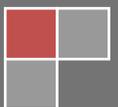


2012

# Regulatory Resources for Volunteer Managers



# Top 10 Frequently Asked Regulatory Questions VOLUNTEERS and VOLUNTEER MANAGERS



## 1. What activities can be included in the 5% cost savings calculation?

*CMS allows hospice providers to count direct patient care activities and administrative activities towards the 5% cost savings calculation.*

- *Examples of direct patient care services include helping patients and families with household chores, shopping, transportation, and companionship. Examples of direct patient care services include mowing a patient's lawn or walking their dog. The key is that the volunteer has direct contact with the patient and the family.*
- *Volunteers may assist in ancillary and office activities that support direct patient care activities. These duties may include answering telephones, filing, assisting with patient and family mailings, and data entry.*

## 2. What activities don't count towards the 5% cost savings calculation?

*Hospices may use volunteers in non-administrative and non-direct patient care activities, but CMS has stated that they are **not eligible** for inclusion in the "5 percent" calculation. Some of these activities include:*

- *Craft projects*
- *Quilting/ sewing/knitting*
- *Cooking and baking*
- *Orientation, in-service education*
- *Interdisciplinary team meetings*
- *Board participation and board meetings*
- *Community events (i.e.: health fairs)*

## 3. How many hours should a volunteer orientation program include?

*The federal regulations do not specify a required length of volunteer training, but providers should review state hospice licensure regulations for any related requirements. NHPCO's, Hospice Volunteer Program Resource Manual suggests a 16-hour training program.*

## 4. What content must be included in a volunteer training program?

*Regardless of the specific duties a volunteer will perform, orientation training should include:*

- *Hospice goals, services and philosophy;*
- *Confidentiality and protection of the patient's and family's rights; Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement;*
- *Guidance related specifically to individual responsibilities.*

*Surveyors will also be looking for documented evidence that volunteers (1) are aware of their duties and responsibilities and (2) know to whom they should report before being assigned to a patient and family or given administrative duties.*

**5. Do all volunteers need to have a criminal background check?**

*Since volunteers are considered employees, they are included in the criminal background check requirement per the Medicare Hospice CoPs at 418.114.*

**6. Can a hospice count volunteer travel time towards the 5% cost savings?**

*If a hospice compensates its staff for travel time, the hospice can also count travel time for volunteers in meeting the 5 percent requirement. Per CMS, “What that means is that if your staff is paid for the time it takes them to drive to a patient’s home, then you can count the time it takes for a volunteer to drive to a patient’s home. However, if you do not pay an administrative staff for the time it takes to drive to the office, then you cannot count the travel time of the volunteer who drives to an office location to volunteer.”*

**7. Can a hospice treat student interns as volunteers and then use their hours towards the 5% cost savings calculation?**

*After reviewing the CoP regulatory text and the interpretive guideline language there is lack of detail related to the use of interns as volunteers. Using interns as volunteers and counting their hours towards the 5% would be at your organization’s discretion.*

**8. Can a hospice list a volunteer’s visit frequency as PRN?**

*CMS requires that all disciplines, including volunteers, listed on the patient’s plan of care have distinct visit frequencies. Visit ranges are acceptable, but should not have an excessive gap. (ie: 2-3 visits/ week versus 2-6 visits/week) PRN is not an allowable as a standalone visit frequency. PRN can accompany a distinct visit frequency such as 1-2/ month and 2 PRN’s. If there is no specified visit frequency for the volunteer, the provider could use a phrase such as, “per patient request” as the frequency on the patient’s plan of care.*

**9. What staff hours can a hospice use when calculating the required 5% cost savings?**

*To determine how many hours will be required to meet your program’s 5 percent requirement, divide the number of hours that hospice volunteers spent providing administrative and/or direct patient care services by the total number of patient care hours of all paid hospice employees and contract staff.*

**10. Where can a hospice find a volunteer value rate to use in their 5% cost savings calculation?**

*NHPCO’s, Hospice Volunteer Program Resource Manual recommends using the Points of Light Institute (<http://archive.pointsoflight.org/resources/research/calculator.cfm>) or the Independent Sector website ([www.independentsector.org/programs/research/volunteer\\_time.html](http://www.independentsector.org/programs/research/volunteer_time.html)) to determine volunteer hourly rates.*



## **Medicare Hospice Conditions of Participation**

- Resource by Discipline Series – Volunteers and Volunteer Managers
- Resource by Topic Series – Volunteers
- Resource Series – Volunteer 5% Cost Savings Match Information Sheet
- CMS Final Medicare Hospice Interpretive Guidelines
- Section 418.78 Condition of Participation: Volunteers

# Medicare Hospice Conditions of Participation Resource by Discipline Series



## Medicare Hospice Conditions of Participation Volunteers and Volunteer Managers

### Summary

#### *Highlights of key changes for volunteer manager professionals and guidance for implementation*

- 1) 418.52 Patient's rights
- 2) 418.56 Interdisciplinary group, care planning, and coordination of services
- 3) 418.78 Volunteers
- 4) 418.100 Organization and administration of services
- 5) 418.114 Personnel qualifications for licensed professionals -- Criminal Background Checks

### Background

There are several key changes to the new Medicare Conditions of Participation that will affect volunteer programs. Some of the new regulations are already being met by hospice programs, but for many programs there will be a need to invest time and resources to become compliant on December 2, 2008. For the purposes of the Conditions of Participation, volunteers are considered employees and the same requirements for orientation, training and criminal background checks apply.

### **418.52 Patient's rights**

From the volunteer perspective, all written and verbal information to patients must include the provision of volunteer services. Agency cooperation is needed so that volunteer services are introduced to the patient so that they can decide whether or not they desire the services.

### **418.56 Interdisciplinary group, care planning, and coordination of services**

There is an increased need to be sure that volunteers are a part of the care planning process. The volunteer role as part of the IDT is an integral part of this rule. Volunteer coordinators or volunteers must be part of the care planning process, document on the plan of care for all patients receiving volunteer services and review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.

Section 418.56 (c) also requires "a detailed statement of the scope and frequency of services to meet the patient's and family's needs, and that the plan of care must be reviewed as frequently as the patient's condition requires, but no less frequently than every 15 days. This will have the greatest impact on a program if it's not documenting to the plan of care already. It requires that when a volunteer is part of the care of a patient, the scope, frequency and update happens just as it does for all other disciplines. In general, this new language emphasizes the increased importance of volunteers and will enable volunteers to document and therefore prove the value of the work volunteers do for patients and families.

