowledge and Skills:
  - Humanitarian attitude and good understanding of hospice philosophy.
  - Acceptance of goals, mission and philosophy of Legacy Hospice.
  - Must have a “Heart for Hospice.”

JOB FUNCTIONS:
- Gives comfort and/or emotional support to the patient/family by visiting, listening, conversing, reading, etc.
- Willing to provide respite care to caregiver/family.
- Provide help in the home of patient.
- Responsible for making bereavement visits for as long as appropriate, based on assessment of Bereavement Coordinator and the desire of family.
- Responsible for all required documentation according to Legacy Hospice policies.
- Willing to attend three in-services a year (four in the state of Mississippi) on any required topics on hospice care.
- Report on patient/family to hospice staff.
- Willing to attend (if possible) IDT Meetings every two weeks.

PHYSICAL REQUIREMENTS:
- Must be able to perform full-range sedentary work requiring sitting, walking, and standing.
- Must possess vision, hearing, feeling, physical strength and dexterity necessary to perform all the duties of a Volunteer.
- Must be able to communicate effectively with individuals both verbally and in writing. Must be able to give and receive instructions and information, both in person and via telephone.

I have read and understand the job description for the position of Volunteer. I understand that I am expected to perform this job in a manner consistent with the values, mission and philosophy of Legacy Hospice. I understand that Legacy Hospice does not cover volunteers under their liability insurance or worker’s comp insurance.

Volunteer Signature ________________________ Date __________
Administrative/Indirect Volunteer

JOB SUMMARY:
• Assisting with general office duties such as: record keeping, typing, filing, mailing letters, etc.

SUPERVISION:
• Supervised by: Volunteer Coordinator.
• Supervises: No one.
• Works closely with: All hospice staff.

JOB SPECIFICATIONS:
• Experience:
  o Required: Satisfactory completion of the volunteer training course. Willing to attend educational programs at least three times a year (four in Mississippi). Sign a Confidential Information Agreement.
  o Desired: Previous experience volunteer in a health care setting or Administrative experience.
• Licenses, Certifications and/or Registrations:
  o Proof of Identification/Current driver’s license
  o Submit to criminal background check
• Specialized Knowledge and Skills:
  o Humanitarian attitude and good understanding of hospice philosophy.
  o Acceptance of goals, mission and philosophy of Legacy Hospice.
  o Must have a “Heart for Hospice.”

JOB FUNCTIONS:
• Providing office assistance such as data entry, filing, mailings, etc.
• Assists Volunteer Coordinator with educating/recruiting volunteers.
• Responsible for all required documentation according to Legacy policies.
• Willing to attend three in-services a year (four in Mississippi) on any required topics on hospice care.
• Report on patient/family to hospice staff.
• Willing to attend (if possible) IDT Meetings every two weeks.

PHYSICAL REQUIREMENTS:
• Must be able to perform full-range sedentary work requiring sitting, walking, and standing.
• Must possess vision, hearing, feeling, physical strength and dexterity necessary to perform all the duties of a Volunteer.
• Must be able to communicate effectively with individuals both verbally and in writing. Must be able to give and receive instructions and information, both in person and via telephone.

I have read and understand the job description for the position of Volunteer. I understand that I am expected to perform this job in a manner consistent with the values, mission and philosophy of Legacy Hospice. I understand that Legacy Hospice does not cover volunteers under their liability insurance or worker’s comp insurance.

__________________________________  ______________________
Volunteer Signature                  Date
TUCK-IN VOLUNTEER

JOB SUMMARY:
Tuck-in Volunteers are available to contact patients/families by phone for the purpose of obtaining specific information that will assist in preparing patients for weekends. In addition these volunteers provide emotional support as appropriate.

SUPERVISION:
- Supervised by: Volunteer Coordinator.
- Supervises: No one.
- Works closely with: All hospice staff.

JOB SPECIFICATIONS:
- Experience:
  - Required: Satisfactory completion of the volunteer training course. Willing to attend educational programs at least three times a year (four in Mississippi). Sign a Confidential Information Agreement.
  - Desired: Previous experience volunteering in a health care setting.
- Licenses, Certifications and/or Registrations:
  - Proof of Identification/current driver’s license.
  - Current automobile liability insurance (if applicable).
  - Submit to criminal background check.
- Specialized Knowledge and Skills:
  - Humanitarian attitude and good understanding of hospice philosophy.
  - Acceptance of goals, mission and philosophy of Legacy Hospice.

JOB FUNCTIONS:
- Reviews requests and assignments with the Volunteer Coordinator.
- Makes telephone contact with patient or family.
- Conducts an assessment of possible patient needs.
- Provides emotional support to patient/caregivers, as appropriate.
- Provides Volunteer Coordinator with the information obtained during the telephone call.
- Follows all policies and procedures for the tuck-in services.
- Understands limitations of the role of the volunteer in this capacity and refer to appropriate team members as necessary.
- Initiates communication to appropriate staff when concerns arise.
- Documents all interventions according to policy.
- Honors time commitments.

JOB REQUIREMENTS:
- Attendance at all required sessions of the volunteer training courses.
- Attendance at tuck-in specialty training courses.
- Demonstration of competency requirements.
- Acceptance of supervision and direction from appropriate team members as is applicable to this program.
- Must have ability to prioritize and recognize patient needs that require immediate assistance.
- Maintenance of appropriate boundaries and confidentiality.
- Attend annual in-services.
- Tuck-In Volunteers will participate in at least 5 supervised calls to patients/families with the Volunteer Coordinator before making calls on their own.

EVALUATION:
- The Volunteer Coordinator will evaluate the Tuck-In Volunteer following the initial education course,
- The Volunteer Coordinator will evaluate the Tuck-In Volunteer following the first two assignments and annually thereafter.
PHYSICAL REQUIREMENTS:

- Must be able to perform full-range sedentary work requiring sitting, walking, and standing.
- Must possess vision, hearing, feeling, physical strength and dexterity necessary to perform all the duties of a Hospice Tuck-In Volunteer.
- Must be able to communicate effectively with individuals both verbally and in writing. Must be able to give and receive instructions and information both in person and via telephone.
- Work requires exerting force of up to 50 pounds occasionally, and/or up to 25 pounds frequently, and/or up to 10 pounds constantly in moving objects or materials.

I have read and understand the job description for the position of Hospice Tuck-In Volunteer. I understand that I am expected to perform this job in a manner consistent with the values, mission and philosophy of Legacy Hospice.

Volunteer Signature _______________________________  Date _______________________________
Volunteer Services Policy

- Legacy Hospice will provide volunteer services in accordance with state and federal regulations.
- Legacy Hospice’s Volunteer Program utilizes volunteers for direct and indirect patient care.

Procedure for Volunteer Coordinator:

- Volunteers have defined roles and are supervised by the Volunteer Coordinator.
- The Admitting Nurse will offer the volunteer program to the patient and/or caregiver.
- If patient or family accepts volunteer services or would like more information on the volunteer program, then the referral will be made to the Volunteer Coordinator.
- Once the referral has been made to the Volunteer Coordinator, the Volunteer Coordinator will complete a volunteer assessment as soon as possible after notification, no later than five working days after the request or admission of the patient into hospice care.
- The Volunteer Assessment can be done by a phone call or home visit.
- Volunteers will be assigned to patients by the Volunteer Coordinator. The Volunteer Coordinator will consider the volunteer’s availability and the patient needs when making the assignment.
- All volunteers are supervised by the Volunteer Coordinator. Supervision will be in the form of reviewing volunteer reports and speaking with patients to assess their satisfaction with the volunteer.
- The Volunteer Coordinator will be responsible for tracking direct and indirect hours of volunteers. These hours will be compiled on the Volunteer Coordinator Monthly Report, tracking the savings volunteers provide per patient care hour. This report should be completed by the 15th each month. One copy should be emailed to the Volunteer Coordinator Director and one copy kept in the local office Volunteer Monthly Report Binder.
- Volunteer Coordinators are required to document recruitment and retention for their volunteers.
- All recruitment efforts will be kept in a binder titled “Volunteer Recruitment.”
- Recruitment efforts should include, but not be limited to, community speaking engagements, health fairs, blood pressure screenings, and other public related events.
- All volunteer retention efforts will be kept in a binder titled “Volunteer Retention.”
- Formal retention efforts, at a minimum, will coincide with quarterly in-service training arranged by the Volunteer coordinator. This will consist of a variety of activities, including meals, other social activities and ceremonial awarding of certificates, service pins, etc. Formal retention activities will be documented with quarterly in-service training.

Procedures for Volunteers:

- Volunteers are considered employees per federal and state guidelines.
- Volunteer applicants must complete all personnel requirements before becoming a Legacy Hospice volunteer, with the exception of the Professional License, Education, and Driving Record screening.
- TB test will be mandatory for all direct volunteers and optional for all indirect volunteers.
- Yearly TB testing will be required for all direct care volunteers.
- In Mississippi, volunteers are required to have a yearly physical per state regulations.
- All volunteers are required to attend an eight hour Volunteer Training Course with content specified by federal and state guidelines.
- The Volunteer Coordinator will evaluate each volunteer annually.
- Volunteers will also attend three in-services each year. Four are required in Mississippi.
- The minimum age requirement for a Legacy Hospice volunteer is seventeen.
- Volunteers under the age of 21 must have letters of recommendation from at least two people, who are not related to the potential volunteer. Recommendations may be from a principal, teacher, guidance counselor, pastor, or community leader. Recommendation letters must state how long they have known the person, knowledge of their character, and why they would be a good candidate for a hospice volunteer.
- Hospice may request recommendation letters for any volunteer applicants.
- A volunteer will understand that complaints, suggestions or knowledge of infractions must be reported to the Volunteer Coordinator and the Patient Care Coordinator.
- Volunteers are not to accept gifts of any monetary value. Homemade items, including food and crafts, may be accepted if refusal to accept the gift would offend the family. Any accepted gifts must be reported to the
Volunteer Coordinator or Patient Care Coordinator. If a gift is not reported, the gift and circumstances will be reviewed, and it may lead to dismissal of the volunteer.

- Volunteers do not dispense or administer medication.
TUCK-IN VOLUNTEER PROGRAM POLICY

Revised 9/14/2012

Purpose:
The Tuck-in program is designed to maximize the role of the volunteer in assisting other team members to operate more effectively and efficiently. In this program volunteers make phone calls to patients/families to assure that they have necessary supplies, medications, and/or support for the weekends. That information is then relayed either directly to the volunteer coordinator or office manager. The volunteer coordinator or office manager can then act on meeting the specific needs of patients and families.

Procedure:
- Volunteer Coordinator will give list of patients to call to volunteers no later than Wednesday at 2pm.
- Telephone calls to patients will be completed no later than Thursday 3 pm.
- When the volunteer receives information that requires immediate action, that information will be communicated to the Volunteer Coordinator or Office Manager immediately. Examples of situations to immediately report include but are not limited to: Any physical discomfort or complaints from patient/caregiver or any situations where the patient is completely out of medications or supplies. Non-emergent needs should be reported to the Volunteer Coordinator or Office Manager by 3pm Thursday.
- All Call Script Reports will be given to the Volunteer Coordinator at the end of each day by 3 pm.
- The Volunteer Coordinator will review and sign off on each call script report by 4:30 pm on the same day the call was made.

Supervision:
- The general supervision of tuck-in volunteers will be the responsibility of the Volunteer Coordinator.
- The Volunteer Coordinator will provide feedback and evaluation with the assistance of input of other team members with whom the volunteer has worked.
- Volunteers will be notified of continuing education opportunities specific to their tuck-in duties.
- Volunteers will participate in competency assessment and evaluation following the education course and first two assignments and annually thereafter.

Confidentiality:
- All volunteers must maintain confidentiality concerning hospice patients and families. There should be no discussion of patient cases or mentioning of patients names other than in direct contact with other members of the hospice team. Volunteers are expected to take the necessary precautions to assure confidentiality of the information they are given. All volunteers will understand and sign the confidentiality statement.

Documentation: See Tuck-In Call Script and Tuck-In Volunteer Job Description
Assignment of Volunteers Policy

Revised 10/29/2013

• Volunteer Coordinators will take into consideration volunteer preference and talent when assigning tasks.
• After their initial assessment, direct volunteers will be assigned to a patient according to the patient’s Plan of Care.
• Direct volunteers are not to be utilized as sitters.
• Volunteer Coordinators should clearly define the direct volunteer role for patients/caregivers on the initial visit. Volunteers should not be expected to deliver any “hands-on” or clinical care to the patient. Examples include, but are not limited to, changing diapers, assisting/ambulating patients to and from the chair or bathroom.
• For office assistance or special projects, volunteers will be assigned tasks as needed.
• Acceptable tasks for volunteers:
  o Companionship
  o Caregiver Relief
  o Emotional Support
  o Bereavement
  o Light house/yard work
  o Nursing Home visits
  o Filing
  o Office and Bereavement mailings
  o Miscellaneous office assistance
  o Assist with presentations (not to be counted toward 5%)
  o Health Fairs (not to be counted towards 5%)
  o Attend IDT and in-service meetings (not to be counted towards 5%)
• Unacceptable tasks for volunteers:
  o Clipping nails/hair of patients or families
  o Driving patients/families
  o Running errands for patients/families
  o Feeding patient
  o Preparing a meal in the patients home
  o Bathing/ambulating a patient
  o Pet Therapy

Procedure:
• Volunteers assigned to patients, will be introduced to the patient and oriented to their home by a staff member the patient is familiar with.
• A volunteer may accept or decline the assignment.
• During the first visit, establish the volunteer role and develop a visit schedule.
• Volunteers that schedule their next visit with a patient/family should inform the Volunteer Coordinator.
• If a volunteer cannot keep a scheduled visit, the volunteer needs to contact the Volunteer Coordinator so the visit can be rescheduled.
• A volunteer must complete the Volunteer Direct/Administrative Report, giving a brief description of his/her visit and turn the form into the office as soon as possible. The volunteer understands that his/her written documentation becomes part of the patient’s clinical chart.
• In the event of an emergency, the volunteer is instructed to call hospice for instructions. A volunteer may not initiate contacting a patient’s doctor directly.
• Volunteers helping in the office or with special projects can set their schedule with the Volunteer Coordinator.
• The Volunteer Coordinator will complete the Volunteer Patient Assignment Forms, and maintain all records pertaining to volunteers.
ACCEPTABLE/UNACCEPTABLE VOLUNTEER TASKS

Acceptable Duties/Tasks:
- Companionship
- Caregiver relief
- Emotional support
- Bereavement
- Light house/yard work (Not to include use of motorized or electric devices)
- Nursing Facility visits
- Filing
- Office and bereavement mailings
- Miscellaneous office assistance
- Assist with presentations (not to be counted toward 5%)
- Health fairs (not to be counted toward 5%)
- Attend IDT and in-service meetings (not to be counted toward 5%)

Unacceptable Duties/Tasks:
- Clipping nails/hair of patients/caregivers
- Driving patients/caregivers
- Running errands for patient/caregivers
- Feeding patients
- Preparing meals in patients’ homes
- Bathing patients
- Ambulating patients
- Pet therapy
SUGGESTION FOR WEEKLY STRUCTURE:
Wearing “two hats” can be difficult at times. If you aren’t organized and do not have a routine or structure built into your week, the Volunteer/Bereavement Coordinator position will be very frustrating. The following is a recommendation of how to structure your week.

- Two days per week should be spent marketing in the community for volunteers and locations to schedule presentations. One of these days can also be used to actually give the presentation.
- Three days per week should be spent on other required duties:
  - Completing required documentation
  - Performing patient visits,
  - Volunteer training and/or in-services
  - Taking volunteers to meet their assigned patients.
- It may help you to have your week planned before it starts. Schedule your next week at least by Friday afternoon.
- You will need to be flexible because every week will be different depending on admissions, deaths, training sessions, etc.
- This structure is intended only as a guide.
SUGGESTIONS FOR ORGANIZATION:

Tracking Patients who have assigned volunteers: PAS Facesheet Binder

- Each Volunteer Coordinator should keep a binder with all patients that currently have a volunteer or have requested a volunteer.
- Each time a patient passes, remove the facesheet from your binder and shred.
- This binder is for your own personal use and organization.
- You can write notes on each patient’s facesheet. Ex. Volunteer Jane Doe is assigned to this patient. Visits 2x per month.

Volunteer Coordinator Quick Reference Guide:

- This form is located on the Legacy Hospice website.
- All of your volunteers should be listed on this guide.
- Group volunteers by the community they reside in.
- This form is helpful to quickly access your volunteers’ names, phone numbers, etc.
- This form is also helpful when a new patient comes on service in a specific community, you can easily see if you have any volunteers who can be assigned to that patient.

Volunteer Monthly Activity Record:

- This form is available on the Legacy Hospice website.
- Utilize it to keep a monthly log of each volunteer’s hours.
- It is in Excel format and will automatically tally each volunteer’s hours by month and year. This is very useful for the Cost Savings Report and end of year service awards.

Keeping up with due dates for volunteer physicals and TB testing:

- In Mississippi, volunteers must have yearly physical and TB testing.
- Accordion “Tickler” folders work well for keeping up with due dates. Label each divider by month. Each time a new volunteer is trained, a renewal reminder sheet should be placed in the appropriate month for that volunteer.
- The other option for keeping up with due dates is to use your Microsoft Outlook calendar. Click on the date you want to be reminded, say the first date of every month, and type the names of the volunteers that need physicals for the next month.
- Send out notices one month in advance so volunteers have ample time to renew their TB and physicals.
- Note that we cover all expenses for volunteers related to TB testing and physicals.
- Physicals are done by the hospice Medical Director on IDT day. The volunteer should fill out their medical history and staff nurses can take the volunteer vital signs.
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* Group Volunteers by the community they live in

Willing to: Yard Work, Reading, Special Talents, Companionship, Light Housework, Home Maintenance, Running Errands for pt/cg, Bereavement, Attend Funerals, Clerical Work, Community Events
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RECRUITMENT AND RETENTION SCRAPBOOK

Hospices are required by federal and state regulations to show recruitment and retention efforts of volunteers. To stay organized and meet federal and state guidelines, each office is required to maintain two separate scrapbooks for recruitment and retention.

Recruitment Scrapbook:
- Should be labeled: “Legacy Hospice Volunteer Recruitment 2017”
- Content should show all recruitment efforts of volunteers. Ex. Health fairs, blood pressure screenings, community/organization presentations, community functions you attended.
- In-Service sheets should be obtained at every presentation or event. These forms can be found on the Legacy Hospice website.
  - Some events are difficult to obtain signatures (ex. Health/career fairs). To create an opportunity to speak to people about volunteering and obtain signatures, we offer prize drawings of gift cards or baskets (price limit—$25). Asking someone if they want to register for a gift card/basket is a great conversation starter.
- **If you are in a satellite office**, you must send a narrative of your recruitment presentations to your Medicare office each month.
  - List your name and office on each narrative.
  - Do NOT send sign-in sheets.
  - Ex.
    - 1/1/2017 Volunteer presentation at Livingston United Methodist Church. Spoke to the Ladies Circle about hospice and the volunteer program. 22 people attended.
    - 1/22/2017 Volunteer presentation at Livingston Senior Center. Spoke to seniors about hospice and the volunteer program. 12 people attended.
  - The Volunteer Coordinator in the Medicare office will file this narrative in his/her Recruitment Scrapbook.

