NewsLine

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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.

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