## **418.78 Conditions of participation— Volunteers**

The phrase ‘day to day’, as used, requires hospices to incorporate volunteer services into their daily patient care and operations routine in order to retain the volunteer-based essence of hospice as it originated in the United States. This language is used to ensure that hospice programs fully integrate volunteers into the work of the organization. In order to meet the 5 percent requirement, volunteers must be providing services related to patient care or administrative support.

The following is a response to the counting of travel time as presented by CMS. “We understand that traveling, providing care or services, documenting information, and calling patients all consumes volunteer time, and we agree that the time may be used in calculating the level of volunteer activity in a hospice.

If a hospice chooses to include any of these areas that are directly related to providing direct patient care or administrative services in its percentage of calculation of volunteer hours, it must ensure that the time spent by its paid employees and contractors for the same activity is also included in the calculation. What that means is that if staff is paid for the time it takes them to drive to a patient’s home, then the time it takes for a volunteer to drive to a patient’s home may be counted. However, if you do not pay an administrative staff for the time it takes to drive to the office, then you cannot count the travel time of the volunteer who drives to an office location to volunteer.”

A hospice may use a volunteer to provide assistance in the hospice’s ancillary and office activities as well as in direct patient care services, and/or help patients and families with household chores, shopping, transportation, and companionship. Hospices are also permitted to use volunteers in non-administrative and non-direct patient care activities, although these services are not considered when calculating the level of activity. An example of a non-administrative and non-direct patient care activity may be sewing or quilting.

## **418.100 Organization and administration of services**

Volunteers are considered employees and therefore volunteer training and orientation should be closely aligned with that of staff. It is up to hospice programs to define the criteria for becoming a volunteer. The CoPs do define however that employees (volunteers) and contracted staff furnishing patient care should be oriented in hospice philosophy, and this requirement has been added to 418.100 (g) (1) that defines training.

A hospice must provide orientation about hospice philosophy to all employees (volunteers) and contracted staff that have patient and family contact. A hospice must provide an initial orientation for each employee (volunteer) that addresses the employee’s (volunteer’s) specific job duties. 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.

## **418.114 Personnel qualifications for licensed professionals – Criminal Background Checks**

Many hospices do not background screen their volunteers so this is an added requirement. To implement this change, volunteers will need to be educated about the reasons for this requirement, and some financial resources will need to be allocated to cover the expense of criminal background checks. Criminal background checks must be obtained in accordance with State requirements. In the absence of State requirements, criminal background checks must be obtained within 3 months of the date of employment for all states that the individual has lived or worked in the past three years. Although the scope of the background checks is not defined, volunteer services programs should follow the same guidelines as is used by the human resources department.

### **Resources I will need to be successful?**

- Ensure that volunteers are an integral part of the services provided by the hospice and include them in care planning and interdisciplinary group meetings.
- Use other materials developed for volunteer programs featured in the NHPCO Marketplace
- Join the NCHPP volunteer manager section
- Join at least one of the eNCHPP list serves to get more information and stay current

Developed by the NCHPP Volunteer/Volunteer Management Section

## Medicare Hospice Conditions of Participation Resource by Topic Series



### §418.78 MEDICARE HOSPICE CONDITION OF PARTICIPATION: VOLUNTEERS

#### Key points about this CoP:

- 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.
- These volunteers must be used in defined roles and under the supervision of a designated hospice employee.
- **Training requirements.**
  - The hospice must maintain, document, and provide volunteer orientation and training that is consistent with hospice industry standards.
  - There is no specified training program length in the federal regulations, but review your state hospice licensure regulations for any requirements. NHPCO's, "[Hospice Volunteer Program Resource](#)" suggests a 16-hour training program.
  - Consult NHPCO's, "[Hospice Volunteer Program Resource](#)" for a training program outline.
- **Role of the volunteer.**
  - Volunteers must be used in day-to-day administrative and/or direct patient care roles.
  - Volunteers are permitted to fulfill many roles in hospice care, including providing homemaker services, provided that the volunteers meet all qualifications and personnel requirements.
  - Volunteer services provided to the patient/family must be in the hospice plan of care.
- **Recruiting and retaining volunteers.**
  - The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.
- **Demonstrating cost savings.**
  - The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:
    - The identification of each position that is occupied by a volunteer.
    - The work time spent by volunteers occupying those positions.
  - Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions.
  - There is no standard formula to calculate volunteer cost savings. Each hospice organization will determine its own formula and calculation method.
- **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.
  - The regulations do not specify the types of activities a hospice organization can count towards the 5 percent cost savings beyond the requirement to use volunteers for patient care and administrative services. It is the discretion of the organization regarding types of activities to count.
    - i.e.: If a hospice pays an employee for time spent traveling for direct patient care and administrative purposes, and does not compensate a volunteer for the time, than it may include the volunteer's travel time, direct patient care and administrative services in its documentation of the cost savings it achieves.

- Hospices may document the time that volunteers actually spend providing direct patient care and administrative services, because hospices would compensate paid employees for the time spent performing these duties.
- Traveling, providing care or services, documenting information, and calling patients all consume volunteer time, and may be used in calculating the level of volunteer activity in a hospice.
  - **NOTE:** If a hospice chooses to include any of these areas that are directly related to providing direct patient care or administrative services in its percentage calculation of volunteer hours, it must ensure that the time spent by its paid employees and contractors for the same activity is also included in the calculation.

*(Numerator) = hours spent by volunteers traveling to and from patient homes*

*(Denominator) = the hours spent by its paid employees and contractors traveling to and from patient homes*

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### Suggestions for implementing 418.78: Volunteers

- ★ Review and revise current program policy/procedure to include new regulatory language.
- ★ Develop a tracking system for volunteer activities that will be counted towards the 5 percent calculation.
- ★ Develop a formula to calculate volunteer cost savings. NHPCO's, "Hospice Volunteer Program Resource" recommends using the Points of Light Institute website to determine volunteer hourly rates.
- ★ Educate hospice staff about all new and revised policies/procedures, processes, and performance improvement projects.

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### Survey Success Tips

- Be prepared to present an organized, comprehensive volunteer program to the surveyor that demonstrates that your organization is compliant with the following requirements.
  - Training.
  - Recruiting and retention.
  - Demonstrating cost savings.
  - Utilizing volunteers for patient care and administrative services.
- Ensure that volunteers are sufficiently trained about infection control if they provide direct patient care services and HIPAA regulations.

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### Resources for success!