Retention Scrapbook:
- Should be labeled: “Legacy Hospice Volunteer Retention 2017”
- Content should show all retention efforts of volunteers.
- Volunteers attending appreciation luncheons and award banquets should sign-in on a form.
  - The form should have the name and date of event on the top.
  - File this form in your Retention Scrapbook.
- Appreciation luncheons are typically held the month of April for National Volunteer Appreciation Month.
- Awards/Pinning ceremonies are held in December.
- You should also schedule an in-service at these events so that your volunteers will have the opportunity to complete their required yearly training.
- Feel free to take pictures at these events. The pictures can also be filed in the scrapbook.
- Newspaper articles you submit recognizing your volunteers are also great ways to show appreciation.

Records:
- At the end of the calendar year, materials should be pulled from the scrapbooks.
- Bind the materials together with a binder clip and file them in a storage box.
- Clearly label the contents and year on the boxes.
- We must keep these records for ten years.
- New books should be made each year.
MONTHLY VOLUNTEER REPORTS BINDER

- Volunteer Coordinator Monthly reports should be emailed to the Volunteer Bereavement Director by the 15th of every month.
- You may send reports to the Volunteer Coordinator Director’s email address.
- A blank version of the Volunteer Coordinator Monthly report is on the Legacy Hospice website.
- Each month, your completed report should be filed in the Monthly Volunteer Report Binder along with that month's volunteer direct/indirect hour sheets, marketing reports, and ADC.
- If a surveyor asks to see your “cost savings” or volunteer hours, you will simply give them the Monthly Report Scrapbook to review.
- Please remember—the original direct care volunteer hour sheets should be placed in the appropriate patient charts.
REPORTS DUE MONTHLY TO THE HOME OFFICE

Monthly:

- Volunteer Cost Savings Reports are due on the 15th of every month.
  - I will email you the required data for the report the first week of every month.
  - Contact your Office Manager to get the ADC for your office.
  - If you are a satellite office, you must send your report to the Medicare office also.
  - A blank report is on the Legacy Hospice website.
  - Reports should be sent to the Volunteer Coordinator Director’s email address.

- Monthly Presentation Report
  - This report is compiled and sent by the volunteer coordinator to the director.
  - It is due on the 15th of each month.
  - Report:
    1. Type of presentation
    2. Legacy disciplines attending
    3. Number of attendees
  - There should always be sign-in sheets to verify presentations and number of attendees.
MONTHLY VOLUNTEER REPORT

- You are required to keep a record of your volunteer hours in relation to direct patient care hours provided by staff members each month.
- These reports are kept in a binder labeled: Monthly Volunteer Reports
- The Reports are required to be turned in by the 15th of each month.
- Each month you will complete a new report and file in this binder. You will also include the volunteer’s time sheet for that month.

Hours for Employee Direct Contact:
- The Corporate Volunteer Director will email you the first week of each month with the employee direct contact hours.
- This report reflects all direct patient care hours provided by staff.
- These hours will be listed by counties you service.
- The hours are totaled and entered on the Monthly Volunteer Report under “Hours of Employee Direct Contact.”
- **Hours you do NOT count include:** documentation, travel, filing, IDT, phone calls, bereavement, funerals, HIS visits. You must subtract this time from the total.

ADC:
- Request the Average Daily Census from your Office Manager.
- This number is entered on your report in the area marked “ADC.”

Volunteer Hours:
- All volunteers are required to record hours of service on the “Volunteer Direct/Administrative Report.”
- You will total these hours and enter them into the area marked “Volunteer Hours.”

Number of Presentations and # Attending:
- This is the number of community presentations you perform each month.
- This number should be at least **four** if you have 5% hours.
- If you have less than 5%, then this number should be at least **six**.
- If your ADC is less than 22, then this number should be at least **six**.

Number of volunteers recruited:
- The number of new volunteers as a result of your presentations.

Number of volunteer trainings and number attending:
- The number of training sessions you performed for new recruits and the number of people attending.

Number of in-services and number attending:
- In-services are required quarterly for all volunteers. If volunteers attended an in-service during the month, you will record that number here.
- Each volunteer must have three in-services per year (four in Mississippi.)

Number of trained volunteers:
- This is the number of “active,” completely trained volunteers.
- Volunteers who have not completed the proper paperwork or training should not be listed.

Number of patients/caregivers with volunteers:
- This is the number of patients/caregivers who have volunteers assigned to them.

Number of patients/caregivers needing volunteers:
- This is the number of patients/caregivers who have requested volunteer services but do not currently have one.
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<th>ADC</th>
<th>Hours of Employee Direct Contact</th>
<th>Vol Hours</th>
<th>Total Hours</th>
<th>%</th>
<th>Cost Savings</th>
<th>Number of Presentations and # Attending</th>
<th>Number Vol. Recruited</th>
<th>Number Vol. Trainings and # Attending</th>
<th>Number InServices and # Attending</th>
<th>Number of Trained Vol.</th>
<th>Number Pts./C.G. w/Vol</th>
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**Remember to ‘Save As’ and give the report a new file name when making changes so the original report will remain unchanged.**
PRESENTATIONS

- Volunteer Coordinators are required to perform at minimum four community presentations per month about the Volunteer Program.
- Presentations can be given at blood pressure screenings, career/health fairs, church group meetings, organization meetings, etc. (Please refer to the “Areas of Volunteer Recruitment” page)
- These presentations should NOT be done in places that volunteers cannot be recruited and sign in sheets cannot be completed, such as nursing homes.
- If your office is not meeting the 5% monthly volunteer hours requirement or your ADC is below 22, you should schedule six presentations per month until your office is in compliance with the 5% cost savings and reaches a “break-even” census.
- If your office is meeting your 5% monthly volunteer hours and your ADC is greater than 22, you should schedule four presentations per month.
- Please be sure to get signatures on In-Service Sign-in Sheets at every presentation you perform. Blank copies of the Sign-in Sheet are available on the Legacy website.
- You may partner with your Community Educator to perform presentations. The CE typically speaks about our hospice program and the VC presents our volunteer program.
- You may also partner with your Chaplain or Social Worker for presentations. Chaplains often have relationships with area churches. Social Workers are also required to do presentations each month.
- Until you are comfortable with presentations, you may attend one or two presentations with the Community Educator as well as a VC from another office.
- The Volunteer Training Manual has very useful information regarding the program as well as explaining the role of the volunteer.
- Each presentation you complete should be reported to your Office Manager. Information reported should include date, type of presentation, disciplines attending, and number of attendees.
- Some organizations may not be open during the day. Please see the form introduction letter. You can place the letter in an envelope with your business card and our brochure and leave at the facility.
# Monthly Presentation Record

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**Discipline Types Attending:**

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<td>C</td>
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<td>V</td>
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**Presentations Completed - Specify Disciplines Attending and Number of Participants**

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<th>Date of Presentation</th>
<th>&quot;Hospice Services&quot;</th>
<th>&quot;When the Time Comes&quot;</th>
<th>&quot;Caregiver Seminar&quot;</th>
<th>&quot;Death &amp; Dying&quot;</th>
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<td>Discipline Attending</td>
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<th>Caregiver Seminar</th>
<th>Death &amp; Dying</th>
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**Minimum Number of Presentations to be Performed per Month**

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<td>30-39 ADC = 16</td>
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<td>20 or less ADC = 20</td>
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AREAS OF VOLUNTEER RECRUITMENT

- Requirements:
  - You are required to have four recruitment presentations in the community per month.
  - If you have less than 5%, you are required to perform six recruitment presentations per month.
  - In-Service Sign-In Sheets must be obtained from each in-service in order to reflect the presentation and recruitment efforts.

- Colleges:
  - Colleges usually have student programs that require community service hours, including social work, nursing and CNA programs.
  - Also, some student organizations, fraternities, and sororities require community service.
  - Speak with the Student Service Director (this person will have a list of all clubs/organizations on campus.)

- Chamber of Commerce:
  - Go to the COC in each community to get a list of all clubs and organizations.
  - The COC can usually provide you with a contact person or meeting date/time for each club listed on their roster.
  - Make contact with the clubs and offer to set up presentations with refreshments.
  - Some organizations require community service hours.
  - If the COC cannot provide you with a list, Google and the Yellow Pages are excellent resources.
  - Examples of clubs/organizations:
    - Senior Citizens Clubs
    - Veterans
    - Junior League
    - Ladies’ Auxiliary
    - Lions Club
    - Rotary Club

- Churches:
  - Church groups/organizations are great places to recruit volunteers.
  - Some churches are not open during the day.
  - You may mail or drop off our introduction letter, your business card and a brochure.

- Ministerial Alliance (may have a different name in some areas):
  - Most pastors have monthly meetings to network and support one another.
  - This is a great place to introduce yourself to the churches in the area.

- High Schools:
  - Some schools have work-study programs for seniors.
  - The student counselor for each school can assist with this.
  - Some schools offer grades and/or extra credit for volunteering.
  - Volunteering also looks great on college applications.

- Health/Career Fairs:
  - These are great opportunities to network and get our name in the community.
  - Colleges and medical facilities usually sponsor these fairs.
  - Typically, we set up a table with our information on it, along with a drawing for a gift card or door prize.
  - Having a drawing is a great conversation starter and a way to ensure people will sign your In-Service Sign-in Sheet.
Areas of Volunteer Recruitment continued:

- BP screenings:
  - Work with your PCC to set up a BP screening at a local pharmacy or store (ex. Wal-Mart, Walgreens, any department store, etc.).
  - BP screenings are a great service to perform in the community, and they give you an opportunity to network with people.
  - Each person that receives a BP check has the opportunity to learn about the volunteer program and sign your In-Service Sign-In Sheet.

- Community Events:
  - Each office should be aware of community functions and events so that your office can participate if possible.
  - Examples include Relay for Life, Alzheimer’s Awareness Benefits/walks, and Community Fun-days.
  - Sponsoring or offering to participate in events is another great way to network in the community

- Community Day or Senior Day:
  - Large scale event held to honor seniors and promote hospice as well as other health care entities.
  - Coordinate with other providers such as Nursing Facilities, DME providers, Funeral Homes, Insurance Companies, etc. to participate.
  - Schedule speakers and entertainment.
  - Provide lunches, snacks, bottled water, etc.
  - Recruit sponsors to help with cost and recognize these sponsors on the flyers, brochures, and at the event.

- Hospice Awareness Meetings/Presentations:
  - Working closely with your Community Educator, you can organize a Community Hospice Awareness Meeting.
  - I recommend having the meeting at a large, local church or civic center.
  - The agenda should include educating the community on the hospice concept and how we can benefit someone they know or love, as well as presenting on the volunteer program and why volunteers are so vital for our organization to be successful.
  - This type of event should be planned weeks/months in advance in order for it to be most effective and reach a large amount of people
  - Ideas for advertising this event:
    - Put flyers in all medical facilities we serve, doctors’ offices, nursing facilities, pharmacies, clinics, etc.
    - Also, you can advertise at local restaurants, high schools, churches, colleges, banks, etc.
    - Speak with the local radio stations and newspapers to find out what they offer regarding advertising for community events (please remember to have budgets approved first).

- Newspapers:
  - Some newspapers are happy to write appreciation articles at no cost.
  - This is a great way to show appreciation efforts for our current volunteers as well as making the community aware of the need for volunteers.
  - All articles written by Legacy Hospice staff must be approved by the Home Office before being submitted.

I hope this list will provide you with a basic framework to start recruiting volunteers. Just remember to be creative. The possibilities are endless and if you have any ideas, please let me know so I can share them with other Coordinators.
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1. Would you like to learn more about Hospice? Yes ( ) No ( )
   About Volunteering? Yes ( ) No ( )
2. Do you know anyone in need of Hospice? Yes ( ) No ( )
   If yes, may we contact you about them? Yes ( ) No ( )

3. Name | Phone/Email | Address | City | ST | ZIP |
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4. Would you like to learn more about Hospice? Yes ( ) No ( )
   About Volunteering? Yes ( ) No ( )
5. Do you know anyone in need of Hospice? Yes ( ) No ( )
   If yes, may we contact you about them? Yes ( ) No ( )

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7. Would you like to learn more about Hospice? Yes ( ) No ( )
   About Volunteering? Yes ( ) No ( )
8. Do you know anyone in need of Hospice? Yes ( ) No ( )
   If yes, may we contact you about them? Yes ( ) No ( )

Total Number in Attendance
Volunteer Coordinator CPC Charting

For Initial Visit Documentation:
1. Click “Browse Patients” on the left side of the screen
2. Show all patients
3. Select correct patient
4. Click “Open Visit” on the left side of the screen
5. Enter date/time of the visit and select “INITIAL VISIT-VC”

- Volunteer Patient Information Form
  1. Click “Work With Forms”
  2. Click “Fill Out Forms”
  3. Click “Volunteer Patient Information Form”
  4. Fill out appropriately
  5. In the comment box, write a short narrative describing teaching the patient/caregiver about volunteer services and whether or not they accepted or declined. Include any other pertinent visit information including if you have or do not have a volunteer to assign at this time. If you do have a volunteer to assign to the patient, document that you educated the patient that you will be back to introduce the volunteer to he/she. If you do not have a volunteer to assign, document that there is currently no volunteer in that area to assign to the patient, but that you are actively recruiting a volunteer for he/she.
  6. Copy the narrative (Ctrl C or Right Click Copy), you will paste this on another form.

- Plan of Care Comprehensive Assessment/Update (also called IDT note):
  1. Click “Orders” at the top of the page
  2. Click “Edit” next to the most current POC/Update Note
  3. Scroll towards the bottom of the screen to the section “Summary of Assessment and Need”
  4. Find the “Volunteer Coordinator” and check the box. Care Plans will pop up.
  5. Check the box labeled “Summary”
  6. Paste your narrative into this box.
  7. Also, note the visit frequency assigned to volunteer coordinator. It is your responsibility to make sure your discipline visit schedule is correct on the IDT Plan Of Care.
     a. REMEMBER: If the volunteer coordinator GOES out to see the patient, then the visit schedule should be 1x/mo and PRN. If the VC does NOT go out to see the patient, then the visit schedule should be 0.

- Volunteer Needs Care Plan:
  1. Click on “Care Plans” at the top of the page
  2. Click on “Add Problem” on the left of the page.
  3. Choose #24 Volunteer Needs
  4. Fill out appropriately for patient
     o You must match goals, interventions and actions.

***IMPORTANT: Once you open one care plan, that will be the ONLY care plan that needs to be opened. For every remaining visit after the initial visit, you will simply “Take Note” on that care plan. See following steps below for how to do this.

- Narrative on Care Plan
  1. On the right side of the screen there is a drop down box.
  2. Select “take a note: volunteer needs”.
  3. Paste your narrative in that box.
• Close Visit
  1. On the left side of the screen choose “close visit”.
  2. Choose your date and time.
  3. At the bottom select that you have notified your team members.
  4. Then select close at the top right.

• Additional Information:
  o Initial VC visits may be done by HOME VISIT. A Phone visit is the last resort.
  o This visit must be completed within five days of admission.
  o You are required to make a home visit with the volunteer at their initial assignment in order to introduce them to the patient/caregiver.
  o After you have completed the above steps, you are finished with your initial visit.
  o If you do not have a volunteer to assign to a patient who has requested one, you will still complete the above steps. Your narrative should reflect that the patient has requested a volunteer but there is not one to assign.
    ▪ Ex. “4/15/16: Currently there is no volunteer to assign. Will continue to actively recruit volunteers from the community. Will assign a volunteer as soon as possible. C.Richardson,VCBC”
  o Make sure for every note that you enter on the care plan and IDT that you start with the date and close with your name and title. This allows the format to flow more smoothly onto the care plan.

For Ongoing Documentation:
• Progress Notes:
  1. Any changes or communication made with the patient/caregiver regarding volunteers must be documented.
  2. Progress notes are for changes in volunteer services that are not in the “Volunteer Needs Care Plan”.
  3. Progress notes are found under “forms”.
  4. You will copy and paste the narrative into the IDT following steps above and also onto the Volunteer Needs care plan by taking a note as described above.
• *A progress note should be included when the Volunteer Coordinator takes the volunteer out to meet the patient. This summary should include the volunteer’s frequency that he or she will visit. It should also be copy and pasted onto the care plan as well as the most recent IDT.

Current Plan of Care Comprehensive Assessment/Update (IDT Note):
• VCs must document/update the current “Plan of Care Comprehensive Assessment/Update” before each actual IDT meeting.
  o Open documentation visit.
  o Click “Orders” at the top of the page.
  o Click “Edit” next to the most current POC/Update Note
  o Scroll towards the bottom of the screen to the section “Summary of Assessment and Need”
  o Find the “Volunteer Coordinator” and check the box. Care Plans will pop up.
  o Check the box labeled “Summary”
  o Document your narrative.
• The IDT note must be documented on every two weeks, even if there have not been any changes.
• Ex. Documentation, “4/15/16: No changes in volunteer services at this time. Volunteer, John Doe, continues to visit the patient 1x per month. C.Richardson,VCBC”
• Document whatever is appropriate at that time for that patient.
• You will have to update the IDT note each meeting even if no volunteer is assigned.
• The IDT note MUST be addressed every two weeks. You can put your notes in your IDT before the actual meeting. You do not have to wait until the day of the meeting.
The Hospice Foundation of America

Hospice volunteers make a significant contribution to hospice programs, guided by trained Volunteer Coordinators and other hospice professionals.

Before we talk about hospice volunteers, let’s talk briefly about hospice care:

- Hospice is a special form of medical care that provides comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments.
- Hospice care is provided by a team-oriented group of professionals and volunteers who offer a unique knowledge of end-of-life care, including pain management and palliative care.
- Hospice addresses all symptoms of a disease, with a special emphasis on controlling a patient’s pain and discomfort.
- Hospice deals with the emotional, social, and spiritual impact of the disease on the patient and the patient’s family and friends.
- Hospice offers bereavement and counseling services to families before and after a patient’s death.
- For the most part, hospice services are delivered in a patient’s home—whether they live in their own homes, an assisted living or retirement facility, or a nursing home.
- Some hospices have inpatient units or their own free-standing facility, where care is provided in a home-like setting.
- The majority of hospice care is paid for by Medicare and Medicaid.

The Hospice Foundation of America has an in-depth program called Understanding Hospice that talks more about hospice care and the Medicare Hospice benefit. visit www.hospicefoundation.org/infocenter if you want to learn more about what hospice can offer. This free online program can also be a useful tool for training volunteers.

Volunteers:

- Volunteers have always been an essential component of hospice care. In fact, the hospice movement in American was started by volunteers—people who wanted to help bring comfort, dignity and support to the patients and caregivers who were affected by life-limiting illness.
- And now according to the National Hospice and Palliative Care Organization (NHPCO), more than 460,000 hospice volunteers deliver more than 20 million hours of service annually.

What is a hospice volunteer?:

- The Hospice Volunteer Association eloquently defines hospice volunteers, “Through a compassionate connection with the dying person, their presence often becomes an important element in that person’s final journey—bearing witness to dying and death.”
- Almost 60% of hospice volunteers report that their personal experience with hospice or that of a friend led them to become a hospice volunteer. Other individuals are moved by stories of hospice patients or inspired by the work of other hospice volunteers or professionals, and want to give back in some way.
- Alex Silva shares his story: “I started out as a hospice volunteer because hospice took care of my grandfather, and I saw the care and compassion that they offered and the great relief the volunteers offered to my family and I wanted to be a part of that.” Mr. Silva now works as a Volunteer Coordinator for a hospice program.

