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.nhpco.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 though 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.