- NHPCO's Regulatory & Compliance Center – "CoP's – Planning for Success" campaign
  - [www.nhpco.org/regulatory](http://www.nhpco.org/regulatory)
- NHPCO's, "Hospice Volunteer Program Resource"
- Point s of Light Institute - <http://www.pointsoflight.org/resources/research/calculator.cfm>
- Independent Sector - [http://www.independentsector.org/programs/research/volunteer\\_time.html](http://www.independentsector.org/programs/research/volunteer_time.html)

**★ Please note that hospice providers need to comply with the most stringent regulatory requirements. (federal or state)**

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### References:

**Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services**  
**42 CFR Part 418. Medicare and Medicaid Programs: Hospice Conditions of Participation; Final Rule, June 5, 2008**  
**Web link: <http://edocket.access.gpo.gov/2008/pdf/08-1305.pdf>**

Code of Federal Regulations: 42 CFR 418. Hospice Care

# Medicare Hospice Conditions of Participation



## Volunteer 5% Cost Savings Match Information Sheet A Resource for Volunteer Managers

### Calculation of Match:

**Volunteer Patient Care and  
Administrative Volunteer Hours**

**= % Volunteer Time**

**Direct Paid Staff Patient Care Hours  
(Includes staff employed by hospice organization directly and contracted staff)**

**Numerator: Direct Volunteer Patient Care Hours and Administrative Volunteer Hours** include total direct patient care and administrative volunteer hours or total volunteer hours.

**Definition:** All hands-on direct time with the patient and family or hospice survivor, including:

- a. Telephone calls to patient, family or survivor
- b. Travel time to patient homes, if travel time is also used in the calculation for staff hours
- c. Time spent receiving orientation to a specific patient, e.g. receiving infection control procedures during an introductory visit with a patient or learning comfort measures for the patient in his or her home
- d. Time volunteer is being trained to perform a particular administrative task (clerical duties in the office)

Examples of volunteer hours that **can** be counted toward the 5% Medicare match:

1. Direct patient care hours, including:
  - a. In-home/in-person family time
  - b. Telephone contact
  - c. Art at the bedside for individual patients
  - d. Music at the bedside for individual patients
  - e. Companionship
  - f. Transportation, e.g. doctor visits, shopping, errands
  - g. Respite
  - h. Pet Therapy for individual patients
  - i. Companion vigils (11th hour volunteers)
  - j. Life review and life history
2. Direct bereavement support hours, including:

- a. In-home/in-person family time
  - b. Telephone contact
  - c. Composing bereavement notes
3. Administrative hours, including:
- a. Filing, auditing and copying
  - b. Data entry of records
  - c. Developing and packaging patient information packets
4. Travel time for volunteers, if travel time is also used in the calculation for staff hours

Examples of volunteer hours that **cannot** be counted toward the 5% Medicare match:

- 1. Sewing, stitching and quilting
- 2. Flower arranging
- 3. Craft projects, such as making greeting cards, e.g. bereavement, sympathy and birthday cards
- 4. Singing at hospice inpatient units
- 5. Fundraising
- 6. Participation in organization's governing board
- 7. Thrift shops
- 8. General volunteer training hours, not specific to a patient or administrative task

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**Denominator: Direct Paid Staff Patient Care Hours** include total patient care hours of all paid hospice employees and contracted staff.

**Definition:** All hands-on direct time with the patient and family or hospice survivor, including:

- a. Telephone calls to patient, family or survivor
- b. If travel time for direct patient care staff is counted, travel time can also be counted for volunteers in the calculation for volunteer hours.
- c. IDG time and staff education time is **not** counted
- d. Examples of staff to include in the calculation of direct staff patient care hours (additional staff may be added to this list):
  - 1. Nurse
  - 2. Social Worker
  - 3. Physician
  - 4. Chaplain
  - 5. Hospice Aide
  - 6. Physical Therapist
  - 7. Bereavement Counselor

**Note:** There was guidance from CMS on volunteer training hours. CMS has stated that volunteer training hours would NOT count toward the 5% match for cost savings. The note is found in the preamble to the Final Medicare Hospice Conditions of Participation, published in the Federal Register on June 5, 2008. The entire final rule can be found at: <http://www.gpo.gov/fdsys/pkg/FR-2008-06-05/pdf/08-1305.pdf>

The specific section of the preamble related to this topic (pages 32133-32134) reads:

**Comment:** Some commenters asked us to clarify that volunteer time spent in training, orientation, travel, direct patient care, and administrative services may be included when documenting the cost savings that the hospice achieves through the use of volunteers.

**Response:** Section 1861(dd)(2)(E)(ii) of the Act requires hospices to maintain records on the cost savings achieved through the use of volunteers. That is, hospices must document those hours that volunteers furnished care and services for which a hospice would otherwise have been required to pay its employees to

furnish such care and services. If a hospice is training and orienting volunteers, it is most likely using its paid employees to do so. Therefore, no cost savings is achieved. However, if a hospice does pay an employee for time spent traveling for direct patient care and administrative purposes, and does not compensate a volunteer for the time, then it may include the volunteer's travel time, direct patient care and administrative services in its documentation of the cost savings it achieves. Likewise, hospices may document the time that volunteers actually spend providing direct patient care and administrative services, because hospices would compensate paid employees for the time spent performing these duties. We note that travel time is not the same as direct patient care. Following publication of this final rule, we will issue further sub-regulatory guidance addressing the manner in which the cost savings needs to be calculated and documented.

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## Are You Compliant?