What do volunteers do?:

- Potential hospice volunteers need to know that many opportunities are available to contribute in a meaningful way.
Some volunteers may be comfortable being present with individuals who are dying and with their loved ones, while others may be more suited to offer skills in other ways.

Volunteers offer support to the hospice Interdisciplinary Team. This professional team usually consists of a physician, nurse, social worker, chaplain, home health aides and therapists. Volunteers help the professional team by assisting patients and families in:
- Providing emotional support and companionship
- Reading books or writing letters, playing games and telling stories, or playing music and singing.
- Helping with light household tasks
- Helping with light yard work

In addition to direct patient care, volunteers can provide important administrative assistance to the hospice, such as:
- Answering the phone
- Preparing educational materials and completing mailings
- Helping with computer or website functions

Gail, a hospice volunteer in Maryland, talks about how she contributes to her local hospice, “As a volunteer for my hospice, I work primarily in maintaining the website, getting out new information about events, I work with the marketing people who are designing brochures to make sure the information is consistent and that we’re getting out a really great message to the public and that we are presenting a really good image to our clients who might want to use our services.”

Many hospices develop a core of specialty volunteers who have a background or talents that help in unique ways.
- Bereavement volunteers provide calls and visits to survivors, and assist with memorial services and support groups.
- Complimentary therapy volunteers are skilled at massage, art, or music therapy or journaling.
- Education and outreach volunteers speak to the community on topics related to end-of-life or hospice care.
- Craft volunteers make items such as blankets or memory bears.
- Pet therapy volunteers have screened and trained animals that provide socialization, comfort, and joyful memories.
- Volunteers who served in the military can bring a special knowledge about military life and culture to dying vets and their families.
- Spiritual care volunteers support patients and their families with needs that arise at the end of life, such as meaning-making and life review.
- Telephone volunteers check in with patients and their families or make supportive phone calls to bereaved persons.
- Vigil care volunteers choose to be present with patients and families in the last hours of a patient’s life.

From patients and family assistance to hospice program support and even the potential to share talents and skills as a specialty volunteer, all of these roles are vital to hospice patients, their loved ones and hospice programs.

Benefits of Hospice Volunteers:
- Volunteering doesn’t just help the hospice program. While the rewards of being a hospice volunteer are often intangible, they should be considered by hospices when recruiting and training volunteers.
- Researched by Kovacs and Black has outlined six rewards of being a hospice volunteer, which include:
  - Benefiting one's career
  - Boosting self-esteem, by giving of yourself to others
  - Strengthening compassion for others
  - Increasing connection to others
Reinforcing values
Adding knowledge and skills

- The benefits to the hospice, patients, and caregivers of a hospice volunteer program:
- In addition to being a rewarding experience for the volunteer, a successful hospice volunteer program offers great benefits to the hospice program and the families they serve by:
  - Expanding the range and quality of services the hospice can offer.
  - Providing a hospice team member who can take extra time with a patient and family.
  - Offering the patient and family a person who can be supportive during a difficult time, allowing staff to focus on clinical patient care and building supportive relationships.

- A strong hospice volunteer program can also:
- Demonstrate to referral sources that the hospice is committed to using a variety of resources to increase quality of life
- Provide cost savings to the organization
- Provide another advocate for hospice services in the community

Medicare Regulations and CoPs:
- In hospices that receive Medicare dollars, volunteers are considered an integral part of care.
- Medicare regulations dictate that hospices certified by Medicare must use volunteers in defined roles and under the supervision of a designated hospice employee.
- More specifically, the federal regulations state:
  - The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.
  - Volunteers must be used in day-to-day administrative or direct patient care roles.
  - The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers
  - The hospice must document the cost savings achieved through the use of volunteers. This documentation must include:
    - The identification of each position that is occupied by a volunteer.
    - The work time spent by volunteers occupying those positions
    - An estimation of the dollar costs that the hospice would have incurred if paid employees occupied those positions.
- Volunteers must provide day-to-day administrative or direct patient care services in an amount that, at a minimum, equals 5% of the total patient care hours of all paid hospice employees and contract staff.
- Along with these regulations, Medicare has guidelines, called Medicare Conditions of Participation (CoPs) that must be followed by a compliant hospice program in order to continue to receive funding. One of the 24 CoPs that a hospice must meet in order to receive Medicare funding is that at least 5% of total hours of patient care be delivered by volunteers.
- The CoPs are requirements for hospices to follow in order to receive Medicare reimbursement. CMS has an online hospice center that houses helpful information for consumers and providers about hospice, the Medicare Hospice Benefit, and developing hospice programs at [www.cms.gov/center/hospice](http://www.cms.gov/center/hospice).
- Each state also has its own hospice regulations and state statues; in the case of volunteer services, they often mirror the federal regulations.

Teenage Volunteers:
- Although there are many regulations governing the use of hospice volunteers, there are no specific age requirements for hospice volunteering. Most pre-teens and adolescents work as administrative volunteers in the
hospice office. Case-by-case consideration should be given as to whether a teenager age 15-18 should visit a hospice patient.

- Many hospices use student interns as volunteers to assist the hospice team, patients, and families as part of their education requirements. Hospices utilize the services of:
  - High school and college students completing community service hours.
  - Social work, nursing and other students at the college and graduate school level
  - Administrative and clerical students

- Volunteering can be an extremely powerful experience for young people; here’s how it has impacted teen volunteer Juno, “Hospice is probably one of the most rewarding experiences perhaps in my whole life because you know that you’re making a difference in that patient’s life even though it might only be for 30 minutes, for an hour, for a week—you know that patient has happiness for those moments you spend with them.”

**Recruiting Volunteers:**

- That sincere description highlights two important qualities for all hospice volunteers: compassion and commitment.
- Many volunteers start by hearing a recruitment presentation by the volunteer coordinator or by contacting a local hospice program.
- Hospice Foundation of America has an online directory at www.hospicedirectory.org that can help potential volunteers find hospices in their area.
- Often, the first point-of-contact for volunteers is a hospice volunteer coordinator, who coordinates the volunteer program and provides information about volunteer opportunities.
- After the initial contact, the screening process usually starts with an application and an interview.

**Interview process:**

- Potential volunteers should demonstrate the capacity for empathy, sensitivity, respect and unconditional acceptance for all hospice patients and their loved ones.
- When screening and interviewing potential volunteers, hospices also consider these questions:
  - What are the applicant’s skills, aptitudes, motivations and interests, and how do these skills and needs match with those of the hospice?
  - Is the volunteer receptive to the hospice philosophy?
  - Does he or she have a degree of comfort with dying, death and loss?
  - Does the volunteer seem mature and in good emotional health?
  - Does the volunteer’s motivation to assist the terminally ill persons and their families seem to be focused on those people, not on the volunteer’s own needs?
  - What is the volunteer’s own sense of spirituality or faith?
  - How does the applicant feel about working with patients that may be of a different race, religion, or lifestyle than his or her own?
  - Is the volunteer willing to complete the orientation process and other requirements, such as annual health tests and evaluations, ongoing in-services, and timely completion of volunteer notes?
  - Does the volunteer have time in his or her personal schedule to adequately provide services?
  - Has the volunteer made a healthy adjustment to significant losses in his or her own life? If the volunteer had a recent loss or has a loved one who is seriously ill, the hospice will generally suggest waiting until the crisis has passed. It is critical that hospice volunteers have been able to cope with their own grief and loss before volunteering to help hospice patients and families.

- Before a hospice volunteer can begin, a background and reference check, tuberculosis testing and health screening, and the completion of required forms is finalized.
Volunteer orientation and training:

- Most hospices design their own orientation programs for hospice volunteer training.
- Volunteer training serves as a crucial bridge between volunteers gaining knowledge and skills and actually working with hospice patients, families, and professionals.
- Good training prepares volunteers for their roles and instills confidence that they can fulfill those roles.
- Medicare regulations state that hospices must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.
- The Medicare guidelines specify that volunteer training should be specific to the tasks performed.
- Time spent in providing quality training will strengthen hospice volunteer retention and encourage referrals of new volunteers.
- Generally, volunteer orientation mirrors staff orientation to some degree and might include discussions of such topics as:
  - Organization
  - The history and philosophy of hospice
  - The role of hospice interdisciplinary team
  - Hospice regulations and policies.
  - Patient care, including psychosocial, spiritual and emotional needs of patients and families, and how to communicate with them in a healthy, supportive manner.
  - Communication with the hospice team
  - Ethical issues
  - Advance Directives
  - Patient safety
  - Volunteer self-care
  - Documentation and other administrative requirements expected of the volunteer in fulfilling his or her role
  - Compliance with HIPAA and OSHA
  - Training specific to a defined task be provided for those volunteers whose assignment is something other than what is discussed during orientation. For instance, administrative volunteers need to be orientated to the office and shown the tasks they will perform and hospice inpatient unit volunteers should be orientated to the unit
- After the initial training, ongoing education is necessary to maintain and improve the volunteer’s competence.
- Federal regulations stipulate that ongoing educational opportunities be provided, including an annual review of HIPAA, OSHA and compliance with other federal and state requirements.

Hospice Foundation of America Training Resources:

- One of the essential components of hospice volunteer training is learning about what patients experience at the end of life.
- Hospice volunteers are introduced to different types of distress that people may experience at the end of life, including physical, emotional and spiritual.
- The Hospice Foundation of America has excellent training resources available to help educate volunteers about how to help and support hospice patients and families.
- One publication, focusing on The Dying Process, provides a guide to what many people experience when dying, and what caregivers might expect. This free resource is available at www.hospicefoundation.org
- HFA’s Hospice Information Center has free videos and programs which can be used to train hospice volunteers who are interested in learning about special topics in end-of-life care. Hospice staff and volunteers can visit
www.hospicefoundation.org/infocenter to learn more about how hospice care can support those coping with cancer, Alzheimer’s disease, and family caregiving. Other programs look at how hospice supports veterans, those living in rural areas, and the challenges of aging and end-of-life care in the LGBT community. All of these resources are free to individuals or organizations, and can complement any hospice volunteer training program.

Volunteer Retention:

- Once hospices have completed the initial volunteer training, how do hospices retain talented and valued volunteers? This is a challenge, but there are some successful strategies.
- One of the key elements in retaining volunteers is identifying the volunteer’s motivation and then placing that person in roles that meet those motivational needs. One study identified common reasons for continued hospice volunteerism; these included:
  - A belief in the hospice mission
  - An opportunity for personal or professional growth
  - Being able to feel needed
  - Feeling supported by, and connected to, by the hospice staff
  - Being able to share death experiences.
- Alex Silva supervises hospice volunteers in San Diego and talks here about how he ensures that he has a strong volunteer program: “Once a volunteer comes aboard—it’s up to their manager to make sure they remain aboard. At my hospice, our retention efforts focus on four areas:
  - Supervision: I make sure the volunteer has a clear understanding of what is expected; I deal with their concerns—or mine—in a timely and professional manner.
  - Communication: I encourage volunteers to ask me questions and make suggestions. I make sure they know that their ideas are valued.
  - Recognition: When my volunteer does a good job, I want him or her to know it. In fact, I want all the volunteers to know it. Our hospice has a formal recognition program for volunteers as well as staff—and I make good use of it.
  - And Appreciation…which I see as a personal expression of thanks to the volunteer. Sometimes I say a few words privately, sometimes I send a short note or greeting card, and sometimes I have the enormous pleasure of sharing a note from a grateful family.”

What does a volunteer coordinator do?:

- The areas that Mr. Silva describes are all elements of a successful hospice volunteer program. A hospice volunteer program is most effective with strong leadership.
- A volunteer coordinator—also called a volunteer manager, leader or director—is usually the designated staff person who provides supervision and support to hospice volunteers. In some cases, she or he will be managing more individuals that any other manager in the office.
- The best tools for ensuring accountability and follow-through with volunteers are good organization, communication, and support from program staff. Success also depends upon the volunteer manager’s ability to positively influence others.
- The volunteer coordinator should have experience working with volunteers in some capacity and should have skills in educating and motivating others. Motivating people who are not paid is a challenge; the best volunteer coordinators have a can-do personality and strong social skills.
- The tasks of a volunteer coordinator can include:
  - Recruiting and screening volunteers
- Educating, supervising and evaluating volunteers to meet hospice, federal, state and other accreditation standards
- Identifying patient and family needs that can be met with volunteers and matching the best volunteer to this task
- Advocating for the integration of volunteers into the interdisciplinary team and communicating with other team members
- Showing interest in hearing about a volunteer’s personal life, as well as about the patients and families he or she is visiting
- Developing a Volunteer Advisory Board, to give selected volunteers additional input
- Encouraging ongoing retention of volunteers through recognition, education and support
- And developing ongoing evaluation strategies for the volunteer program
Volunteer Personnel Files:

- In order for a volunteer program to be compliant with CMS and other guidelines, an effective volunteer coordinator maintains accurate volunteer personnel files.
- The volunteer file should mirror the hospice employee file and might include documents such as:
  - Information about the volunteer. This could include contact information, previous volunteer and employment experience, personal references, languages spoken, availability, and areas of interest.
  - Documents including copies of the volunteer’s driver’s license, identification card, auto insurance and any professional certifications.
  - The volunteer file should also include documents related to the volunteer’s assignments, including proof that the volunteer attended and completed orientation; a job description that clearly lists the various roles served, and a signed copy of a volunteer confidentiality statement.
  - As the volunteer continues working, documents will be added to the file, such as assessment forms. These will include a volunteer competency assessment completed before the volunteer’s first assignment, as well as annual evaluation and competency forms. If the volunteer is under the age of 18, the file will need to include a minor volunteer permission form, and any other forms or certificates required by state law.
  - A separate file containing volunteer health information must be maintained and should include a health screening form or physical examination documentation, which lists any communicable disease or physical limitations; tuberculosis test results per protocol; and updated pet vaccinations, if applicable.
  - The volunteer manager should also maintain proof of ongoing recruitment and retention activities; proof that the 5% standard required by Medicare is being met; and proof of ongoing in-service trainings. Records showing dates and duration of the volunteer’s visits and the type of volunteer activity performed should be kept for each year.

Developing the Volunteer Program & Recruitment:

- Beyond individual recordkeeping and supervision, hospice volunteer leaders continually work to develop and expand their volunteer program. One good way to start this process is by assessing the needs of the hospice program, which includes interviewing key agency staff to identify:
  - The various roles volunteers can fill
  - Any specialty volunteer projects
  - Staff members who can advocate for volunteers
- After completing the needs assessment, a hospice volunteer coordinator can consider the hospice requests and match volunteers accordingly. Based on the needs of the hospice and knowledge of the community, a volunteer coordinator can develop recruitment tools to reach new volunteers.
- Community exposure and outreach are primary to successful volunteer recruitment. Outreach activities have a positive impact on patient referrals and admissions.
- Here are some ways that hospices promote volunteer opportunities and training events:
  - Call leaders in community organizations, such as employers, professional and civic associations and faith communities. Many organizations welcome the opportunity to inform their members or employees about volunteer opportunities.
  - Send brochures with a cover letter and follow-up with a phone call
  - Place posters on bulletin boards in community agencies or local businesses such as senior centers, grocery stores, libraries and churches.
  - Utilize internet volunteer services such as www.volunteersmatch.org, volunteers of America at www.voa.org or local volunteer programs.
Contact media outlets, including newspapers, community publications, and radio and TV stations, to promote volunteer opportunities. Consider running public service announcements for hospice volunteers.

Provide information about hospice volunteering to support groups. After survivors have had time to cope with their own bereavement, many people choose to volunteer for hospice because of their own families’ experiences.

The most proven method to generate interest and commitment from potential volunteers is the old-fashioned one-on-one interaction. People are often drawn to hospice volunteering for very personal reasons. When a hospice leader or professional talks about hospice services and volunteer opportunities at a community group function, or when current volunteers and staff spread the word to their family and friends about their own experiences, other volunteers can become just as enthusiastic about hospice.

Another opportunity to be face-to-face with a welcoming audience is to participate in community fairs and events. Groups often schedule programs at malls, community and senior centers, faith communities, or local convention centers. Many hospices find it helpful to give away presents and useful tools customized with key message points and information.

Targeted recruitment can be conducted for specific groups, or used if the hospice needs to find volunteers with specific skills. To reach older adults, hospices can consider contacting:

- A local office of Senior Corps, which runs the Retired Senior Volunteer Program (RSVP) as one of its three volunteer networks. You can visit www.seniorcorps.gov to find state and local information about recruiting older adult volunteers.
- Other organizations could include senior centers and retirement communities, or local and state AARP chapters, visit www.volunteer.AARP.org for more information.

Hospices can recruit student interns and volunteers from:

- High school and college career fairs and field placement offices
- Vocational and professional schools
- Sororities and fraternities
- Boy or Girl Scout troops

Many organizations are now turning to social media outlets; for instance Facebook’s “Causes” page at www.facebook.com/causes which has a volunteer capacity tool.

Assigning Volunteers to Patients:

- Along with strong training, retention and recruitment efforts, another key to a successful volunteer program is assigning volunteers to patients and families in a timely, organized and supportive fashion. This is especially important after the conclusion of orientation, as new volunteers are generally anxious for their first assignment.
- Some hospices will send new volunteers out with more experience team members or current volunteers for their first patient visit.
- Many considerations go into assigning a volunteer to a patient, including:
  - The type of service desired by the patient and family
  - Special patient requests—such as preference for a male or female
  - Preferences of the volunteer
- Often, once a patient and volunteer are matched, all relevant details of the assignment are shared with the volunteer, the patient/caregivers, and the team.
- It is ideal to have a team member contact the volunteer before the first visit.
- If the request cannot be filled right away, the volunteer coordinator must notify the team, so a team member can fill the need until a volunteer is identified.
- Extra support is suggested following the volunteer’s first visit and in special circumstances, such as after attendance at a death, or when dealing with challenging family dynamics.
• The volunteer coordinator should offer the volunteer an opportunity to “debrief” by talking about the experience; some hospices also run support groups for their volunteers.
Communicating with the IDT:

- The volunteer coordinator interacts with both the volunteers and the hospice staff. It is crucial that the volunteer coordinator communicate about the volunteer services program to the team and to any new employees.
- Facilitating ongoing communication allows team members to understand not only what volunteers are responsible for doing, but why it is important to maintain a quality volunteer program.
- Effective hospice volunteer coordinators let their enthusiasm for volunteerism and for their volunteers become contagious!
- By sharing compelling volunteer and patient stories and talking up the program, the volunteer coordinator reminds the team about the important support these volunteers bring to the hospice.
- Volunteer coordinators can inform hospice teams about availability in their area and can describe the volunteer’s interests.
- Team requests for volunteers should be processed as quickly as possible.
- Team meetings can be a great way to promote the volunteer program, ensuring that the team is aware of what volunteers are doing and gaining feedback from team members.
- In any communication with staff, the volunteer coordinator should hear any concerns and address them appropriately.
- Hospice professionals play an important role in their collaboration and relationships with volunteers by:
  - Identifying and referring appropriate volunteer requests to the volunteer manager.
  - Calling volunteers to update them on the patient’s conditions and to share their appreciation of the volunteer.
  - Accompanying volunteers to their first visit to help allay fears the volunteer may have; this gesture helps the volunteer feel like part of the team.
- Team members can help the patient / caregivers understand what role the volunteer might play in their care.
- Hospice professionals will develop and write a plan of care for volunteer services, including volunteer interventions and frequency, and change the plan of care as needed.
- Team members may review volunteer notes at team meetings and participate in volunteer evaluations as requested, and can provide volunteers with timely feedback, and even expressions of appreciation from the patient and family.