Companion to the Medicare Hospice Conditions of Participation Resource Series

# CMS Final Medicare Hospice Interpretive Guidelines State Operations Manual, Appendix M October 1, 2010

## Guidance to Surveyors – Hospice

### Sec. 418.78 Condition of Participation: Volunteers

L641	§418.78 Condition of Participation: Volunteers	Guidance to Surveyors
L642	<p><b>§418.78 Condition of Participation: Volunteers</b></p> <p>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.</p>	<p><b>Interpretive Guidelines §418.78</b></p> <p>Volunteers are considered hospice employees to facilitate compliance with the core services requirement.</p> <p><b>Procedures and Probes §418.78</b></p> <p>Conduct an interview with the individual designated to supervise the volunteers regarding the use, training and supervision of volunteers.</p>
L643	<p><b>§418.78(a) Standard: Training</b></p> <p>The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.</p>	<p><b>Interpretive Guidelines §418.78(a)</b></p> <p>All required volunteer training should be consistent with the specific tasks that volunteers perform.</p> <p><b>Probes §418.78(a)</b></p> <ul style="list-style-type: none"> <li>• How does the hospice supervise the volunteers? Is there evidence that all volunteers receive the supervision necessary to perform their assignments?</li> <li>• Is there documentation supporting that all the volunteers have received training or orientation before being assigned to a patient/family?</li> <li>• What evidence is there that the volunteers are aware of:               <ul style="list-style-type: none"> <li>– Their duties and responsibilities;</li> <li>– The person(s) to whom they report;</li> <li>– The person(s) to contact if they need assistance and instructions regarding the performance of their duties and responsibilities;</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>– Hospice goals, services and philosophy;</li> <li>– Confidentiality and protection of the patient's and family's rights;</li> <li>– Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement;</li> <li>– Procedures to be followed in an emergency, or following the death of the patient; and</li> <li>– Guidance related specifically to individual responsibilities.</li> </ul>
L644	<p><b>§418.78(b) Standard: Role</b></p> <p>Volunteers must be used in day-to-day administrative and/or direct patient care roles.</p>	<p><b>Interpretive Guidelines §418.78(b)</b></p> <p>Qualified volunteers who provide professional services for the hospice must meet all requirements associated with their specialty area. If licensure or registration is required by the State, the volunteer must be licensed or registered.</p> <p>The hospice may use volunteers to provide assistance in the hospice's ancillary and office activities as well as in direct patient care services, and/or help patients and families with household chores, shopping, transportation, and companionship. Hospices are also permitted to use volunteers in non-administrative and non-direct patient care activities, although these services are not considered when calculating the level of activity described in standard (e).</p> <p>The duties of volunteers used in direct patient care services or helping patients and families must be evident in the patient's plan of care. There should be documentation of time spent and the services provided by volunteers.</p> <p><b>Probes §418.78(b)</b></p> <p>What evidence exists that the IDG conducts an assessment of the patient/family's need for a volunteer?</p>
L645	<p><b>§418.78(c) Standard: Recruiting and retaining</b></p> <p>The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.</p>	
L646	<p><b>§418.78(d) Standard: Cost saving</b></p> <p>The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:</p> <ol style="list-style-type: none"> <li>(1) The identification of each position that is occupied by a volunteer.</li> <li>(2) The work time spent by volunteers occupying those positions.</li> <li>(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</li> </ol>	<p><b>Interpretive Guidelines §418.78(d)</b></p> <p>There is no requirement for what the cost savings must be, only on how it is computed.</p>

	of time specified in paragraph (d)(2) of this section.	
L647	<p><b>§418.78(e) Standard: Level of activity</b></p> <p>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.</p>	<p><b>Interpretive Guidelines §418.78(e)</b></p> <p>In computing this level of activity, the hospice divides the number of hours that hospice volunteers spent providing administrative and/or direct patient care services by the total number of patient care hours of all paid hospice employees and contract staff. For example, if the hospice provides 10,000 hours of paid direct patient care during a one-year period the hospice must provide 500 volunteer hours in direct patient care or administrative activities to meet the required 5 percent total.</p> <p>A hospice may fluctuate the volume of care provided by volunteers after the hospice meets the required 5 percent minimum.</p>



## **NHPCO Standards of Practice**

### **Specific Standards for Hospice Volunteers**



## NHPCO Standards of Practice for Hospice Programs (2010)

NHPCO's revised *Standards of Practice for Hospice Programs* (2010) is a valuable way to set benchmarks for your hospice and assess the services you provide. The Standards are organized around the ten components of quality in hospice care, which provide a framework for developing and implementing QAPI. Specific standards and practice examples are included for each component and appendices also include standards for hospice inpatient facility; nursing facility hospice care; hospice residential care facility; and pediatric palliative care (new addition).

The NHPCO Standards (2010) are available online for a free download at [www.nhpc.org/quality](http://www.nhpc.org/quality).

### Specific Standards for Hospice Volunteers

#### WORKFORCE EXCELLENCE (WE)

**Standard:**

**WE 9 Hospice utilizes and values specially trained, caring volunteers that are capable of assisting the population served by the hospice.**

**WE 9.1** The hospice hires volunteer directors/managers to serve the entire hospice program through the recruitment and placement of volunteers. Hospice volunteer director/manager services include:

1. Recruiting, screening and retaining volunteers to meet the needs of patients/families and the hospice program (*e.g., administration, fundraising, etc.*);
2. Educating volunteers to meet hospice regulatory requirements and all applicable accreditation standards;
3. Identifying and responding to patient/family volunteer needs by matching volunteers with skills needed;
4. Effective advocacy for the utilization and integration of volunteers into the interdisciplinary team and liaise between team members and volunteers as needed to affect optimal volunteer services for patients and families;
5. Ongoing supervision and competency evaluation of volunteers to meet hospice regulatory requirements and all applicable accreditation standards;
6. Ensuring accurate documentation of volunteer visits and volunteer hours;
7. Ongoing retention of volunteers through recognition, education and support;
8. Developing volunteer program evaluation strategies to insure quality services; and
9. Supporting community education through volunteer presentations or other activities in the community;
10. Documenting cost savings achieved through the use of volunteers;
11. Maintains a volunteer staff sufficient to provide administrative or direct patient care in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff; and
12. Recording the expansion of care and services achieved through the use of volunteers.

**WE 9.2** Hospice volunteer services are based on initial and ongoing assessments of patient and family volunteer needs by members of the interdisciplinary team and provided according to the interdisciplinary team's plan of care.

**WE 9.3** Hospice volunteers receive appropriate orientation and training prior to providing patient, family and caregiver care that minimally includes:

1. The purpose and focus of hospice care;
2. The important role of the volunteer in hospice care;
3. The interdisciplinary team's function and responsibility;
4. Role of various hospice team members;
5. Concepts of death and dying;
6. Communication skills;
7. Patient and family rights and responsibilities;
8. Care and comfort measures;
9. Diseases and conditions experienced by hospice patients;
10. Psychosocial and spiritual issues related to death and dying;
11. Concept of the unit of care (*e.g., the hospice patient, family and caregiver*);
12. Stress management;
13. Infection control practices;
14. Professional boundaries and patient/family boundaries;
15. Staff, patient and family safety issues;
16. Ethics and hospice care;
17. Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement;
18. Confidentiality;
19. Reporting requirements related to patient changes, pain and other symptoms;
20. Other topics based on the hospice's unique mission and defined patient population;
21. Specialized duties and responsibilities;
22. Specialized training is performed when volunteers provide care or services in facility based care settings or with other specialty patient populations; and
23. The person(s) to whom they report and the person(s) to contact if they need assistance and instructions regarding the performance of their duties and responsibilities.

**WE 9.4** The hospice maintains personnel records for each volunteer that minimally include:

1. Activities performed by the volunteer;
2. Orientation and training;
3. Competency assessments;
4. Annual performance evaluations;
5. Criminal background checks; and
6. Conflict of Interest form.

**WE 9.5** Volunteers are evaluated at least annually using the performance criteria defined in the job description.

**WE 9.6** Hospice volunteers are supervised in a timely manner by designated hospice staff.

**WE 9.7** Volunteers are represented on the IDT either in person or through staff assigned to supervise the volunteer department.

**Practice Examples:**

- Recruiting activities are regularly scheduled and include various media such as print and electronic newspapers, newsletters, bulletins and other broad-based community resources.
- Hospice has written criteria for recruiting, selecting, training and assigning volunteers.
- Recruiting activities are planned and conducted with input obtained from staff and volunteers to meet volunteer recruitment goals.
- Volunteers are utilized in administrative or direct patient care roles.

- Volunteer retention activities include offering support groups, partnering with other volunteers or if necessary, making changes in assignments.
- All patient care volunteers complete a comprehensive orientation prior to providing any patient, family or caregiver care or services.
- All volunteers are invited to be active participants in volunteer support groups.
- There is evidence of ongoing volunteer supervision and identifying the educational needs of hospice volunteers.
- The volunteer's performance is assessed on hire and ongoing through observations made during orientation, evaluations made during care assignments and the annual performance evaluation process.
- Volunteer retention efforts include: support mechanisms; mentoring or "buddying" with experienced, competent peer volunteers; changing of assignments when the program's, patient's or family's needs are not met; providing ongoing feedback and recognition events; and communicating and having camaraderie with other hospice team members (*e.g., support groups, telephone calls, flyers, closure of care, meeting with volunteer coordinator, etc.*).
- Volunteers articulate information provided in the orientation and training as evidenced by interviews or evaluations with the hospice nurse, other team members or the hospice patient or family.
- Performance evaluations incorporate the valued educational components listed in the hospice's orientation and ongoing educational initiatives. A review of these evaluations demonstrates a positive correlation between the education material presented and the volunteer's demonstrated competence.
- There is a formalized process to elicit feedback from volunteers about the recruitment process, orientation and training, supervision and their practice with patients and families.
- Additional supplemental training is provided for hospice volunteers working in specialized programs (*e.g., nursing homes, facilities specializing in care to persons with AIDS, pediatric programs, veterans, etc.*).

**Standard:**

**WE 10 Adequate supervision and professional consultation by qualified personnel are available to staff and volunteers during all hours.**

**WE 10.1** The hospice provides access to qualified consultation when a clinical supervisor does not have the clinical training, education or experience to make sound patient and family care or policy decisions.

**WE 10.2** Supervisors and management staff have specialized training and experience, attend ongoing inservices and educational programs and complete a competency evaluation.

**Practice Examples:**

- An on-call system ensures the availability of expert advice to on-call staff.
- Social workers with a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or a baccalaureate degree in psychology, sociology or other field related to social work are supervised by an MSW. (*If the BSW professional was employed by the hospice before December 2, 2008, that employee is not required to be supervised by an MSW.*) (*CoPs section 418.114 (3B), Personnel Qualifications*)
- Pediatric consultation and specialty resources are available to support staff and volunteers.



## **NHPCO Newslines Articles on Volunteers**

- The Volunteer Regs – Revisited (November 2009)
- Hardwiring Leadership Skills and Best Practices in Volunteer Programs (April 2011)
- QAPI for Hospice Volunteer Programs (April 2012)

## The Volunteer Regs—Revisited

By Judi Lund Person, BA, MPH, and Jennifer Kennedy, MA, BSN, RN, CLNC

It has been over a year since the Centers for Medicare and Medicaid Services [CMS] published the revised Medicare Hospice Conditions of Participation (Hospice CoPs). While very few changes were actually made to the portion addressing volunteers (CoP 418.78) when compared with the original 1983 CoPs, some programs still appear to be struggling with the revised regulations.

This article recaps the new requirements, including the further explanations and clarifications made by CMS following the publication of the Interim Final Interpretive Guidelines on January 2, 2009 (i.e., the guidelines that help surveyors assess compliance).

### First, a Little History

The original Hospice CoPs, published in final form in December 1983, incorporated the following statutory language, taken from the 1983-amended version of the Social Security Act:

“[The hospice program must] (i) utilize volunteers in its provision of care and services in accordance with standards set by the Secretary, which standards shall ensure a continuing level of effort to utilize such volunteers, and (ii) maintain records on the use of these volunteers, and the cost savings and expansion of care and services achieved through the use of these volunteers.”

In addition, CMS (then the Health Care Financing Administration—or HCFA) assigned the 5 percent numerical standard for volunteer efforts, and provided its rationale in the 1983 Hospice CoPs preamble:

“We carefully considered all the comments concerning the use of a numerical standard for the volunteer effort.... Accordingly, we are requiring that a hospice must document and maintain a volunteer staff sufficient to provide *administrative* or *direct patient care* in an amount that, at a minimum, equals 5 percent of the total patient care hours by all paid hospice employees and contract staff.

Administrative support in this context means *administrative support of the patient-care activities* of the hospice (e.g., clerical duties in the offices of the hospice) and *not* more general support activities (e.g., participation in hospice fundraising activities). We will adopt this standard for three reasons:

1. Congress intended minimum participation requirements for volunteers;
2. Our examination of preliminary data on the use of volunteers in the HCFA [CMS] hospice demonstration project persuades us that this is an achievable goal for all types of hospices;
3. Hospice groups have indicated that a 5 percent standard would be acceptable. We note that documentation indicating that the hospice meets this standard will be required at the time of the survey to determine that a hospice meets the conditions of participation.”

## What's Different Now

In the 1983 Hospice CoPs, the CMS definition of “employees” included “volunteers” to facilitate compliance with the core services requirement. In the 2008 Hospice CoPs, CMS elaborated on the ways in which volunteers—as employees—must be treated:

### Criminal Background Checks

Since volunteers are considered employees, they are included in the criminal background check requirement per CoP 418.114.

### Computation of Travel Time

If a hospice compensates its staff for travel time, the hospice can also count travel time for volunteers in meeting the 5 percent requirement. Per CMS:

“We understand that traveling, providing care or services, documenting information, and calling patients all consume volunteer time, and we agree that the time may be used in calculating the level of volunteer activity in a hospice. If a hospice chooses to include any of these areas that are directly related to providing direct patient care or administrative services in its percentage of calculation of volunteer hours, it must ensure that the time spent by its paid employees and contractors for the same activity is also included in the calculation. What that means is that if your staff is paid for the time it takes them to drive to a patient’s home, then you can count the time it takes for a volunteer to drive to a patient’s home. However, if you do not pay an administrative staff for the time it takes to drive to the office, then you cannot count the travel time of the volunteer who drives to an office location to volunteer.”