Supervising and Managing Volunteers:

- In addition to this connection with the team members, volunteers need ongoing guidance, support and on-the-job training. Supervision helps volunteers maintain interest and enthusiasm. Supervisors should get to know their volunteers and understand how to motivate them, and should include follow-up, recognition, and support, comparable to paid staff supervision.
- Good supervision includes:
  - Optimizing a volunteer’s performance, which can begin by simply reviewing the job descriptions and performance expectations with the volunteer, and giving clear instructions about the tasks to be performed. This process helps the volunteer understand why his or her particular tasks and positions are important.
  - Informing volunteers about how much decision-making power they have when performing their tasks, and being available when the volunteer has questions or concerns.
  - Checking in with the volunteer once she or he has had the opportunity to work on the task for a while, to ensure that they have the resources they need to be successful. Showing gratitude for the volunteer’s help always goes a long way to supporting volunteers.
But even with all of these suggestions, there are challenges in managing volunteers, just as there are with managing staff. Some of the issues a volunteer coordinator might encounter with managing volunteers could be that the volunteer:

- Does not turn in timely volunteer notes or required documents
- Writes inappropriate volunteer notes
- Does not communicate with the team or volunteer leader
- Is inappropriate with patients, families or staff
- Is not dependable
- Becomes overinvolved or crosses boundaries

Before a hospice volunteer coordinator takes action, it is important to assess whether any of the following circumstances contributed to the problem:

- Was the volunteer unclear about his or her assignments, or what she or he can and cannot do?
- Was there something he or she either missed or misunderstood during orientation?
- Is this an especially challenging patient and/or family, or a difficult work situation?
- Does the volunteer feel disconnected from the team or volunteer coordinator?
- Was the volunteer asked to do something that he or she lacks skills in?

Any concerns should always be addressed in a timely and appropriate manner.

**Annual Evaluation of Volunteers:**

- Volunteer evaluations are another important element of supervision.
- Assessing volunteers is an important way of maintain quality volunteer services.
- The process also allows the volunteer leader and volunteers to review their accomplishments and challenges of the year, and establish goals together for the following year.
- Evaluations should be generally positive and upbeat, unless there is cause for concern.
- Ideally, any significant concerns should have been addressed prior to the evaluation.

**Appreciating and Recognizing Volunteers:**

- In addition to the evaluation process, volunteer support and recognition is imperative.
- This demonstrates that hospices care about their volunteers, which in turn helps motivate their work.
- Due to the nature of hospice work, volunteers are likely to need more support than other types of volunteers.
- They should be encouraged to utilize the resources the program provides, including ongoing supervision and positive interaction with the IDT.
- Appropriate recognition of people who donate their time and talents is a vital ingredient of a volunteer program’s success.
- Recognition is essential for retention, and frequent praise for well-deserved efforts will enhance the volunteer’s experience.
- Recognition is most effective when given in a peer group setting, and enhanced when given immediately after good service is performed.
- It is important to match the method of recognition to the needs of the volunteer, and to recognize genuine achievement and all volunteers who achieve.
- Here are some creative ways that volunteer leaders show recognition for the contribution of volunteers:
  - Schedule a formal volunteer recognition event at least once per year, possibly during National Volunteer Week in April.
  - Nominate volunteers for national and local volunteer recognition programs and present special recognitions to teen, administrative and patient volunteers.
Recognize the volunteer’s birthday or anniversary by calling or sending a card.
Encourage hospice teams to invite volunteers to events that promote team spirit or encourage team members to write notes of appreciation to volunteers.
Invite all volunteers to the staff holiday party and other hospice employee events.
Create annual programs that award volunteers who achieve certain standards, such as the greatest number of hours per quarter or year.

- Communicating with volunteers on a regular basis provides a great opportunity for support. Some hospices produce a volunteer newsletter; this newsletter can include patient and family stories or thank-yous, special mention of certain volunteers, or articles on volunteering.
- The newsletter can also be distributed to program staff and highlight teams, team managers and individual team members who support and recognize volunteers.
- Other hospices hang a volunteer bulletin board in the hospice office with similar information.
- Letting the community know about hospice volunteers is a great way to recruit other volunteers and show appreciation for current volunteers. Press releases can be sent to local media for “Volunteer of the Quarter” or other recognitions, and stories about volunteer or volunteer groups can also be sent out.
- Hospices across the U.S. rely on volunteers to provide compassionate care and vital administrative support. Volunteers in hospice find it personally gratifying, intellectually stimulating, and emotionally meaningful to assist those in need at a critical point in their lives. Many of these volunteers were introduced to hospice through the death of a family member and understand firsthand the value of hospice care. Hospice volunteers consistently report that helping the terminally ill through hospice is not about dying but about living.
- As Elaine, a hospice volunteer says: “I know I have made a difference, at least in one person’s life at this point. And I know it’s toward the end of their life, but that makes it all the more important.”

Hospice Volunteers: Recruiting, Retaining, Rewarding was developed by Robin Fiorelli, LCSW, Senior Director of Bereavement and Volunteer Services for VITAS Healthcare Corporation. Additional writing was provided by Karyn Walsh, HFA Social Worker, and Lisa McGahey Veglahn, HFA Program Officer. Additional assistance was provided by Lindsey Currin. Our Executive Producer is Amy Tucci, President and CEO of the Hospice Foundation of America.

The Hospice Foundation of America has more information on hospice care, grief and loss, caregiving and end-of-life issues available at the Hospice Information Center at www.hospicefoundation.org/infocenter. We encourage hospice volunteers and professionals to check out these free programs for educational purposes and training.

This program was made possible by a grant from the Centers for Medicare and Medicaid Services. In addition to this presentation, the CMS grant funds a variety of outreach and educational programs and materials available from the Hospice Foundation of America.
References:

Hospice Volunteer Association; www.hospicevolunteerassociation.org.

Differentiating Recruitment Strategies for Direct Patient Care, Clerical, Fundraising and Hospice Volunteers, Pamela J. Kovacs, PhD and Beverly Black, PhD. The Hospice Journal, Vol 12(4) 1997.

Hospice Journal researched by Jean Pearson Scott and Jackie Caldwell.

Survey Preparedness for Volunteer Coordinators

1. What activities can be included in the 5% cost saving calculation?
   - In order to be included in the 5% calculation, the volunteer’s work must directly benefit a patient or family. In addition to visiting and providing companionship, direct patient/family care could include numerous activities such as cleaning their home or even feeding or watering their dog.
   - When providing administrative work, the tasks must directly impact the hospice’s support of patients/families. Typical office duties include filing, data entry, and helping with family mailings.
   - There are many activities provided by volunteers that are NOT eligible for inclusion in the 5%. Some of these activities include sewing/craft projects, time spent in training, IDT meetings, and events such as working at health fairs. These activities are not directly related to patients/families, so should not be included when calculating the 5% Level of Activity.

2. How many hours should a volunteer orientation program include?
   - The federal regulations do not specify a required length of volunteer training, but some state regulations are more specific.
   - Legacy Hospice’s training program for volunteers is 8 hours. Less may be required for special circumstances, such as, student nurses.

3. What information is included during Volunteer Orientation?
   - Our training manual includes materials that are in accordance with Federal and State regulations. They are trained on hospice goals & philosophy, confidentiality, patient & family rights, coping skills, and psychological issues surrounding terminal illness, death, and bereavement. Common hospice diagnoses are also reviewed.

4. What documentation do you have regarding the orientation of your volunteers?
   - All volunteers must complete quizzes at the end of each section of the volunteer training manual to reflect the knowledge of the volunteer. The completed quizzes are filed in the Volunteer’s Employee File.

5. Can a hospice list a volunteer’s visit frequency as PRN?
   - No. CMS required that all required disciplines, including volunteers, listed on the patient’s plan of care have distinct visit frequencies. PRN is not allowable as a standalone frequency. PRN can accompany a distinct visit frequency such as “1xmonth and PRN”.

6. How do you calculate your Cost Savings?
   - Divide the number of hours that volunteers spend providing administrative/and or direct patient care by the total number of patient care hours by all paid hospice employees. Legacy Hospice’s “Monthly Volunteer Report” is an excel spreadsheet that automatically calculates that percentage when the appropriate values are entered.

7. Does Legacy Hospice count the travel time of volunteers?
   - No. In order to count the travel time of volunteers, we must also count the travel time of employees. At this time, we do not count employee travel time.

8. Where are your state rules as related to your volunteer program?
   - Each office should have a copy of their state and federal regulations. (These books are kept in different locations. Please know where your books are kept and what sections reference volunteers. All VC should have read their federal/state guidelines regarding volunteers at least.)
9. How do you recruit Volunteers and how can you prove this?
   - Volunteers are recruited by performing at least 4 community presentations per month to organizations such as churches, Rotary’s, Ladies Auxiliary, Health Fairs and BP Screenings. Sign-in sheets are obtained at every presentation and filed in the “Recruitment Scrapbook.”

10. How do you retain your Volunteers?
    - We have at least 2 luncheons per year to recognize and show appreciation for our volunteers. We sometimes submit articles in our local newspaper recognizing our volunteers for their hard work. (Each offices retention efforts will vary and your answer should reflect what you actually do for your volunteers.)

11. How can you show you efforts to retain Volunteers?
    - Retention efforts are shown in our “Retention Scrapbook”. It includes dates of our luncheons/awards and who attended. It also includes newspaper clippings from articles we have submitted. (Your scrapbook should reflect the effort of your office and will vary by office.)

12. How do you screen you volunteers?
    - Volunteers are interviewed and references are checked. We also complete a felony background check. Volunteers must also pass a health physical.

13. What types of activities do your volunteers perform?
    - We have direct care and administrative volunteers. Our direct volunteers spend time with our patients doing things like providing companionship, light housework and reading. Our in-direct volunteers help in the office with administrative duties such as filing, making new patient packets, bereavement calls, and family mailings.

14. Are your volunteers supervised? How?
    - YES. ALWAYS. Our volunteers are introduced to each new patient by a staff member. We stay in contact with the pt/family to assess our volunteer’s performance. Our volunteers also fill out reports on every patient they visit as well as reports on time spent in office.

15. How often do you perform in-services/trainings with your volunteers?
    - Quarterly and PRN, depending on the needs of the volunteer.

16. What type of training do you do with your Volunteers?
    - Please refer to your Training Manual at this time and show the content. Quizzes are taken at the end of the training to reflect the knowledge of the volunteer.

17. How do your Volunteers document their activities?
    - All volunteers fill out a direct/administrative report each time they visit a patient or work in the office.

18. Where are your Volunteer Job Descriptions?
    - Volunteer job descriptions can be found in our Policy and Procedure Book as well as on our website under employee resources for Vol/Ber. Signed job descriptions for our volunteers are filed in their Volunteer Employee file.

19. How do you supervise your Tuck-In Volunteers?
    - The Volunteer participates in at least 5 calls to patients/families with the Volunteer Coordinator before making calls on their own. The Tuck-in volunteers documents on the “Legacy Hospice Tuck-in Program Call Script and Tracking Log.” These forms are given to the VC or OM no later than 4pm on Thursday. The forms are filed on the patient’s chart.

20. How often is the Volunteer Plan of Care reviewed?
- The Volunteer Plan of Care is reviewed and/or revised as often as the patient’s condition requires, but no less than every 15 days. This is documented on the IDT note – also called the “Plan of Care Comprehensive Assessment/Update”.
Bereavement Program Training

- Regulations Related to Bereavement

Federal

Definition, Bereavement Counseling: emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

§418.64

(d) **Standard: Counseling services.** Counseling services must be available to the patient and family to assist the patient and family in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process. Counseling services must include, but are not limited to, the following:

(1) **Bereavement counseling.** The hospice must:

   i. Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.

   ii. Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care.

   iii. Ensure that bereavement services reflect the needs of the bereaved.

   iv. Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in §418.204(c).

State of Alabama

420-5-17-.15 Counseling and Bereavement Services.

(1) Each hospice care program shall make available counseling services to the hospice patient and the patient’s family. Counseling services shall include dietary, spiritual, and any other necessary counseling services while the patient is enrolled in the hospice care program. Counseling services shall be provided by a qualified interdisciplinary team member or one or more other qualified individuals, as determined by the hospice care program.

(2) The hospice care program shall make reasonable efforts to arrange for contacts by clergy, chaplain, and other member of religious organizations in the community to patients who request such services and shall apprise patients of this opportunity.

(3) Each hospice care program shall provide bereavement services, as needed, for hospice patients’ families. These services shall be provided for at least one year after the patient’s death unless discontinued by the family. Bereavement services shall be provided under the supervision of a designated qualified professional.

State of Arkansas

Section 15: Counseling Services

Counseling services shall be available to the patient and the family and shall include the following:

A. Bereavement Services

   There shall be an organized program for provision of bereavement services under the supervision of an individual with specialized bereavement training. The plan of care for these services shall reflect family
needs which shall include personal visits up to one year following the patient’s death. Refusal or variations from the visits or contacts shall be documented.

State of Louisiana

Subchapter B Organization and Staffing

§8217. Personnel Qualifications/Responsibilities

B. Counselor—Bereavement

1. Qualifications. Documented evidence of appropriate training, and experience in the care of the bereaved received under the supervision of a qualified professional.

2. Responsibilities. Under the supervision of a qualified professional, and as part of an organized program for the provision of bereavement services, the counselor shall implement bereavement counseling in a manner consistent with standards of practice. Services include, but are not limited to the following:
   a. Assess grief counseling needs;
   b. Provide bereavement information and referral services to the bereaved, as needed, in accordance with the POC;
   c. Provide bereavement information and referral services to the bereaved, as needed, in accordance with the POC;
   d. Attend hospice IDG meetings; and
   e. Document bereavement services provided and progress of bereaved on a clinical progress note to be incorporated in the clinical record.

State of Mississippi

Rule 1.22.4 Bereavement services shall be available for a period of at least one year following the patient’s death. Such services shall be defined by policy. Documentation of such services shall be maintained.

State of Missouri

19 CSR 30-35.010 Hospice Program Operations

5. Bereavement care services.

   A. There shall be an organized program for the provision of bereavement services under the supervision of a qualified professional who is a person with training or experience related to death, dying and bereavement.
   B. Within two months following the patient’s death, there shall be an assessment of risk of the bereaved individual and a plan of care that extends for one ear appropriate to the level of risk assessed.
   C. In addition to the assessment, at least one bereavement visit (other than funeral attendance/visitation) shall occur within six months after the death of the patient.

State of Oklahoma

310:661-5-2.2 Core Services

(e)Counseling Services

(1)Bereavement Counseling. The hospice shall:

   (a) Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling;
   (b) Make bereavement services available to the family and other individuals in the bereavement plan of care up to one year following the death of the patient. Bereavement counseling also extends to residents of a care facility when appropriate and identified in the bereavement plan of care;
(c) Ensure that bereavement services reflect the needs of the bereaved; and
(d) Develop a bereavement plan of care that notes the kinds of bereavement services to be offered and the frequency of service delivery.

State of Tennessee
Rule 1200-08-27-06

(d) Counseling Services

1. Bereavement counseling. There must be an organized program for the provision of bereavement services under the supervision of a qualified professional. The plan of care for these services should reflect family needs, services to be provided and the frequency of services.

➤ NHPCO Recommendations are that hospices utilize staff with degrees in clinical social work, mental health counseling or other related fields (including chaplaincy) to provide bereavement services.
Bereavement Policy

Revised 4/8/2016

An assigned Corporate Bereavement Coordinator along with the Corporate Chaplain will arrange for educational information on grief, death and dying to be given to Chaplains and Bereavement Coordinators. Legacy will provide Bereavement Services to the survivor or family member(s) of patient in need of bereavement for up to 13 months, additional time may be added if needed. This Care Plan will include but not be limited to:

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<tr>
<th>TIME FRAME</th>
<th>PROCESS</th>
<th>DISCIPLINE</th>
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<td><strong>ADMISSION:</strong></td>
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| At Admission | • Discuss grief support and explain to the caregiver how we continue to follow up and support them after their loved one has passed with phone calls, visits and grief support booklets.  
• Notify appropriate staff of new admission | Admitting RN |
| Within 5 days of Admission | • Initial home visit is completed within 5 days after admission  
• Initial Bereavement Assessment Form is completed  
• Initiate and complete Bereavement Care Plan and Comprehensive Assessment Update (IDT note) | Chaplain (SW to complete in absence of Chaplain) |
| **NEAR DEATH:** | | |
| | • Make IDT members aware of those near death | Nursing staff |
| | • Address survivor needs relating to grief support with IDT members  
• Bereavement Care Plan is adjusted as needed | Chaplain (SW to complete in absence of Chaplain) |
| **POST DEATH** | | |
| | • Document after death contact made with the caregiver/family (funeral, phone call, etc.) on the Bereavement Contact Form.  
  o This excludes the first bereavement visit done by bereavement counselor after death, which is documented on the Bereavement Risk Assessment  
• Referral will be made to other disciplines if need is assessed or requested by survivor | All Disciplines |
| At Death | • May call Funeral home or family to get arrangements  
• If schedule permits, a staff member or volunteer may attend funeral/visitation/wake | Hospice Staff Member |
| Within 7 Days | • Mail Sympathy Card  
• Document on bereavement care plan | Bereavement Coordinator |
| | • Phone contact with the survivor/family to arrange a visit. | Chaplain (SW to complete in absence of |
- Face to face support visit completed within 7 days after death
- Complete the Bereavement Risk Assessment Form
- Update Bereavement Care Plan and Comprehensive Assessment Update (IDT note)

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<tr>
<th>Within 8-14 Days</th>
<th>Face to face support visit completed within 7 days after death</th>
<th>Chaplain</th>
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<td>Phone contact with the survivor/family to arrange a face to face support visit. Second Face to Face support visit completed</td>
<td>Chaplain (SW to complete in absence of Chaplain)</td>
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<td>Complete a bereavement contact form</td>
<td>Chaplain</td>
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<td>Update the bereavement care plan</td>
<td>Chaplain</td>
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<table>
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<th>Grief Book Three mailed</th>
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<tr>
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<td>Bereavement Coordinator</td>
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**Documentation:** See electronic medical record for Initial Bereavement Assessment Form, Bereavement Contact Form, Bereavement Care Plan, Bereavement Risk Assessment, and Plan of Care/Comprehensive Assessment Update.
Legacy Hospice Grief Support Program Charting Information

- **Initial Grief Support Visit**
  - Should be completed within 5 days after admission by the chaplain or social worker
  - This can be completed at the same time that the initial spiritual assessment or initial psychosocial assessment is done and does not require opening another visit within CPC.
  - During this time, the bereavement counselor explains the grief support program to the caregiver and educates them on the benefit that the program will be for the family after the patients passing. They will let the caregiver know that after their loved one passes away that Legacy still wants to come out and visit with them because we care about their well-being as well as their loved ones. They will notify them that we will be coming out at times that are most convenient for them.
  - **Documentation:**
    - Open visit type “Initial Visit-Chaplain” or “Initial Visit-SW”
    - Fill out form “Initial Bereavement Assessment” appropriately
      - Include in the summary section a brief description of your discussion of the grief support program with the caregiver
    - Copy and paste your summary onto the most recent IDT under the bereavement section
      - Also, on this IDT, your Bereavement visit schedule should be 1x/mo and PRN since the bereavement counselor went out to visit the patient during this IDT period. On the following IDT’s after this, your visit schedule should be ‘0’ unless the bereavement coordinator or counselor goes out to see the patient
    - Open the Bereavement Careplan
      - Fill out appropriately
      - In the drop down box on the right hand side of the screen, go to “Take Note On: Bereavement”
      - Copy and paste your summary from your bereavement assessment here so that it will flow over onto the care plan
  - **Close Visit**

- **After Death Documentation:**
  - Within 7 days after death:
    - Chaplain or other staff member should contact the family and find out funeral arrangements.
    - If schedule permits, staff member may attend funeral.
    - Bereavement should call and speak to the caregiver and set up a time that is convenient for the caregiver to make the first grief support visit after death.
      - The counselor will let the caregiver know that we care about them and want to come and visit with them to see how they are doing. They will also emphasize to
the caregiver that if there is anything that they need between now and the visit, then they can give us a call at any time.

- During this visit, the counselor will gather information to complete their bereavement risk assessment after the visit is complete.
  - This information should be gathered through conversation with the caregiver.

**Documentation:**

- Open visit “bereavement visit-chaplain” for the exact time and date that the visit was completed.
- Go to forms and fill out “Bereavement Risk Assessment” appropriately.
  - Make sure that within the summary here, you specify that the caregiver will benefit from bereavement visits and mail-outs. Also, include a brief description of how the caregiver is coping and the needs that they express to you during this visit.
- Take note on bereavement care plan by using the drop down box on the right hand side of the screen
  - Here you will copy and paste your summary from the bereavement risk assessment
- Open the most recent IDT and copy and paste your summary onto the bereavement section of the IDT.
  - Your bereavement visit schedule on the IDT should be “1x/mo and PRN” since the face to face grief support visit was completed
- Close visit

**Within 7 days after death:**

- The sympathy card should be mailed out by the bereavement coordinator. After this is done, he or she will document (on the same bereavement care plan as the bereavement counselor) the date that the mail out was made. This same process will be completed with all of the remaining mail outs.

**Within 8-14 days after death:**

- The counselor should touch base with the caregiver and set up a time, at their convenience, for the counselor to come visit.

**Documentation:**

- Open visit “Bereavement Visit: Chaplain” for the exact time and date that the second face to face visit was made.
- Go to forms and fill out “Bereavement Contact Form” appropriately.
  - Make sure to include a brief summary of your visit with the bereaved
- Take note on bereavement care plan by using the drop down box on the right hand side of the screen
  - Copy and paste summary here
- There is usually not an IDT open during this time since it is after death, so the IDT step is not necessary during this visit.
- Close visit
The remainder of any bereavement contacts that are made by the bereavement coordinator or counselor should be documented in this same format, following the same steps.

- The 1 month and 6 month bereavement face to face visits can be completed by the bereavement counselor or the bereavement coordinator.
FREQUENTLY ASKED QUESTIONS

• Since grief support is now a benefit that we provide, instead of a service that is offered, can a family refuse bereavement services still?
  o Yes, at any time after the patient passes away, the family has the right to refuse bereavement services at their own will. However, we do not promote this program as an optional service, but a benefit to provide extra support to the family after the patient passes away. If a relationship is established with the caregiver through prior visits as chaplain or SW, then the caregiver should have no issue with you continuing to visit them. Also, the grief support program should be presented to the caregiver positively from admission, throughout the patients hospice stay. If this program and its positive aspects are presented appropriately, then having bereavement visits refused should not be a frequent recurrence.

• If a patient’s family refuses to allow any face to face grief support visits or mail outs, what do I need to do?
  o In this case, you would open a “bereavement phone call” visit and document on a progress note your conversation with the caregiver and explain here that they refuse grief support services. You will also need to copy and paste this note onto the care plan, as well as the IDT.

• Who is responsible for the face to face grief support visits?
  o The first two grief support visits are to be done by the chaplain or social worker. The remainder of the visits can be completed by the chaplain, social worker, or bereavement coordinator.

• Can the funeral count as the first grief support visit?
  o In most cases, NO, the funeral does not count and the first grief support visit after death. The reason for this is because the bereavement counselor is unable to truly have time to sit down, talk with the caregiver, and develop a true understanding of how the caregiver is coping. However, there are some exceptions such as if the bereavement counselor was officiating the funeral and spent adequate time with the family during this process, then yes, in this case, the funeral can count as a visit.

• Does each discipline have to open their own bereavement care plan?
  o No, the bereavement coordinator and the bereavement counselor are both able to chart on the same care plan that was opened at the initial bereavement visit by the bereavement counselor.

• Does the bereavement counselor or coordinator need to be charting on every IDT?
  o No, there should only be documentation under the bereavement section of the IDT after the initial bereavement assessment and after the first bereavement face to face visit after death.
Initial Bereavement Assessment CPC Example

Primary Caregiver Information
Name of Bereaved _______________________
Relationship to Patient ____________________

Physical/Mental Health
- Current Health Problems/Concerns
- History of Depression
- Sleep changes
- Health concerns
- Keeping overly busy
- Substance Abuse
- Anger
- Guilt
- Extreme Reactions
- Significant Mental Disability
- Self-expressed concerns regarding own coping,

Mental Health
- Anxiety
- Fatigue
- Withdrawn
- Appropriate grief response
- Good self-care habits
- Withdrawn
- Suicidal ideations
- Dependency
- Ineffective Communication
- Unable to evaluate at this time

Social Stressors
- None noted
- Relocation
- Financial
- Legal

Concurrent Stressors
- Role Changes
- Loss of spiritual faith or spiritual distress
- Special cultural considerations
- Unable to evaluate at this time

Loss History
- Delayed grief reaction from previous loss
- Cumulative grief from >2 other deaths over the past 2 years
- Resolved grief from previous loss

Support System
- Family
- Faith community
- Meaningful activities
- None identified

Other Survivor Information
- Friends/Neighbors
- Employment
- Spiritual
- Unable to evaluate at this time

Risk Level of PCG
- Demonstrates HIGH Risk- depression, anxiety, unable to function at daily tasks, suicidal: Is in need of immediate intervention by Hospice or Professional staff
- Demonstrates MODERATE Risk- able to function but struggling with feelings or decisions
- Demonstrates LOW risk- need support but is able to recognize needs, seek and accept help
- Demonstrates NO risk- demonstrates healthy grieving and coping skills

Willingness to accept continued support and contact by Hospice – Required: YES OR NO
Needs immediate and/or intensive support from Hospice – Required: YES OR NO
Bereavement Coordinator Organization

- Bereavement Follow-up Visit Binder
  - The binder should contain 12 sections labeled with the months of the year.
  - When a patient dies, print 2 facesheets and place one in the following month’s section and the other in the 6th month’s section.
  - At the beginning of each month review the month’s facesheets and plan your visits accordingly.
  - Visits are to be documented on Bereavement Contact Forms in CPC.

- Bereavement Mail-out Folders
  - In a filing drawer, label 12 folders with the months of the year.
  - Upon death:
    - Print an Introduction Letter and Closing Letter.
    - Address all 4 Journeying Through Grief Books and write the MR# in the upper right corner. (This way a stamp will cover it when you are mailing it out.)
    - Place the letters and the books in the month that they are to be mailed.
  - Each month, refer to your file and mail accordingly. This only has to be done once per month.
  - All mail-outs should be documented on the Bereavement Care Plan Problem in CPC.
## Volunteer/Bereavement Coordinator: When/What to Chart

### Bereavement Coordinator

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near Death</td>
<td>Address survivor needs with IDT</td>
</tr>
<tr>
<td>At Death</td>
<td>Document all contact</td>
</tr>
<tr>
<td>Within 7 Days</td>
<td>Mail Sympathy Card</td>
</tr>
<tr>
<td>1 Month</td>
<td>Mail Grief Book 1 &amp; Introduction Letter, Document Bereavement Visit</td>
</tr>
<tr>
<td>3 Months</td>
<td>Mail Book 2</td>
</tr>
<tr>
<td>6 Months</td>
<td>Mail Book 3, Document 6 month Bereavement Visit</td>
</tr>
<tr>
<td>11 Months</td>
<td>Mail Book 4</td>
</tr>
<tr>
<td>13 Months</td>
<td>Mail Closing Letter</td>
</tr>
</tbody>
</table>

### Volunteer Coordinator

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>1. Volunteer Patient Information Form—visit done in home or over phone</td>
</tr>
<tr>
<td></td>
<td>2. Initiate Volunteer Plan of Care</td>
</tr>
<tr>
<td></td>
<td>3. Open the volunteer needs care plan</td>
</tr>
<tr>
<td></td>
<td>4. Paste your narrative in the first IDT</td>
</tr>
<tr>
<td>Every 2 wks &amp; PRN</td>
<td>Update POC/IDT note for each IDT period, update with a progress notes any changes PRN—update these changes to POC</td>
</tr>
<tr>
<td><strong>IDT Notes</strong></td>
<td>Complete Comprehensive Assessment Update Volunteer Needs Care Plan – Only if there is a change</td>
</tr>
</tbody>
</table>
Volunteer Coordinator Reminders

Activities that do not count toward 5%:
- Craft project
- Sewing/knitting
- Cooking/baking
- Orientation and inservices
- IDT’s
- Community Events, such as, health fairs
- Travel time

Charting
- PRN is not an allowable stand-alone visit frequency, but may be used with a distinct schedule such as 1-2/month and PRN. You MUST have a designated frequency for your volunteer visits.

Volunteers
- Volunteers are considered employees and therefore training and orientation should be closely aligned with that of staff. (Orientation, Criminal Backgrounds Checks, Trainings)

COMPLIANCE—Medicare Hospice Conditions of Participation

Training Requirements
- The hospice must maintain, document, and provide volunteer orientation and training that is consistent with industry standards.
  - Volunteer Training Manual
  - Volunteer Personnel Files

Role of the volunteer
- Volunteers must be used in day-to-day administrative and/or direct patient care roles.
- Volunteer services provided to the patient/family must be in the POC

Recruiting and Retaining Volunteers
- The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.
  - Recruitment Scrapbook
  - Retention Scrapbook

Demonstrating cost savings
- The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following: 1) The identification of each position that is occupied by a volunteer. 2) The work time spent by volunteers occupying those patients.
  - Monthly Report Binder

Standard: Level of Activity
- The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.
  - Volunteer Reports. (Kept in Monthly Reports Binder.)

Be prepared to present an organized, comprehensive volunteer program to the surveyor that demonstrates that your organization is complaint with the following requirements:
- Training
- Recruiting and Retention
- Demonstrating Cost Savings
- Utilizing volunteers for patient care and administrative services
<table>
<thead>
<tr>
<th>Assisted Living</th>
<th>Funeral Home</th>
<th>Home Health Agency</th>
<th>Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>Pre-planning</td>
<td>Home Healths that own their own Hospice</td>
<td>Bereavement Groups</td>
</tr>
<tr>
<td>Clinic</td>
<td>Memorial Groups</td>
<td>(may need our help with patients outside their coverage area)</td>
<td>Senior Groups</td>
</tr>
<tr>
<td>DME</td>
<td></td>
<td></td>
<td>Blood Pressure Screaning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Caregiver Inservices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Events</th>
<th>Community Organization</th>
<th>Community Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Day</td>
<td>Meals on Wheels</td>
<td>Tobacco Shops</td>
</tr>
<tr>
<td>Health Fairs</td>
<td>Food Pantry</td>
<td>Coffee Clubs</td>
</tr>
<tr>
<td>Memorial Services</td>
<td>Mason's</td>
<td>Lawn Care Service</td>
</tr>
<tr>
<td>Blood Pressure Screenings</td>
<td>Rotary</td>
<td>Flower Shops</td>
</tr>
<tr>
<td>Funerals</td>
<td>Lions</td>
<td>Beauty/Barber Shops</td>
</tr>
<tr>
<td>Relay for Life</td>
<td>Kiwanis</td>
<td>Pest Control Companies</td>
</tr>
<tr>
<td>Mall Senior Day (ex: Belk)</td>
<td>Eastern Star</td>
<td>Check Cashing Services</td>
</tr>
<tr>
<td>Government Agency</td>
<td>Alzheimer’s Groups</td>
<td>Cleaning Services</td>
</tr>
<tr>
<td>Police</td>
<td>American Legion</td>
<td>Sitter Services</td>
</tr>
<tr>
<td>Chamber of Commerce</td>
<td>Nursing Associations</td>
<td>Businesses</td>
</tr>
<tr>
<td>Jails/Prisons- Need a contract</td>
<td>Area Agency on Aging</td>
<td>Utility Programs</td>
</tr>
<tr>
<td>Housing Urban Development</td>
<td>Extension Service</td>
<td>Not for Profits</td>
</tr>
<tr>
<td>Low Income Housing</td>
<td>VFW</td>
<td>Trust Offices</td>
</tr>
<tr>
<td>Home Health</td>
<td></td>
<td>Lawyers</td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td>Gas Companies</td>
</tr>
<tr>
<td>Medicare Reps</td>
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<tr>
<td>Medicaid</td>
<td></td>
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<tr>
<td>Ambulance Services</td>
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<tr>
<td>Fire Department/EMT</td>
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<tr>
<td>High Schools</td>
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<tr>
<td>Junior Colleges</td>
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<tr>
<td>Health Programs</td>
<td></td>
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<tr>
<td>Colleges/Universities- Nursing, Social Worker</td>
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<tr>
<td>Student Activities Director</td>
<td></td>
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<tr>
<td>Booster Club</td>
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<tr>
<td>Health Departments</td>
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</table>

**Advertising Ideas**

- Newspapers
- *Patient Life Stories*
- *Volunteer Stories*
- *Announcements- Blood Pressure Screenings*
- *Announcements in the Church Bulletin*
- *Announcements*
- Interviews
- TV
- *Announcements- Events(When the Time Comes, Blood Pressure Screenings*
STATEMENT OF SERVICES COVERED BY HOSPICE BENEFITS

- **Interdisciplinary Team (IDT) services:**
  - The IDT—coordinates and maintains in writing an individualized patient Plan of Care, which incorporates the needs expressed by patients and caregivers. Attending Physicians are also consulted.
  - The IDT—reviews the Plan of Care every two weeks and updates it as needed.
  - Nurses—provide nursing services and manage patient care, on-call 24 hours a day, 7 days a week.
  - Medical Directors—coordinate patient care with the IDT and Attending Physicians.
  - Home Care Aides/Nursing Assistants—care for patients’ hygiene and help with activities of daily living.
  - Chaplains—assist with spiritual needs for patients and caregivers, while working with local churches.
  - Social Workers—provide assistance with financial, social and communication needs.
  - Therapists—provide physical, speech, occupational, and dietary therapy, as prescribed by physicians.
  - Volunteers—offer companionship.
  - Bereavement Coordinators—offer grief support to caregivers before and for 13 months after patients pass away.

- **Medical care by patients’ Attending Physicians:**
  - Attending Physicians continue to care for their own patients and give the Hospice staff guidance and orders for treatment. In the event the Attending cannot be reached, the Hospice Medical Director will be contacted.
  - The Medical Director may serve as a patient’s physician if the patient does not have an Attending Physician.

- **Four Levels of Care:**
  - **Routine Home Care:** Care received in patients’ homes, nursing facilities, residential facilities, or assisted living facilities. The physical, social, and spiritual needs of patients and caregivers are addressed through Plans of Care, which are developed for each patient.
  - **Continuous Home Care:** During a crisis, continuous care places a nurse or Hospice aide in patients’ residences at least eight hours during a 24 hour period beginning at midnight. It is used when patients’ symptoms need to be managed and monitored through nursing or aide care.
  - **General Inpatient Care:** Inpatient care places patients in a facility for pain control or symptom management which cannot be managed at home. Inpatient care must be arranged by Legacy Hospice in a contracted facility.
  - **Inpatient Respite Care:** Respite care allows patients to spend up to five (5) days in a nursing facility or hospital. The purpose of respite care is to relieve caregivers. This level of care must be arranged by Legacy Hospice in a contracted facility.

- **Supplies and Durable Medical Equipment** that are related to the Hospice diagnosis are provided.

- **Supplies:** In addition to supplies required by the Medicare Hospice Benefit, Legacy Hospice provides, as needed:
  - Blue pads
  - Diapers
  - Personal hygiene items
  - Gloves
  - Oxygen, if prescribed
  - Nutritional supplements, if prescribed

- **Prescription medications** that are related to the Hospice diagnosis are covered.
  - Hospice Nurses, Attending Physicians, and Hospice Medical Directors determine whether medications are related to the Hospice diagnosis.
  - Patients may continue to use their personal pharmacies, when contracted with EHO.
  - Veterans may continue to use their VA pharmacies.
  - Hospice Nurses coordinate prescription orders for Hospice medication.
  - For Medicare patients, Hospice Nurses coordinate prescription orders for all medications.

- **Ambulance Trips** that are related to the Hospice diagnosis and are pre-approved by the Hospice Nurse are covered.

- **Travel** contracts can be executed with other Hospice providers to provide continuity of care while patients are away from their residence on vacation or visiting family.

- **Legacy Hospice Services are never based on a patient’s ability to pay.**
  - Legacy Hospice NEVER bills patients for Hospice services.
  - Payment for Hospice services are made by Medicare, Medicaid, the Veterans Administration, private insurance companies, or through our indigent program which is for patients who have no billable insurance.

- Legacy Hospice social workers will take steps to find appropriate resources to meet the needs of patients who have hearing or vision impairments or physical disabilities.

*Legacy Hospice does not discriminate against any person on the basis of race, color, national origin, age, or disability. This Agency complies fully with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and the HIPAA Privacy Act.*
10 Myths about Hospice and Palliative Care

More than 1.5 million dying Americans are served by the nation’s hospice providers every year, reports the National Hospice and Palliative Care Organization. Yet there are many myths about hospice that keep people from getting this compassionate care when they need it most.