### Orientation and In-service Education

NHPCO regularly receives questions from members about the volunteer training requirements. The 2008 Hospice CoPs requires hospice providers to maintain, document and provide volunteer orientation as well as training that is consistent with the specific tasks that volunteers perform.

#### *Volunteer Orientation*

Regardless of the specific duties a volunteer will perform, orientation training should include:

- Hospice goals, services and philosophy;
- Confidentiality and protection of the patient’s and family’s rights;
- Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement; and
- Guidance related specifically to individual responsibilities.

#### *In-service Training*

Surveyors will also be looking for documented evidence that volunteers (1) are aware of their duties and responsibilities and (2) know to whom they should report before being assigned to a patient and family or given administrative duties.

Volunteers who are involved in direct patient care will need to understand whom to contact if they need assistance and instructions regarding the performance of their duties and responsibilities, and what procedures should be followed in an emergency or following the patient’s death. For example, if a hospice provider utilizes volunteers for patient contact activities (such as assisting with patient transfers), the volunteer should be instructed on that specific activity or skill, and the provider should complete a competency evaluation of the

#### **Of Note:**

While the Hospice CoPs call for treatment of volunteers “as employees,” an exception to this rule is completion of Form 1-9. According to the regulations issued by the U.S. Department of Homeland Security, Form 1-9 should only be completed for a paid employee (i.e., “an individual who provides services or labor for an employer for wages or other remuneration....”).

volunteer's performance—initially as well as on an ongoing basis. Another example of specific volunteer training would be if a provider utilizes volunteers for its bereavement program: these volunteers would need specific training about the hospice's bereavement program and their role in the program. Volunteer competency evaluation documentation should be evident if the volunteer will have family contact (i.e., make bereavement phone calls). Surveyors will expect a provider to substantiate how volunteers are supervised to ensure that all volunteers are receiving the supervision necessary to perform their assignments.

## Hardwiring Leadership Skills and Best Practices in Volunteer Programs

By Sandra Huster

The number one reason that volunteers leave organizations is because their volunteer leaders did not know how to lead, notes Thomas W. McKee in *Volunteer Power News* (2010.) When asked why they are no longer active with an organization, volunteers report several reasons:

- there was a lack of professionalism in the program;
- they received little feedback about their contributions;
- they weren't sure they made a difference or their time was well spent; and
- communication was poor.

All of these reasons for leaving an organization are the result of poor leadership.

Hospice volunteer managers need the same leadership skills that other leaders must have to be successful in recruiting, training and retaining an excellent workforce. Hospice volunteer managers may be responsible for 50 to 100 volunteers—or even more. This is far greater than the number of employees that other managers and leaders supervise. As hospice organizations depend more and more on the support of volunteers during challenging economic times, it becomes critical that volunteer programs have the right leader.

The Volunteer/Volunteer Management Section of NHPCO's National Council of Hospice and Palliative Professionals strongly believes that providing leadership skills training for volunteer managers *is a critical need*. Nationally, there is a need to establish benchmarks for quality in hospice volunteer programs and to hardwire processes for capturing, communicating and replicating best practices.

### Developing Volunteer Leaders

One of the challenges in developing volunteer leaders is that there is no standard for education, qualifications or training for hospice volunteer managers (unlike other disciplines that require professional degrees and certifications and come with a well-defined list of required qualifications). When hospice organizations interview and hire new volunteer managers, there may not be a clear understanding by those conducting the interviews of the skills that are needed to be an excellent leader of volunteers. It's not enough to look for someone who is outgoing and loves people, although these are important qualities for volunteer management.

What skills do volunteer leaders need? What training is needed to equip volunteer managers to be high-performing leaders? Volunteer managers, like other hospice leaders, need to excel in the following areas:

#### 1. Human Resource Management

Volunteer managers serve as recruiters, HR coordinators, trainers, and supervisors. They are responsible for insuring that all policies, procedures, background checks, health screenings, training requirements and competencies are met. Volunteer managers must guarantee regulatory compliance with the Medicare Hospice Conditions of Participation, accrediting organizations, and state regulations. Risk management is the volunteer manager's job as well, adhering to insurance and legal regulations, and infection and disease control practices.

## **2. Customer Service**

Volunteer managers have many customers. We might see volunteers as their primary customers, but beyond that they serve patients and families, the entire hospice staff, community groups and individuals. It is important that volunteer managers create a culture that places customer service first. These leaders must be open to change, willing to work shoulder to shoulder with staff and fellow volunteers, and must always communicate caring and appreciation. Relationship building is a key component to a successful volunteer program and to volunteer retention.

## **3. Fiscal Management**

Volunteer managers should be included in the budget planning process and be held responsible for checking their financial reports monthly. Including a finance goal as part of the volunteer manager's annual evaluation provides motivation to be fiscally responsible. When given the skills needed and empowered to manage their own budgets, they will be much more likely to be good stewards. For example, at Covenant Hospice, where I serve as the director of volunteer services, all leaders must establish a finance goal annually. Volunteer managers know that part of their annual performance evaluation and merit increase depends on meeting or exceeding their budget goal.

## **4. A Commitment to Excellence**

All hospice leaders must work together to achieve excellence. This means that no team, department or program can have a "silo" mentality or expect to achieve success alone. Too often in hospices the volunteer manager and volunteers are seen as separate from the clinical team. We say that volunteers are fully integrated into the team, but are they really? Volunteer managers must step up and speak up as advocates for volunteers and must find their places at the interdisciplinary team table alongside other team members. Through NHPCO's National Council of Hospice and Palliative Professionals (NCHPP) and as individual hospices, we must all make a commitment to excellence in hospice volunteer programs. This includes establishing qualifications, training, continuing education, competencies and credentialing opportunities for hospice volunteer managers, just as we do for other hospice disciplines.

## **5. Accountability**

Hospice volunteer programs grow when their leaders set specific measurable goals and are held accountable for meeting or exceeding those goals. Program goals must be tied to performance evaluations and leaders should be rewarded for outcomes.