<table>
<thead>
<tr>
<th>MYTH</th>
<th>REALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice is where you go when there is nothing more a doctor can do.</td>
<td>Hospice is a philosophy of care providing medical, emotional, and spiritual care focusing on comfort and quality of life.</td>
</tr>
<tr>
<td>Good care at the end of life is very expensive.</td>
<td>Medicare beneficiaries pay little or nothing for hospice, and most insurance plans, HMOs and managed care plans include hospice coverage.</td>
</tr>
<tr>
<td>Hospice is only for the last few days of life.</td>
<td>Hospice patients and families can receive care for six months or longer, depending upon the course of the illness.</td>
</tr>
<tr>
<td>Choosing hospice means giving up all medical treatment.</td>
<td>Hospice places the patient and family at the center of the care-planning process and provides high-quality pain management and symptom control.</td>
</tr>
<tr>
<td>Everyone dies in a hospital.</td>
<td>Hospice goes to the patient and family at home—whether that’s a private home, a nursing home or assisted living facility.</td>
</tr>
<tr>
<td>Hospice is only for cancer or AIDS patients.</td>
<td>50% of hospice patients are diagnosed with conditions other than cancer or AIDS.</td>
</tr>
<tr>
<td>Families are not able to care for people with terminal illness.</td>
<td>Hospice involves families, and offers them professional support and training in caring for their loved ones.</td>
</tr>
<tr>
<td>Hospice is just for the elderly.</td>
<td>Hospice serves anyone facing a life-limiting illness, regardless of age.</td>
</tr>
<tr>
<td>There’s no hospice in my area.</td>
<td>Less than 1% of Medicare beneficiaries live in an area where hospice is not available.</td>
</tr>
<tr>
<td>Hospice only focuses on the dying process.</td>
<td>Hospice offers grief and bereavement services to family members and the community.</td>
</tr>
<tr>
<td>Hospice patients die sooner.</td>
<td>According to the Journal of Pain and Symptom Management, hospice patients live an average of 29 days longer. If patients are free from pain and other negative symptoms, surrounded by family and friends, and provided with emotional support, it’s not surprising that they might actually do better and live longer.</td>
</tr>
</tbody>
</table>

*Hospice Care is not just about those who are dying. Hospice is a comprehensive kind of care that focuses on living- it's about living as fully as possible, surrounded by family and friends, up until the end of life.
10 Things You May Not Know About Hospice

- Hospice is not a place but a special kind of care.
- A hospice care team is made up of doctors, nurses, social workers, counselors, spiritual care providers, trained volunteers and other skilled professionals who provide high-quality, compassionate care.
- Hospice care is available to people of all ages with any kind of life-limiting illness, including cancer, advanced Alzheimer’s disease, heart disease, lung disease, kidney disease, HIV/AIDS and other life-limiting illnesses.
- Hospice care is fully covered by Medicare, Medicaid, and most private insurance plans and HMO’s.
- Hospice provides all medications and medical equipment needed to keep a person safe and comfortable that is RELATED to the hospice diagnosis.
- Most care is provided at the home but hospice is also available in nursing homes, assisted living and long term care facilities and hospice inpatient units.
- Hospice care can include complementary therapies, such as music and art, to bring additional comfort to patients and families.
- Hospice programs offer grief support to the families they care for as well as to others in the community who are grieving.
- More than 1.5 million people receive care every year

*One of the most common sentiments shared by families who have been helped by hospice care is, “We wish we had known about hospice sooner.”*
Volunteer Coordinator Do’s and Don’ts

**Do’s**
- Focus on our MISSION.
- Communicate with your PCC daily.
- Complete referral form on all referrals that you receive and turn the form into your office manager. Assist with obtaining consents, if requested to do so by an admitting RN.
- Time and Mileage sheets must be completed daily and turned in by noon on the Friday before payroll.
- Look for human interest stories regarding patients and volunteers for local newspaper coverage.
- Provide luncheons, receptions with cake/ice cream (ice cream socials). These are opportunities to meet and teach.
- Always get approval from the home office before distributing newsletters, press releases, brochures, etc.

**Don’ts**
- **DO NOT OVER PROMISE.** It is better to under promise and over deliver, than to over promise and under deliver.
- Do not make promises as to what DME or medications hospice will cover. The nurse will take care of that during admission.
- Do not tell a patient or caregiver that a nurse can be at their house immediately at any time of the day or night. We do have a nurse on-call 24/7. If the problem cannot be resolved over the phone, the nurse will make a visit to the patient’s home.
- Do not take verbal orders, unless you are an RN/LPN
- Do not order DME supplies, unless you are an RN/LPN
- Do not give your opinion to the patient or caregiver, as to what you think the patient may need as far as medications, supplies, DME, etc.
- Do not give out your cell phone numbers to patients or caregivers. They are to be instructed to call the office and if it is after hours, the answering service will get them to the proper person.
- Do not hold referrals. They must be reported to the PCC/Office Manager immediately.
- Do not ask the home office to financially sponsor local walks and events. It is not our mission to raise funds for other organizations.
- Do not ask us to join local chambers of commerce.
- Do not ask us to place ads in local newspapers (except for job announcements).
- Do not participate in parades by building floats, etc. on company time.
- Do not paint fingernails at nursing homes.
- Do no call bingo games at nursing homes. This is a great way to utilize our volunteers.
Points to talk towards

- We serve all patients, regardless of ability to pay. Anyone that does not have insurance is considered indigent. In 2011, we spent over $500,000 in indigent care.

- We **NEVER** send a patient a bill. Medicare says we can bill all of our patients up to $5.00 a day, but we choose not to do that. Legacy covers 100% of all medications related to the hospice diagnosis.

- We always try to help those in need. If one of our patients is without power, water, gas, etc., our social workers work to locate local resources. If no local funds are available, we call our CEO, Dr. Bobby Williams, and he will almost always see to it that they are taken care of.

- Supplies: We go above and beyond the Medicare benefit. We cover blue pads and diapers. We also cover oxygen regardless of diagnosis.

- Legacy Hospice not only focuses on the needs of the patient, but also family and loved ones’ needs as well. We provide that support by way of our Social Workers, Volunteers, Chaplains, Aides and Nurses.

- We are not a Home Health. We are a Hospice. Hospice takes care of terminally ill patients, which are not seeking curative treatment, with a life expectancy of 6 months or less if disease progresses as expected. We realize that some patients may exceed 6 months, but as long as the patient continues to decline, they may remain on our services. If our patient’s condition stops declining and begins to improve, we will then have to discharge that patient. Alabama requires 30 days’ notice for discharge planning. Federal regulations require a 2 day notice.

- Inpatient Respite Care: Respite care allows patients to spend up to 5 days in a **contracted** nursing home facility or **contracted** hospital. This is for the caregiver and is provided so that they may take a vacation or have a needed break. This will need to be arranged in advance so we can make arrangements.

- Ambulance trips that are RELATED to the hospice diagnosis are covered, if needed. Hospice staff must be notified first, in order to determine if a transfer is necessary. If so, hospice staff often coordinates the transfer.

- Hospitalizations: One of the main goals of Hospice is to keep our patients out of the hospital. Hospitals are curative based and their focus is on trying to heal/treat diseases. When patients have been referred to Hospice, it is because their physician believes they will not get better with treatment. Hospice care focuses on controlling symptoms related to the diagnosis. Hospice nurses work closely with physicians and/or medical directors to provide the best possible care and symptom control in their own home or nursing facility, surrounded by loved ones. Legacy Hospice’s #1 goal is to keep our patients as comfortable as possible.
• We do ask that caregivers notify hospice staff FIRST. If at any time, while on hospice services, patients decide to seek curative treatment for their illnesses, they may ask to revoke the hospice benefit.

• Hospitalizations for a non-related diagnosis do not affect the hospice benefit and are paid by patient’ regular healthcare coverage.

• Hospitalizations for hospice related diagnosis must be coordinated by Hospice staff with a CONTRACTED facility.

• For hospitalizations which may occur in a non-contracted facility, the patient may choose to revoke the hospice benefit.
<table>
<thead>
<tr>
<th>Things Not to Say</th>
<th>Things to Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can schedule for you to have a nurse here whenever you want.</td>
<td>Our nurses work with you to figure out the best time for them to see you.</td>
</tr>
<tr>
<td>Our Aide can be here at 8:00am, 5 days a week.</td>
<td>Our nurse will come visit you and work with you to find the best time for an aide to help meet your needs.</td>
</tr>
<tr>
<td>We have a list of 27 DME items that we cover.</td>
<td>Legacy Hospice provides many DME items that are RELATED to your diagnosis. The nurse will determine the items you may need.</td>
</tr>
<tr>
<td>If you ever have an emergency, just call 911.</td>
<td>In case of an emergency, always call us first. We are on-call 24 hours a day and a nurse will either work with you over the phone to solve the emergency, or someone will be out to visit you as soon as possible. The nurse will determine if an ambulance is needed.</td>
</tr>
<tr>
<td>Legacy Hospice will pay for any medication that is for pain/symptom control.</td>
<td>Legacy Hospice will pay for appropriate medications for pain/symptom control related to the diagnosis.</td>
</tr>
<tr>
<td>You have to use our Medical Director instead of your attending physician.</td>
<td>We have Medical Directors available to assist you if needed. If your physician is unable to be reached, our Medical Directors are contacted and help make decisions regarding pain medications, symptom management, etc.</td>
</tr>
<tr>
<td>If you ever need a nurse, they will come immediately.</td>
<td>Our nurses are on call 24/7. If a visit is needed, they will be there as soon as possible.</td>
</tr>
<tr>
<td>If you need a wheelchair ramp, we will build you one.</td>
<td>Our social worker can try to locate local resources and volunteers to see if a ramp is possible.</td>
</tr>
<tr>
<td>You don’t have to be dying to receive the hospice benefit.</td>
<td>Your physician must determine that if your disease takes its normal course, you have a 6 month prognosis.</td>
</tr>
<tr>
<td>We won’t tell your dad he’s on hospice.</td>
<td>Patients have the right to know and determine services they are receiving.</td>
</tr>
<tr>
<td>Here’s my cell phone number. Call me if you have any problems.</td>
<td>Always call our office if you need something. A nurse is always available 24 hours a day. We have an on-call service that will get you in touch with a nurse if it is after business hours or on weekends.</td>
</tr>
</tbody>
</table>
LEGACY HOSPICE VOLUNTEER TRAINING CHECKLIST

Volunteer Name: ________________________________

Home Phone: ____________________________ Work/Cell Phone: ________________________

☐ Application
☐ Driver’s License
☐ Social Security Card
☐ Reference Check Form
☐ Background Check
  ☐ Finger prints (in applicable states)
  ☐ OIG Exclusions Database Search
☐ TB Test
☐ Hepatitis B consent/waiver
☐ Initial physical
☐ Release of Liability for Medical Examination Form
☐ Confidentiality Form
☐ Hospice Volunteer Orientation and Training Completion Form
☐ Signed Job Description

Annual Evaluation Completed
Year 1: Date: __________ Year 2: __________ Year 3: __________

Annual Physical Completed (Mississippi):
Date: Year 1: __________ Year 2: __________ Year 3: __________

Annual TB Test for Direct Care Volunteers:
Date: Year 1: __________ Year 2: __________ Year 3: __________

Training Programs Attended: Must attend 3 in-service meetings per year (4 in Mississippi) after first year using the below topics that are part of the original training. Add in-service date to column when given.

<table>
<thead>
<tr>
<th>Initial Training Date</th>
<th>In-service #1 Date</th>
<th>In-service #2 Date</th>
<th>In-service #3 Date</th>
<th>In-service #4 Date (Mississippi)</th>
<th>Contents/Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Introduction to Hospice &amp; Hospice Benefits</td>
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<td>Nursing Homes &amp; Hospice</td>
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<td></td>
<td>Role of the Volunteer &amp; Volunteer Job Descriptions</td>
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<td>Disease Processes &amp; Progression</td>
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<td>Alzheimer’s disease</td>
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<td>Symptom Management</td>
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<td>Confidentiality &amp; Communication Skills</td>
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<td>Death &amp; Dying</td>
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<td>Spiritual Aspects of Hospice</td>
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<td>Grief &amp; Bereavement</td>
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<td>OSHA Requirements &amp; Infection Control</td>
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<td></td>
<td>Emergency Plans</td>
</tr>
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<td>Records &amp; Documents</td>
</tr>
</tbody>
</table>

Volunteer Coordinator Signature ____________________________ Date ____________
LEGACY HOSPICE
VOLUNTEER APPLICATION/INTERVIEW FORM

Please Print

Name: __________________________________________________________

Last    First    MI

Address: _________________________________________________________

Home Phone: ________________________ SS#: ______________________ DOB: ______________

Marital Status: __________ # of Children: ________ Occupation: ______________________________

Employer: ________________________ Business Phone: __________ Cell: ____________________

Business Address: ________________________________________________

May we call you at work?     ☐ Yes         ☐ No
Do you have access to an automobile? ☐ Yes ☐ No
Do you have a current driver’s license? ☐ Yes ☐ No
Have you ever been convicted of a serious driving offense? ☐ Yes ☐ No
If yes explain: _________________________________________________________

Do you have liability insurance on your automobile? ☐ Yes ☐ No
Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes explain: _________________________________________________________

Have you experienced the death of a loved one? ☐ Yes ☐ No
If yes, was the death due to a terminal illness? ☐ Yes ☐ No
If yes, how long ago? ______________________
What coping mechanisms did you find helpful during this time? (God, Drugs, alcohol, family, friends, withdraw, etc.) ______________

Have you ever had a family member or know someone who was in a hospice program? ☐ Yes ☐ No
Do you have any previous volunteer experience, if so, describe? ________________________________________________

Do you have any physical restrictions which might affect your volunteer placement?

How would you describe your health in the past year? ☐ Good ☐ Fair ☐ Poor

Do you have a preference of where you would like to be placed? ________________________________________________

Please list two references (not relatives):

Name ____________________________________________________________

Name ____________________________________________________________

Address _________________________________________________________

Address _________________________________________________________

City _______ State _______ Zip _______ City _______ State _______ Zip _______

Phone __________________________ Phone __________________________
Volunteer Application/Interview Form, page 2:

How did you hear about Legacy Hospice?_____________________________________

Do you know others who would be interested in volunteering?

Name: ___________________________________________ Phone: ________________________
Name: ___________________________________________ Phone: ________________________
Name: ___________________________________________ Phone: ________________________

Volunteers are not permitted to accept any monetary gifts from a patient or their family. Gifts such as homemade food and crafts can be accepted when it is going to offend the family upon refusal. Any accepted gifts must be reported to the Volunteer Coordinator or Patient Care Coordinator. Failure to report a gift, could lead to dismissal of your volunteer services.

Volunteer Signature ___________________________________ Date ______________

To be completed during interview:

Which areas of hospice volunteering would you like to do?

☐ Direct ☐ Administrative

Which days of the week and hours would you be available?_____________________________________

What skills, hobbies, interests, experiences, gifts or talents do you have?____________________________

Why do you want to be a hospice volunteer?____________________________________________________

Would you be willing to take a TB skin test? ☐ Yes ☐ No

Would you want to take Hepatitis B shots? ☐ Yes ☐ No

List Allergies:____________________________________________________________________________

In case of an emergency contact: ___________________________ Phone#: ______________

Volunteer Signature ___________________________________ Date ______________

Volunteer Coordinator Signature __________________________ Date ______________

Legacy Hospice does not discriminate against volunteers because of race, creed (religious beliefs), national origin, age, sex or handicap.
LEGACY HOSPICE
VOLUNTEER REFERENCE CHECK FORM

Hospice is a community program dealing with person who are dying of a terminal illness and prefer to remain in a home or facility setting. Hospice volunteers are required to be trained by a qualified staff member. Volunteers may provide emotional support to patient/and/or families, sit with the patient for short periods to relieve caregiver, and/or prepare occasional meals.

Applicant Name: ___________________________ Date: ___________________________

Name of person contacted: ___________________________

How do you know the applicant? ___________________________

How long have you known the applicant? ___________________________

Do you think this applicant would be a competent hospice volunteer? □ Yes □ No

If you or a loved one were a hospice patient, would you be comfortable with this applicant providing certain services for you? □ Yes □ No

Do any of these characteristics apply to the applicant?

☐ Dependable ☐ Self-Reliant
☐ Honest ☐ Organized
☐ Trustworthy ☐ Adaptable
☐ Sincere ☐ Follows written instructions well
☐ Respectable ☐ Follows verbal instructions well

☐ Self-Reliant ☐ Organized
☐ Adaptable ☐ Follows written instructions well
☐ Follows verbal instructions well

Volunteer Coordinator Signature ___________________________ Date ___________________________

REVISED 9/15/15
# Exhibit B

**AUTHORIZATION FORM — www.backgroundcheckadvantage.com**

### 6/19/2015

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Alias/Maiden Name(s)**

**Will Employee's Salary Exceed $75,000?**

- [ ] No  - [ ] Yes

**Social Security Number**

**Date of Birth**

**Race**

- [ ] Male  - [ ] Female

**Mailing Address (NO P.O. Boxes)**

**City**

**State**

**Zip**

As part of the employment volunteer student credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for employment volunteer student credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

**DATE:**

/________ /________

**Signature of Applicant**

**BACKGROUND SEARCHES**

- [ ] OIG (Medicare/Medicaid Fraud & Abuse)  - [ ] GSA (Federal Procurement Fraud)  - [ ]** FCSR
- [ ] SSN Plus (Address & Alias Name are included)  - [ ] Address Verification  - [ ] Alias Name Search
- [ ] Government Watch List (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)
- [ ] Wants & Warrants (Nationwide - extraditable only)  - [ ] OFAC (Specially Designated Nationals and Blocked Persons List)
- [ ]* MO Mental Health Employee Disqualification Registry  - [ ] MO EDL (Employee Disqualification List)
- [ ] FEDERAL COURTS - Criminal State 1: _______  2: _______  SEX OFFENDER  - [ ] Nationwide or [ ] State 1:

**DRIVING RECORD**

**State**

**DL#**

**PROFESSIONAL LICENSE**

- [ ] National or [ ] State
type:

**License Number:**

**EDUCATION**

**School Name** (include campus):

**City/State:**

/________

**Major:**

________________________

**Graduation Date:**

/________

**Degree Type:**

________________________

**Name While Attending:**

________________________

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**EMPLOYMENT**

**Company:**

________________________

**City/State:**

/________

**Phone:**

/________

**Manager:**

________________________

**Start Date:**

/________

**End Date:**

/________

**Title:**

________________________

**Starting Wage:**

$________

**Ending Wage:**

$________

**Duties:**

________________________

**Reason for Leaving:**

________________________

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED**

**States with county by county access only:** CA, MA, WV and WY

**County 1:**

________________________

**State:**

________________________

**County 2:**

________________________

**State:**

________________________

**County 3:**

________________________

**State:**

________________________

**STATEWIDE CRIMINAL** - A Statewide/State Repository houses records from all jurisdictions throughout the State

- [ ] AL*  - [ ] AK  - [ ] AZ  - [ ] AR*  - [ ] CO  - [ ] CT*  - [ ] DE  - [ ] DC*  - [ ] FL  - [ ] GA*
- [ ] HI  - [ ] ID**  - [ ] IN  - [ ] IA*  - [ ] KS  - [ ] KY  - [ ] LA*  - [ ] ME  - [ ] MD  - [ ] MI
- [ ] MN  - [ ] MO  - [ ] MS*  - [ ] MT  - [ ] NE  - [ ] NV*  - [ ] NH**  - [ ] NJ  - [ ] NM*  - [ ] NY*
- [ ] NC  - [ ] ND  - [ ] OH  - [ ] OK  - [ ] OR*  - [ ] PA  - [ ] RI*  - [ ] SC  - [ ] SD  - [ ] TN

Revised 9/15/15
<table>
<thead>
<tr>
<th>TX</th>
<th>UT*</th>
<th>VA*</th>
<th>VT*</th>
<th>WA</th>
<th>WI</th>
</tr>
</thead>
</table>

Note: Louisiana, Nevada & Ohio are **Felony Only**

- Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)
- MO-includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)

*Required Form(s) & **Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669
Tuberculin Skin Test Consent Form and Test Results

Special Considerations:
Test results can be altered if there has been a recent viral infection, a live virus vaccination, (i.e., measles, smallpox, polio, rubella, or mumps), or a severe febrile illness, sarcoidosis or malignancy, overwhelming pulmonary TB, or if the individual has taken a corticosteroid or immunosuppressive medication; these results may be inaccurate for up to four (4) weeks after the described infection or event.
It is not known whether the tuberculin skin test can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. It should be given only if clearly needed. However, the risk of unrecognized tuberculosis and the close postpartum contact between a mother and active disease and an infant leaves the infant at grave danger of tuberculosis and complication such as tuberculosis meningitis. Therefore, the prescribing physician will want to consider if the potential benefits outweigh the possible risks for performing the tuberculin test on a pregnant woman or a woman of childbearing age, particularly in certain high risk populations.