For example, Covenant Hospice senior leaders set strategic goals annually. In 2010, four of the organization's 20 goals were "owned" by the volunteer department. They included:

- Meeting at least 95 percent of all patient/family requests for volunteer services (the result was 99 percent).
- Maintaining volunteer satisfaction of 4.75/5.0 (the result was 4.81/5.0).
- Maintaining a 1.9 ratio of volunteers to ADC (the result was 2.3).
- Maintaining a Medicare Match at 9 percent (the result was 14 percent).

At Covenant, volunteer program strategic goals are aligned throughout the organization, from the CEO to the vice president of human resources, to the director of volunteer services and, finally, to all volunteer services managers. Accountability based on shared measurable outcomes and rewarded through agency-wide recognition and annual performance merit increases has produced outstanding results.

If our volunteer managers do not come to our hospices with these five key skills, it is up to our organizations to provide training and coaching in these areas. In my organization, quarterly training is provided through our Leadership Development Institute. Volunteer managers, along with all other Covenant leaders, attend these one-day trainings, designed to equip leaders with the knowledge and skills that are needed to lead others.

## Harvesting and Hardwiring Best Practices

NHPCO's National Council of Hospice and Palliative Professionals (NCHPP) offers the perfect opportunity for volunteer leaders and volunteers to identify and share best practices. Volunteer managers should be encouraged to join NCHPP. Membership is free for all employees and volunteers whose hospice is a member of NHPCO. (Visit [www.nhpc.org/nchpp](http://www.nhpc.org/nchpp) to learn more or call NHPCO's Member Services Center at 800/646-6460.)

Members of NCHPP's Volunteer/Volunteer Management Section have free access to the following resources:

- **My.NHPCO:** This [professional networking site](#) provides daily access to the Volunteer/Volunteer Management Section through an eGroup (which is similar the former "listserve"). The eGroup provides the opportunity to post questions, share best practices, and connect with peers and colleagues.\*
- **Volunteer Section eLibrary:** The Volunteer Section [eLibrary](#) (on the My.NHPCO website) includes a range of helpful management tools and resources that eliminate the need to "reinvent the wheel."\*
- **Volunteer Section Chat Sessions:** These chats are open discussions on topics of interest to both new and experienced volunteer managers. They are scheduled on the fourth Wednesday of each month (except the November Chat which falls on the 5th Wednesday), from 3:00-4:00 p.m. (ET). See the last page of this article.

### Some Examples of Hospice Volunteer Program Best Practices

- Conducts and documents initial and annual volunteer competencies.
- Completes and documents annual volunteer evaluations.
- Surveys volunteer satisfaction annually and reports results.
- Reports volunteer scores from NHPCO's [Family Evaluation of Hospice Care survey](#): (1) percentage of families who reported receiving volunteer care, and (2) percentage who rated volunteer care as excellent.
- Reports results from internal satisfaction survey of volunteer program.
- Tracks and reports volunteer retention annually.
- Reports Medicare and non-Medicare volunteer activities by type, hours and associated cost savings.
- Provides volunteer manager ongoing leadership training, competencies and evaluations.

In addition to these free resources, NHPCO's [two primary national conferences](#)—the Management and Leadership Conference (MLC) held each spring and the Clinical Team Conference (CTC) held each fall—offer valuable concurrent sessions for both volunteers and volunteer managers as well as a scheduled time for members of the NCHPP Volunteer/Volunteer Management Section to meet for face-to-face discussions.

Hospices that want to grow their volunteer programs, meet the increasing needs for volunteer services, increase patient and family satisfaction, and retain volunteers must have volunteer leaders who know how to lead. This presents an exciting opportunity for the NCHPP Volunteer/Volunteer Management Section to demonstrate leadership excellence, share best practices, set benchmarks and celebrate results!

\*While My.NHPCO is free to NHPCO members and their staff, each staff member must enroll. For instructions on enrolling (which just takes a few minutes!), see the "[Getting Started](#)" section of the My.NHPCO site.

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*Sandra extends a special acknowledgement to Quint Studer and the [Studer Group](#) for the leadership principles and terminology reflected in this article and presented in "Taking You and Your Organization to the Next Level, Hardwiring Excellence, and Straight A Leadership."*

## QAPI for Hospice Volunteer Programs

By Sandra Huster

When we think of quality assurance and performance improvement (QAPI) initiatives in the hospice setting, our thoughts may not include volunteer programs. The National Council of Hospice and Palliative Professionals (NCHPP) has identified QAPI as a gap in knowledge for leaders of hospice volunteers. This may be due in part to limited data collection in individual hospice volunteer programs and to a lack of understanding of quality measures for this discipline.

Traditionally hospice volunteer programs have reported “soft outcomes,” such as volunteer and patient stories. These are still vitally important for us to remain connected to our purpose and mission. However, today’s hospice leaders and those who provide leadership for volunteer programs must quit assuming and begin documenting quality outcomes. Hospice volunteer programs must identify quality measures, set measurable program goals based on internal and external benchmarks, identify opportunities for improvement, and collaborate with the clinical team on QAPI initiatives. Volunteer programs must prove their value to the organization through “hard data,” documenting and reporting outcomes that improve patient care, increase family satisfaction and save costs.

QAPI initiatives for hospice volunteer programs require collaboration between staff members who lead volunteer programs, the clinical team and volunteers.

Consider your hospice volunteer program:

- Are you assuming that your volunteer program provides quality care and services? Or do you have data that documents quality outcomes?
- What is currently being tracked and reported?
- Who is that data reported to and how is the information being used?
- Does your leader of volunteers have specific measurable goals that are based on internal and external benchmarks? Are results tied to his or her annual performance evaluation and merit increase?
- Does the leader of your volunteer program serve on your QAPI committee?
- Has your volunteer program been involved in a QAPI project?

The volunteer discipline is an integral part of the interdisciplinary team. Volunteers play a crucial role in providing excellent patient care and contribute toward many quality outcomes measured and reported by hospices. The [Family Evaluation of Hospice Care](#) (FEHC), the [Family Evaluation of Bereavement Services](#) (FEBS), and concurrent patient/family surveys include questions that involve every member of the team, including volunteers. Results can provide good feedback for the volunteer program and provide some “hard data” on the value of volunteers.

## Identifying Quality Measures

All hospices must document volunteer service hours that meet the Medicare Hospice Conditions of Participation (Hospice CoPs) for “Volunteers, Level of Activity,” found in 42 CFR 418.78(e).

As defined by Medicare, these activities include direct volunteer patient care hours and administrative volunteer hours that support patient care. The required “Medicare match” is 5 percent.