Please indicate yes or no to the following:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had pain, ulceration or other strong reaction to a TB test?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a positive skin test?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, were you evaluated for the positive result?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever received Bacillie Guerin(BCG) vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG is used to prevent TB, primarily in countries outside the US</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a chest x-ray for a positive TB test?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read the above statement and declare that I have not had a recent viral infection, nor have I received a live virus vaccine, and I am not on any medications that may interfere with the TB test response.

_________________________________________  ___________________________
Signature                                                                 Date

PCC or Immediate Supervisor Signature  Date

________ Initial Employment

________ Annual Skin Test

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year2</th>
<th>Year3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date</td>
<td></td>
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<td>Read</td>
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<td>Results</td>
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<td>Site</td>
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<tr>
<td>Lot #</td>
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<td>Exp. Date</td>
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<tr>
<td>Brand Name</td>
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<tr>
<td>Strength of Test</td>
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<tr>
<td>Method</td>
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</table>

_________________________________________  ___________________________
RN Signature                                                                 Date

Revised 9/15/15
PPD Skin Test Form
(Please complete this form only if you have had a positive PPD skin test)

Name: ___________________________________________ Date: ____________________

Please answer the following questions:

Have you ever had tuberculosis?  □ Yes  □ No
If Yes, please explain, including date of positive test, circumstances and treatment involved:
___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Have you ever had the BCG vaccine?  □ Yes  □ No
Have you ever had a positive skin test?  □ Yes  □ No
Date of positive test:
If you were treated please include the dates treated and type of treatment:
___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

In the past (12) twelve months have you experienced any of these symptoms?

- Unexplained weight loss  □ Yes  □ No
- Persistent cough  □ Yes  □ No
- Night sweats  □ Yes  □ No
- Blood in sputum  □ Yes  □ No
- Fatigue  □ Yes  □ No
- Fever  □ Yes  □ No
- Chills  □ Yes  □ No
- Loss of appetite  □ Yes  □ No

Did you have a chest x-ray?  □ Yes  □ No
If Yes, please explain the findings:
___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Employee Signature ___________________________ Date ____________________

Physician Signature ___________________________ Date ____________________

Revised 9/15/15
Hepatitis B Immunization Employee Consent Form

Employee Consent Form

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no cost to myself and I have received a copy of the Hepatitis B (HBV) information sheet and have been explained the information thereon. I further certify that I understand the contents of the Hepatitis B information sheet and it has been explained to me that:

I may request HBV antibody testing prior to deciding whether or not to receive the Hepatitis B vaccination;

If I am found to be immune to HBV by virtue of adequate antibody titer, then my employer is not required to offer me the HBV vaccination; and should I decline the offer to receive the HBV vaccination and, at a later date, decide to accept the HBV vaccination, I may do so at any time in accordance with the policies governing Hepatitis B immunization and at no cost to myself.

I have been instructed that, as a result of this vaccination, I may experience some side effects such as:

- Soreness at the injection site
- Fatigue
- Fever
- Joint Pain
- Local reaction
- Rash
- Headache
- Dizziness

I hereby □ ACCEPT  □ DECLINE Hepatitis Vaccination

Signature ___________________________ Date ___________________________ Social Security Number ___________________________

Employee Consent Form for Women

I have been advised that studies have not been completed to determine the effect of the Hepatitis B vaccine on a developing fetus. Therefore, the safety of the vaccine is not known on the developing fetus, nor is it known whether the vaccine is excreted in human milk. I choose to accept the Hepatitis B vaccination series.

Signature ___________________________ Date ___________________________ Social Security Number ___________________________

Vaccination Given By/Title ___________________________ Date ___________________________

Hepatitis B Vaccination Declination Statement

I, ___________________________, understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that, by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination at that time at no charge to me.

Signature ___________________________ Date ___________________________ Social Security Number ___________________________
Hepatitis B Information

- The modes of transmission for Hepatitis B Virus (HBV) are similar to those of HIV. The potential for HBV transmission in the occupational setting is greater than for HIV.
- Hepatitis is a disorder involving inflammation of the liver.
- Symptoms include loss of appetite, dark urine, fatigue, and sometimes fever. The liver may become enlarged and jaundiced, giving the skin a yellow tinge.
- Hepatitis may be acute or chronic.
- The acute form can subside after about 2 months, or there is a rare possibility of liver failure.
- Chronic carriers are at risk of lasting liver disease.
- Hepatitis A is usually transmitted by food and water contaminated by human waste. Such infections can reach epidemic proportions in unsanitary regions.
- Both Hepatitis B and Hepatitis non-A & non-B are spread mainly by blood or blood products, and type B can also be transmitted from mother to fetus and by intimate contact, including sexual intercourse and sharing dirty drug needles.
- Chronic Hepatitis leads to Cirrhosis and liver damage.
- Type B infections have also been linked with a form of cancer called Hepatocellular Carcinoma.
- Of those contracting Hepatitis, most are women under the age of 45.
- In 1986, the vaccine for type B Hepatitis was developed from yeast cells. Human plasma is no longer used.
- Employees are at risk for occupational exposure to blood and other potentially infectious material.
- Employees may elect at any time during their employment to receive the Hepatitis B vaccinations at no cost to them.
- The vaccinations are given in a series of 3 injections over a 6 month time period.
- The vaccination will be given in the deltoid muscle (top of their arm).
- As a result of vaccination, side effects may be experienced, including: soreness at the injection site, fatigue, fever, joint pain, local reaction, rash, headache, and/or dizziness.
- Available vaccines stimulate active immunity against HBV infection and provide over 90% protection against Hepatitis B for 7 or more years following vaccinations.
- Hepatitis B vaccines also are 70-88% effective when given within one week after HBV exposure.
- Hepatitis B immune globulin (HBIG) is a preparation of immunoglobulin with high levels of antibody to HBV (anti-HB)
- Treatment with Hepatitis B vaccine and HBIG are over 90% effective in preventing Hepatitis B following a documented exposure.
Hepatitis B Immunization

Administration of Hepatitis B Vaccination:
1. Obtain signed Employee Consent Form from the Hepatitis B Vaccination.
2. Female employees must sign the Hepatitis B Vaccination Consent Form for Women and the Employee Consent Form.
3. Obtain a signed Hepatitis B Vaccination Declination Statement if the employee does not want the vaccination.
4. Obtain and document an oral temperature. Delay administration of the vaccine if the oral temperature is equal to or greater than 100 degrees.
5. Document any known current infections, and delay the administration of the vaccine until the infection has resolved.
6. Document any known hypersensitivity to yeast or to any other component of the vaccine. Do not administer the vaccine to this employee without a specific order from their primary physician.
7. If the employee is pregnant, believes she is pregnant, or is currently breast feeding, this employee must have a specific order from her physician prior to receiving the vaccine.
8. Have Epinephrine readily available on site for use in case of anaphylaxis or anaphylactoid reaction.
9. Administer 0.1 ml of 1:1000 solution/ Epinephrine I.M if needed for anaphylactic reaction. The employee must remain in the presence of the nurse that gave the injection of Hepatitis vaccine for at least 10 min.

Dosing Schedule (Initial and Date):

<table>
<thead>
<tr>
<th>Dose</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Administer 0.1 ml Hepatitis B vaccine (Recombinant) I.M. into the deltoid muscle.</td>
</tr>
<tr>
<td>2nd</td>
<td>Administer 0.1 ml Hepatitis B vaccine (Recombinant) I.M. into the deltoid muscle.</td>
</tr>
<tr>
<td>3rd</td>
<td>Administer 0.1 ml Hepatitis B vaccine (Recombinant) I.M. into the deltoid muscle.</td>
</tr>
</tbody>
</table>

INFORM EMPLOYEE TO REPORT ANY ADVERSE REACTIONS IMMEDIATELY.

Medical Director Signature ___________________________ Date ______________

Procedure:

- If the series is interrupted after the first dose, the second and third doses should be given at an interval of 3-5 months.
- Post vaccination testing is not considered necessary in either situation.
- Reasonable effort should be made to vaccinate the employee on schedule, unless the employee declines vaccination.
- Participation in pre-screening must not be a pre-requisite for receiving the vaccine.
- Employees must not be required to waive liability in order to receive the vaccine.
- Vaccine is to be given in accordance with US Public Health Service recommendations.
- Booster doses must be made available to employees if recommended in the future by USPHS.

Recordkeeping:

- The Vaccination Consent/Waiver will be maintained in the employee’s health file.
- Dates of immunization and any post treatment will also be kept in the employee’s health file.
- The employee’s Hepatitis B information will be maintained in the health files for the duration of each individual’s employment plus thirty years.
- These recommendations may be updated by the United States Public Health Service. Call 404-332-4555 for information.

Initial Vaccinations:

- Legacy Hospice will provide training to employees on Hepatitis B Vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The Hepatitis B Vaccination series will be made available, at no cost to the employee, within 10 days of initial assignment unless:
  o Documentation exists that the employee has previously received the series
  o Antibody testing reveals that the employee is immune
  o Medical evaluation shows that vaccination is contraindicated
- All new staff members must sign a consent waiver form, whether or not they elect to receive the vaccine.
- Current staff members who wish to receive the vaccine and meet the specified criteria, may do so on a walk-in basis on the dates set aside for the vaccination to be administered.
- Education regarding the risk of blood borne pathogens will be provided to employees initially, at exposure, and annually.
- All employees are strongly encouraged to receive the Hepatitis B vaccination series.
- If an employee chooses to decline the vaccination, the employee must sign a Declination Form. Employees who decline may request and receive the vaccination at a later date at no cost. Documentation of declination of the vaccination will be maintained in each employee’s medical file.
- Vaccinations will be offered every other Tuesday and on the second day of General Orientation. The vaccinations will be administered by the Quality Assurance Director or the Patient Care Coordinator.

Follow-up Vaccinations:
- Two additional vaccinations are necessary at one and six month intervals following the initial vaccination.
- If the schedule of vaccinations has been interrupted, the entire course does not need to be restarted. Vaccine doses administered at longer intervals than the recommended schedule provide equally satisfactory protection, but optimal protection is not conferred until after the third dose.
# Vaccination Tracking Form

## First vaccination

**PRESCREENING:**

<table>
<thead>
<tr>
<th>Oral Temp:</th>
<th>Does employee exhibit any S/S of infection or voice any complaints of having recent infection?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

List any S/S of Infection:

Vaccination delay until:

Date of 1<sup>st</sup> vaccination:

Vaccination Lot #:

Site:

Expiration Date:

Vaccination Given By:

## One month after 1<sup>st</sup> vaccination

**PRESCREENING:**

<table>
<thead>
<tr>
<th>Oral Temp:</th>
<th>Does employee exhibit any S/S of infection or voice any complaints of having recent infection?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

List any S/S of Infection:

Vaccination delay until:

Date of 2<sup>nd</sup> vaccination:

Vaccination Lot #:

Site:

Expiration Date:

Vaccination Given By:

## Four months after 2<sup>nd</sup> vaccination

**PRESCREENING:**

<table>
<thead>
<tr>
<th>Oral Temp:</th>
<th>Does employee exhibit any S/S of infection or voice any complaints of having recent infection?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

List any S/S of Infection:

Vaccination delay until:

Date of 3<sup>rd</sup> vaccination:

Vaccination Lot #:

Site:

Expiration Date:

Vaccination Given By:
# Employee Health Form

*For Physician Use Only*

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Drug and Food Allergies:</th>
<th>Blood Pressure:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Findings:</th>
<th>Respirations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulse:</th>
<th>Temperature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there a condition noted which would be detrimental to this person’s employment? Please Explain:

<table>
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<th>Is there a condition noted which would be detrimental to this person’s employment?</th>
<th>Please Explain:</th>
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To the best of my knowledge, this person is free of communicable disease.

Sign:_________________________ Date:____________________

To be completed by applicant:

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<tr>
<th>To be completed by applicant:</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
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<tbody>
<tr>
<td>Do you have any problems with the following? (Attach another sheet if needed)</td>
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<td>Thyroid</td>
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<td>Have you been diagnosed or treated for any of the following conditions within the last 5 years? If yes, please explain. (Attach another sheet if needed)</td>
<td>Yes</td>
<td>No</td>
<td>Explain</td>
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<tr>
<td>Diabetes</td>
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<td>Heart Disease</td>
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<td>Hepatitis</td>
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<td>Lung Disease</td>
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<td>Back Problems</td>
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<tr>
<td>Major Surgery</td>
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<tr>
<td>Migraine Headaches</td>
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</tbody>
</table>
**Release of Liability for Medical Examination**

__________________________________________  _______________________
Employee/Applicant Name                         Date

I understand that in accordance with Hospice's policy of providing and maintaining a safe and healthful working environment for all employees, I will voluntarily undergo a medical evaluation which may include drug screening. I further understand that, should I be hired, I may be required to submit to a similar medical evaluation during the course of my employment.

I hereby state my willingness to undergo a physical examination and/or other measurements of my state of health, including a drug screening examination, for the purpose of evaluating my suitability for specific employment openings. I fully understand and accept the condition that any false answers or willful omissions made by me will be sufficient grounds for my discharge, irrespective of when the false answers or omissions are discovered.

I also understand that this is not a diagnostic examination designated to detect hidden or latent diseases but is instead for the purpose of predicting job performance, effectiveness, and possible safety risks to Hospice and to me. I understand and agree that neither Hospice, its examining physician, or any contracted medical facilities shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease, or conditions not detected during the course of the physical examination or for failure to direct me to a specialist for treatment.

I hereby authorize the release of the results of my evaluation to management of Hospice, and to such health care evaluating groups as the Agency may from time to time contract with to provide employee health benefits and/or to evaluate health care.

I release Hospice, its employees, designated medical representatives, and/or testing facility from any and all claims or causes of action resulting from this examination and any decisions reached as a result thereof.

__________________________________________  _______________________
Signature                                         Date

__________________________________________  _______________________
Witness Signature                                Date
LEGACY HOSPICE VOLUNTEER CONFIDENTIAL INFORMATION AGREEMENT

In consideration of having volunteered for Legacy Hospice, (hereinafter “Agency”), the undersigned hereby agrees and acknowledges:

- That during my course of time of volunteering, certain propriety information about Agency will be disclosed to me. This information may consist of, but is not limited to, business information, strategic business plans, policies, procedures, protocols, programs, projects, concepts, and related knowledge.

- That during the course of my volunteering, I may have access to computer programs, or may develop or modify existing computer programs for the Agency.

- I shall not disclose or divulge to others any of the above mentioned items or any proprietary information about the Agency. To do so during volunteering or any time after separation would be a violation of this agreement.

- I understand that I may never reveal patient information to anyone who is not part of the interdisciplinary team.

- That upon separation from the Agency:
  - I shall return to the Agency all documents and copies of documents relating to the Agency, including, but not limited to: business information, strategic business plans, policies, procedures, protocols, concepts, computer programs, and all other material and copies thereof relating in any way to the Agency’s business, or in any way obtained by me during my course of volunteering. I further agree that I shall not retain copies of the forgoing.
  - I shall return to the Agency all property, equipment, keys and badges belonging to the Agency.
  - This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of the Agency, its successors and assigns.
  - I understand that the Agency will exercise its legal option to prevent volunteers, and former volunteers, from disclosing or divulging proprietary information as outlined above.
  - I understand that I may never indulge patient information to anyone who is not part of the interdisciplinary team.

Volunteer Signature ___________________________ Date ___________________

Approved Staff Signature/Title ___________________________ Date ___________________
Hospice Volunteer Orientation and Training Completion Form

I __________________________ have attended the Legacy Hospice Volunteer training program. The materials have been explained and reviewed with me. I acknowledge that I am confident in my abilities as a trained hospice volunteer.

Volunteer Signature __________________________ Date ________________

Volunteer Coordinator Signature __________________________ Date ________________
Administrative/Indirect Volunteer

JOB SUMMARY: Assisting with general office duties such as: record keeping, typing, filing, mailing letters, etc.

SUPERVISION:
- Supervised by: Volunteer Coordinator.
- Supervises: No one.
- Works closely with: All hospice staff.

JOB SPECIFICATIONS:
- Experience:
  - Required: Satisfactory completion of the volunteer training course. Willing to attend educational programs at least three times a year (four in Mississippi). Sign a Confidential Information Agreement.
  - Desired: Previous experience volunteer in a health care setting or Administrative experience.
- Licenses, Certifications and/or Registrations:
  - Proof of Identification/Current driver’s license
  - Submit to criminal background check
- Specialized Knowledge and Skills:
  - Humanitarian attitude and good understanding of hospice philosophy.
  - Acceptance of goals, mission and philosophy of Legacy Hospice.
  - Must have a “Heart for Hospice.”

JOB FUNCTIONS:
- Providing office assistance such as data entry, filing, mailings, etc.
- Assists Volunteer Coordinator with educating/recruiting volunteers.
- Responsible for all required documentation according to Legacy policies.
- Willing to attend three in-services a year (four in Mississippi) on any required topics on hospice care.
- Report on patient/family to hospice staff.
- Willing to attend (if possible) IDT Meetings every two weeks.

PHYSICAL REQUIREMENTS:
- Must be able to perform full-range sedentary work requiring sitting, walking, and standing.
- Must possess vision, hearing, feeling, physical strength and dexterity necessary to perform all the duties of a Volunteer.
- Must be able to communicate effectively with individuals both verbally and in writing. Must be able to give and receive instructions and information, both in person and via telephone.

I have read and understand the job description for the position of Volunteer. I understand that I am expected to perform this job in a manner consistent with the values, mission and philosophy of Legacy Hospice. I understand that Legacy Hospice does not cover volunteers under their liability insurance or worker’s comp insurance.

Volunteer Signature  Date
Direct Volunteer

JOB SUMMARY:
Provides supportive care to both the patient and the family.

SUPERVISION:
- Supervised by: Volunteer Coordinator.
- Supervises: No one.
- Works closely with: All hospice staff.

JOB SPECIFICATIONS:
- Experience:
  - Required: Satisfactory completion of the volunteer training course. Willing to attend educational programs at least three times a year (four in Mississippi). Sign a Confidential Information Agreement.
  - Desired: Previous experience volunteering in a health care setting.
- Licenses, Certifications and/or Registrations:
  - Proof of Identification/current driver’s license.
  - Current automobile liability insurance (if applicable).
  - Submit to criminal background check.
- Specialized Knowledge and Skills:
  - Humanitarian attitude and good understanding of hospice philosophy.
  - Acceptance of goals, mission and philosophy of Legacy Hospice.
  - Must have a “Heart for Hospice.”

JOB FUNCTIONS:
- Gives comfort and/or emotional support to the patient/family by visiting, listening, conversing, reading, etc.
- Willing to provide respite care to caregiver/family.
- Provide help in the home of patient.
- Responsible for making bereavement visits for as long as appropriate, based on assessment of Bereavement Coordinator and the desire of family.
- Responsible for all required documentation according to Legacy Hospice policies.
- Willing to attend three in-services a year (four in the state of Mississippi) on any required topics on hospice care.
- Report on patient/family to hospice staff.
- Willing to attend (if possible) IDT Meetings every two weeks.

PHYSICAL REQUIREMENTS:
- Must be able to perform full-range sedentary work requiring sitting, walking, and standing.
- Must possess vision, hearing, feeling, physical strength and dexterity necessary to perform all the duties of a Volunteer.
- Must be able to communicate effectively with individuals both verbally and in writing. Must be able to give and receive instructions and information, both in person and via telephone.

I have read and understand the job description for the position of Volunteer. I understand that I am expected to perform this job in a manner consistent with the values, mission and philosophy of Legacy Hospice. I understand that Legacy Hospice does not cover volunteers under their liability insurance or worker’s comp insurance.

Volunteer Signature __________________________ Date __________________________

Revised 9/15/15
Tuck-In Volunteer

Revised 9/5/2012

JOB SUMMARY:
Tuck-in Volunteers are available to contact patients/families by phone for the purpose of obtaining specific information that will assist in preparing patients for weekends. In addition these volunteers provide emotional support as appropriate.

SUPERVISION:
- Supervised by: Volunteer Coordinator.
- Supervises: No one.
- Works closely with: All hospice staff.

JOB SPECIFICATIONS:
- Experience:
  - Required: Satisfactory completion of the volunteer training course. Willing to attend educational programs at least three times a year (four in Mississippi). Sign a Confidential Information Agreement.
    - Desired: Previous experience volunteering in a health care setting.
- Licenses, Certifications and/or Registrations:
  - Proof of Identification/current driver’s license.
  - Current automobile liability insurance (if applicable).
  - Submit to criminal background check.
- Specialized Knowledge and Skills:
  - Humanitarian attitude and good understanding of hospice philosophy.
  - Acceptance of goals, mission and philosophy of Legacy Hospice.

JOB FUNCTIONS:
- Review request and assignment with referring Volunteer Coordinator.
- Make telephone contact with patient or family.
- Conduct assessment of needs.
- Provide emotional support to patient/family as appropriate.
- Provide Volunteer Coordinator with the information obtained.
- Follow all policies and procedures for the tuck-in services.
- Understand limitations of the role of the volunteer in this capacity and refer to appropriate team members as necessary.
- Initiate communication to appropriate staff when concerns arise.
- Document all interventions according to policy.
- Honor time commitments.

JOB REQUIREMENTS:
- Attendance at all required sessions of the volunteer training courses.
- Attendance at tuck-in specialty training courses.
- Demonstration of competency requirements.
- Acceptance of supervision and direction from appropriate team members as is applicable to this program.
- Must have ability to prioritize and recognize patient needs that require immediate assistance.
- Agreement with Legacy Hospice philosophy.
- Maintenance of appropriate boundaries and confidentiality.
- Attend annual in-services.

EVALUATION:
- Following education course,
- Following the first two assignments and annually thereafter.

PHYSICAL REQUIREMENTS:
- Must be able to perform full-range sedentary work requiring sitting, walking, and standing.
- Must possess vision, hearing, feeling, physical strength and dexterity necessary to perform all the duties of a Hospice Tuck-In Volunteer.

Revised 9/15/15
• Must be able to communicate effectively with individuals both verbally and in writing. Must be able to give and receive instructions and information both in person and via telephone.

_Tuck-in Volunteer Job Description continued:_
• Work requires exerting force of up to 50 pounds occasionally, and/or up to 25 pounds frequently, and/or up to 10 pounds constantly in moving objects or materials.

I have read and understand the job description for the position of Hospice Tuck-In Volunteer. I understand that I am expected to perform this job in a manner consistent with the values, mission and philosophy of Legacy Hospice.

Volunteer Signature

Date
INTRODUCTION TO HOSPICE & HOSPICE BENEFITS QUIZ

1. Who were the two doctors who revolutionized hospice care?
   a. Fuller and Littlefield
   b. Kübler-Ross and Saunders
   c. Williams and Wood
   d. Saban and Miles

2. Which of the following is a Legacy Hospice goal for patient care?
   a. To serve as an advocate for patient/family in assisting their desired goals
   b. To cure the patient’s disease
   c. To keep the patient in a hospital facility for treatments

3. Who is responsible for the hospice bill if the patient does not have Medicare or private insurance?
   a. The patient
   b. The family
   c. The community
   d. Legacy Hospice

4. Which of the following best describes Legacy Hospice’s Philosophy? (circle all that apply)
   a. Hospice affirms life and focuses on the quality of life
   b. Hospice neither hastens nor postpones death
   c. Hospice tries everything in their power to cure a patient

5. What percentage of direct patient care must be provided by volunteers?
   a. 15%
   b. 5%
   c. 3%
   d. 0%

6. Who is the Interdisciplinary Team comprised of?
   a. Patient Care Coordinator
   b. Social Worker
   c. Chaplain
   d. All of the above

7. Which of the following would meet the criteria for hospice admission?
   a. Confirmed diagnosis of a terminal illness
   b. Projected life expectancy of 5 years
   c. The patient is currently seeking treatment for cancer

8. What times are Hospice staff members available to patients?
   a. Between 8am-5pm
   b. Monday through Friday
   c. 24 hours a day

9. Which of the following is a patient’s right according to the Patient’s Bill of Rights?
   a. To file a complaint
   b. Receive pain management
   c. Be treated with respect
   d. All of the above

10. How does hospice differ from other types of health care?
    a. Hospice considers the needs of the entire family
    b. Hospice tries to cure the patient
    c. Hospice requires payment from the patient

Volunteer Signature ___________________________ Date ___________________________
NURSING HOMES & HOSPICE QUIZ

Circle the correct response.

1. Nursing home residents cannot qualify for hospice.  
   True     False

2. Hospice staff members are responsible for correlating services between hospice and the nursing facility.  
   True     False

3. Hospice billing covers nursing home room and board cost.  
   True     False

4. Volunteers can visit hospice patients at a nursing home.  
   True     False

5. Hospice provides more extensive treatment for nursing home patients.  
   True     False

6. Hospice will not pay for hospital stays if a patient is a nursing home resident.  
   True     False

7. The nursing facility is responsible for notifying hospice of any change in a patient’s condition.  
   True     False

8. Hospice will provide home health aides for a nursing home resident.  
   True     False

9. Volunteers do not have to comply with nursing facility rules since they are volunteering for hospice.  
   True     False

10. Hospice will provide bereavement services for families of nursing home residents even though they were not primary caregivers.  
    True     False

Volunteer Signature __________________________________________ Date ________________

Revised 9/15/15
ROLE OF THE VOLUNTEER QUIZ

1. Which of the following activities does an Indirect Volunteer do? (circle all that apply)
   a. Filing papers
   b. Developing patient information packets
   c. Sit with patients in their homes

2. Which of the following activities does a Direct Volunteer do? (circle all that apply)
   a. Spend time with the patient and family
   b. Provide respite care for caregivers
   c. Work at the office filing papers

3. What activities are volunteers NOT allowed to do?
   a. Feed patients
   b. Clip nails
   c. Give medication
   d. Move a patient
   e. Volunteers cannot do any of these activities

4. Which of the following activities does a Bereavement Volunteer NOT do?
   a. Spend time with the survivors
   b. Write sympathy or bereavement notes
   c. Give financial or legal advice

5. Which of the following is in the Volunteer’s Bill of Rights?
   a. To receive gifts or payment for their work
   b. To be treated as a co-worker—not just “free help”
   c. To be uninformed about Legacy Hospice or hospice care

6. Which of the following is NOT a requirement for Legacy Hospice volunteers?
   a. Complete the 8 hour training program
   b. Be free of drug and alcohol addiction
   c. Know everything about all terminal illnesses or diseases

7. Which of the following is a responsibility of the Direct volunteer?
   a. To provide medical advice to patients
   b. To document all visits and contacts
   c. To be the sole caregiver to the patient

8. Which of the following is NOT a volunteer guideline?
   a. Dependability
   b. Confidentiality
   c. Talking without listening
   d. Being yourself

9. Which of the following happens if a Volunteer is uncomfortable with an assignment?
   a. The volunteer must accept the assignment
   b. The volunteer can decline the assignment
   c. The volunteer accepts the assignment then never goes to see the patient

10. Which of the following is NOT a part of Volunteer Retention?
    a. Positive feedback from IDT members
    b. Certificates or service pins
    c. Payment for services

Volunteer Signature ___________________________ Date ___________________________
DISEASE PROCESS AND PROGRESSION QUIZ

Circle the correct response.

1. Congestive heart failure makes breathing difficult.
   True    False

2. Swelling in the legs, ankles and abdomen is a major symptom of congestive heart failure.
   True    False

3. Usually people with congestive heart failure die suddenly of a heart attack.
   True    False

4. End-stage kidney disease has a sudden onset.
   True    False

5. Weight loss, loss of appetite and nausea are symptoms of End-stage kidney disease.
   True    False

6. Cancer is a general name for a group of more than 100 diseases.
   True    False

7. Usually patients with cancer do not experience pain.
   True    False

8. Chronic obstructive pulmonary disease (COPD) is a very rare lung disease.
   True    False

9. Smoking is the leading cause of chronic obstructive pulmonary disease (COPD).
   True    False

10. Often patients with COPD use oxygen therapy at home.
    True    False

Volunteer Signature ____________________________ Date ____________________________

Revised 9/15/15
ALZHEIMER’S DISEASE QUIZ

Circle the correct response.

1. Alzheimer’s disease can lead to personality changes.
   True       False

2. There are 2 stages of Alzheimer’s disease.
   True       False

3. Alzheimer’s patients are usually admitted to hospice during the last stage of the disease.
   True       False

4. You should talk to an Alzheimer’s patient like a baby or talk about the person as if he or she weren’t there.
   True       False

5. It is important to use simple words and short sentences when talking with a person with Alzheimer’s disease.
   True       False

6. Volunteer should help feed a patient with Alzheimer’s disease when they need help.
   True       False

7. People with Alzheimer’s disease should not experience hallucinations and delusions.
   True       False

8. Caregivers should lock windows and doors, and they should put childproof latches on all cabinets containing cleaning supplies, medication, knives, lighters, matches and guns.
   True       False

9. Volunteers may bring along activities to do with an Alzheimer’s patient.
   True       False

10. You should always correct or argue with a person with Alzheimer’s disease if they are confused.
    True       False

Volunteer Signature ___________________________ Date ________________
SYMPTOM MANAGEMENT QUIZ

Circle the correct response.

1. Patients should recommend medications to patients.
   True False

2. Every patient experiences intense pain before dying.
   True False

3. Depression can accompany chronic pain.
   True False

4. Pain management can include medications, relaxation techniques or palliative chemotherapy.
   True False

5. Medication is the best treatment for constipation.
   True False

6. Nausea may be a result of kidney failure, medications or swelling of the brain.
   True False

7. Restlessness and confusion are often present in terminally ill patients.
   True False

8. Weight loss is not common for hospice patients.
   True False

9. Before death occurs, hospice patients gradually spend more time sleeping.
   True False

10. Volunteers should call 911 and the coroner if the patient dies.
    True False

Volunteer Signature ____________________________ Date ____________________________
CONFIDENTIALITY AND COMMUNICATION SKILLS QUIZ

Circle the correct response.

1. Patients’ medical records are confidential information.
   True       False

2. Volunteers will not have access to confidential information.
   True       False

3. If you run into a patient’s friend, you cannot tell them you are a Legacy Hospice volunteer for that patient unless they are a Legacy Hospice team member too.
   True       False

4. Volunteers may take medical records with them.
   True       False

5. It is important to let the patient do most of the talking.
   True       False

6. You should only ask “yes or no” questions.
   True       False

7. Volunteers should always try to talk if there is a lull in the conversation because silence is not helpful to hospice patients.
   True       False

8. It is not necessary to learn how to communicate therapeutically to terminally ill patients.
   True       False

9. Reflective responses are helpful to clarify what a patient is trying to communicate.
   True       False

10. If a patient wants to, it is okay to talk to a patient about their fears or about their death.
    True       False

Volunteer Signature ________________________________ Date __________________________
DEATH AND DYING QUIZ

Circle the correct response.

1. Hospice recognizes dying as part of the normal process of living and focuses on maintaining the quality of remaining life.
   True  False

2. Anger is a stage in the Kübler-Ross stages of Death and Dying.
   True  False

3. Fear of the unknown is a common fear of a dying person.
   True  False

4. Patients in impending death do not experience restlessness.
   True  False

5. Volunteers cannot assist in the funeral planning arrangements of a patient.
   True  False

6. A volunteer may be asked to accompany a person to the funeral home.
   True  False

7. A volunteer has the right to refuse any and all assignments.
   True  False

8. Volunteers may make final decisions about funeral arrangements.
   True  False

9. Volunteers can discuss funeral costs with families.
   True  False

10. It is appropriate for a volunteer to lend support during the funeral arrangement process but not make decisions.
    True  False

Volunteer Signature  Date
SPIRITUAL ASPECTS OF HOSPICE QUIZ

Circle the correct response.

1. Sometimes people with terminal illnesses have a closer sense of connection to family or God.
   True          False

2. Patients and families may experience anticipatory grief before the patient actually dies.
   True          False

3. Dying is only a physical event.
   True          False

4. Hope is an important factor in determining quality of life.
   True          False

5. Spiritual pain and suffering is not as powerful as physical pain.
   True          False

6. Spirituality is how and where a person finds meaning in his or her life.
   True          False

7. Religion is a group of people organized around a specific set of agreed upon beliefs.
   True          False

8. Spiritual care involves trying to convert a patient to another religion.
   True          False

9. Patients must give consent before referring the patient to a chaplain.
   True          False

10. Chaplains are not important members of the hospice team.
   True          False

Volunteer Signature ___________________________ Date ___________________________
GRIEF AND BEREAVEMENT QUIZ

Circle the Correct Response:

1. Grief is an abnormal response to the loss of a loved one.
   True           False

2. Some people feel empty and numb following a death.
   True           False

3. People experiencing grief often behave or think differently than normal.
   True           False

4. People experiencing grief do not experience anger.
   True           False

5. Grief should only last 6 months.
   True           False

6. Physical symptoms of grief include loss of appetite, tiredness, and dry mouth.
   True           False

7. Certain kinds of death make grief more intense.
   True           False

8. In referencing death with a child, use the word “sleep” to describe it.
   True           False

9. If a survivor is unable to care for their children due to extreme grief, they may require professional help.
   True           False

10. Grief experiences are individual to every survivor.
    True           False

Volunteer Signature  Date
OSHA REQUIREMENTS & INFECTION CONTROL QUIZ

Circle the correct response.

1. You can throw away needles and medication in a kitchen trash bag.
   True  False

2. BIO-HAZARD warning labels should be affixed to all containers of infections waste.
   True  False

3. Personal protective equipment includes gloves, goggles, masks and gowns.
   True  False

4. If a volunteer has contact with a patient’s bodily fluid they should call 911.
   True  False

5. If a volunteer has contact with a patient’s bodily fluids they must fill out an Incident report and an Exposure report.
   True  False

6. Hepatitis B is transmitted through the air.
   True  False

7. Volunteers may receive Hepatitis B vaccination free of charge.
   True  False

8. Volunteers should wash their hands before and after contact with patients.
   True  False

9. You can tell by looking at a person if they are carrying a blood-borne pathogen.
   True  False

10. It is important to be careful around oxygen tanks, especially with smoking or any open flame, including candles.
    True  False

Volunteer Signature  Date
Quiz Key:
Introduction to Hospice: Nursing Home:
1. B 1. F
2. A 2. T
3. D 3. F
4. A, B 4. T
5. B 5. F
6. D 6. F
7. A 7. T
8. C 8. T
10. A 10. T

Role of the Volunteer: Disease Process and Progression:
1. A, B 1. T
2. A, B 2. T
3. E 3. F
4. C 4. F
5. B 5. T
6. C 6. T
7. B 7. F
8. C 8. F
10. C 10. T

Alzheimer’s disease: Symptom Management:
1. T 1. F
2. F 2. F
3. T 3. T
4. F 4. T
5. T 5. F
6. F 6. T
7. F 7. T
8. T 8. F
10. F 10. F

Confidentiality Communication: Death AND Dying:
1. T 1. T
2. F 2. T
3. T 3. T
4. F 4. F
5. T 5. F
6. F 6. T
7. F 7. T
8. F 8. F
10. T 10. T
Spiritual Aspects:
1. T
2. T
3. F
4. T
5. F
6. T
7. T
8. F
9. T
10. F

Greif and Bereavement:
1. F
2. T
3. T
4. F
5. F
6. T
7. T
8. F
9. T
10. T

OSHA & Infection Control:
1. F
2. T
3. T
4. F
5. T
6. F
7. T
8. T
9. F
10. T
VOLUNTEER COORDINATOR QUIZ

1. Which of the following vaccines/tests are required for direct care volunteers?
   a. TB Skin Test
   b. Hepatitis B vaccine
   c. Tetanus Vaccine

2. How many in-services are volunteers required to attend annually?
   a. 1, 2 in Mississippi
   b. 2, 3 in Mississippi
   c. 3, 4 in Mississippi

3. Which of the following are considered “direct care” patient hours?
   a. Making a lap robe or bird house for a patient
   b. Painting patients’ nails at a nursing home
   c. Talking on the phone with a patient
   d. Reading to a patient at his/her bedside

4. Which of the following are acceptable direct care volunteer activities?
   a. Clipping patient nails
   b. Preparing a meal
   c. Feeding a patient
   d. Reading to a patient
   e. Driving a patient or family member to run errands
   f. Giving a patient a haircut

5. Who is allowed at IDT meetings?
   a. Nursing aides
   b. Volunteers
   c. Any patient family member
   d. All of the above

6. A volunteer notices a patient is experiencing pain, who is the best person for them to notify?
   a. The patient’s family
   b. The volunteer coordinator
   c. The CNA
   d. The patient’s nurse

7. In which ways do you document volunteer recruitment?
   a. ________________________________
   b. ________________________________
   c. ________________________________
8. In which ways do you document recognition and retention of volunteers?
   a. ________________________________
   b. ________________________________
   c. ________________________________

9. Who is responsible for making sure the volunteer’s personnel file is complete?
   a. Office manager
   b. PCC
   c. Volunteer coordinator

10. Where should a volunteer’s personnel records be stored?
    a. A volunteer notebook
    b. A locked personnel file separate from the employee files
    c. In the volunteer coordinator’s file

11. Who is required to attend IDT meetings?
    a. Chaplains
    b. Volunteer Coordinators
    c. Social Workers
    d. CNAs
    e. Nurses

12. Are volunteers allowed to accept gifts?
    a. Yes
    b. No

13. Should a volunteer be introduced to the patient/family by a hospice staff member?
    a. Yes
    b. No

14. How should a complaint regarding a volunteer be handled?
    a. Complaint form completed and placed in the complaint log and discuss it with the volunteer
    b. Quietly handle it with the volunteer, so as not to embarrass them
    c. Use the problem as an example with training volunteers

15. Are volunteers required to have health screenings?
    a. Yes
    b. No