NHPCO’s 2010 National Summary of Hospice Care (National Summary) reports that the agency mean for volunteer hours as a percent of clinical staff hours (i.e., the Medicare match) is 5.2 percent. Hospice volunteer programs may choose to set a benchmark that is above the required 5 percent match. The National Summary reports that the 75th percentile for all hospices responding to this question is a 7.7 percent Medicare match. The top 25 percent of hospices report that their Medicare match is greater than 7.7 percent. This presents an external benchmark for volunteer programs that want to strive to improve this key quality measure.

Increasing the Medicare match presents opportunities for QAPI initiatives as this goal requires collaboration between the interdisciplinary members who identify patient problems that require volunteer interventions, and the volunteer manager who recruits, trains and places volunteers to meet these needs.

### **Some Opportunities for Improvement**

QAPI initiatives for hospice volunteer programs may set internal or external benchmarks for improvement. The following are examples of opportunities for improvement in hospice volunteer programs, using either internal or external data to set benchmarks. (Specific measurable goals would need to be included in these outcome statements.)

#### *Patient Care Volunteers as a Percent of Total Volunteers*

- Increase the percent of direct patient care volunteers to total volunteers. (The National Summary reports 59.3 percent as the agency mean and 81.5 percent as the 75th percentile.)

#### *Volunteer Service Hours and Visits*

- Increase Medicare match. (The National Summary reports 5.2 percent as the agency mean and 7.7 percent as the 75th percentile.)
- Increase the percent of patients/families served by volunteers. (No national data available. Hospices must set internal benchmark.)
- Increase the percent of patient/family requests that are met by volunteers. (No national data available. Hospices must set internal benchmark.)
- Increase the number of patient visits per volunteer. (The National Summary reports 20 visits per volunteer as the agency mean and 27.4 visits per volunteer as the 75th percentile.)
- Increase volunteer visits as a percent of total IDG visits. (The National Summary reports 5.2 percent as agency mean and 7.3 percent as 75th percentile. These percentages nearly mirror the Medicare match results.)

#### *Number of Volunteers per Patient*

- Increase the total number of volunteers (all types) per patient. (The National Summary reports .29 as the agency mean and .38 as the 75th percentile. This number is calculated using the total number of volunteers (all types) divided by the total number of patients admitted.) This is an important growth measure used to ensure that the overall volunteer program is growing in proportion to growth in the hospice census. It indicates to hospice programs whether they have an adequate number of volunteers to support patients, families and the overall organization in areas such as development and marketing.
- Increase the number of direct care volunteers per patient. (The National Summary reports .15 as the agency mean and .21 as the 75th percentile. This number is calculated using the total number of patient care

volunteers divided by the total number of patients admitted.) This too is an important growth measure, comparing the growth in patient care volunteers to the growth in patients served, ensuring that patients and families' volunteer needs are met.

#### *Family Evaluation of Hospice Care Survey*

- Increase the percent of families responding to this survey who indicate that they have received the right amount of help from volunteers. (This is a new question that was added to the survey in 2011. This measure will be reported in 2012 and will present an external benchmark for hospice volunteer programs.)

#### Implementing QAPI Initiatives

Covenant Hospice's Volunteer Program has been involved in several QAPI initiatives over the past five years. Some were "owned" by other departments which invited the volunteer program to participate in, while others were initiated by the volunteer program. The following are examples of the QAPI projects initiated by the Volunteer Program.

##### *No One Dies Alone: Increasing Family Satisfaction of Care at the Time of Death*

Covenant's final promise to patients and families is that no one under its care should die alone, unless that is the patient's choice. Our Performance Improvement (PI) Department consistently reviews the charts of patients who have died. One of the key indicators that is noted and reported as a result of this review is whether the patient was alone at the time of death, or if there was someone present—a loved one, facility staff member, Covenant staff member or volunteer.

In 2006, Covenant's PI Department reported that 95 percent of all patients died with someone present. On one hand that might be a number to celebrate; however, our concern was for the 5 percent who died alone.

In collaboration with the PI department, clinical leaders and interdisciplinary team, the Volunteer Program focused on the following strategies for improvement of its 11th Hour (Vigil) Volunteer Program:

- Remove barriers for the interdisciplinary team and on-call staff in accessing an 11th hour volunteer;
- Increase the number of trained 11th hour volunteers;
- Hardwire communication between the admissions team, home and facility interdisciplinary members, on-call staff, and patients and families; and
- Improve the process for requesting and utilizing 11th hour volunteers, making sure that no one "falls through the cracks."

As a result of this initiative, Covenant increased the percentage of patients who died with someone present from 95 percent in 2006 to 97 percent in 2007-2008 and, finally, to 98 percent in 2009-2011. The situations where patients died alone were often not preventable. In most cases, for example, someone had been sitting at the patient's bedside and left the room right before he or she died. Also, we understand that some patients choose to die alone.

##### *Tuck-in Volunteers: Increasing Family Satisfaction with Weekend Care*

In 2008, the Volunteer Program collaborated with the clinical team on a QAPI initiative to improve family satisfaction of weekend care. Since that time, volunteers have continued to make weekly "tuck-in calls" to all home patients and families. These trained volunteers utilize a call script that doubles as a tracking log. The purpose of the calls is to identify supply, medication and equipment needs prior to the weekend so that the clinical team can take care of these needs before 5:00 p.m. on Friday. Volunteers are also trained to ask about pain control and to immediately communicate identified pain or symptom control issues to the appropriate nurse.

Covenant reduced weekend calls for non-emergency patient needs by over 50 percent as a result of this program. This represents satisfied families who have the equipment, supplies and medications they need throughout the weekend and a savings in on-call staff time to deliver supplies and medications during the weekend.

### Quality Hospice Volunteer Programs

The NCHPP Volunteer/Volunteer Management Steering Committee is dedicated to working with NHPCO and hospice volunteer programs to elevate the volunteer discipline within the individual hospice's interdisciplinary team and with hospices throughout the country. Hospice volunteer managers are professionals whose contributions help to improve patient care, increase family satisfaction and save costs during this challenging time. QAPI initiatives that involve hospice volunteer programs are imperative as we "raise the bar" for this discipline and work together to sustain our organizations.

*Sandra Huster has worked in the field of volunteer management for 15 years and is currently director of volunteer services for Covenant Hospice (Pensacola, FL). She also serves as the NCHPP Volunteer/Volunteer Management Section leader and is a frequent presenter at NHPCO's national conferences. Sandra can be reached at [Sandra.huster@covenanthospice.org](mailto:Sandra.huster@covenanthospice.org).*

For questions about the documents in this resource packet or to ask hospice regulatory questions, please contact [regulatory@nhpco.org](mailto:regulatory@nhpco.org) for assistance.