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Hospice Volunteer Services		

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Purpose:	To ensure that qualified volunteers provide appropriate services in accordance with the interdisciplinary plan of care and Hospice Program needs.
Definitions:	Hands-on Care: Direct care or personal care of a patient that involves touching or lifting (e.g., bed baths, repositioning patients, bathroom help).
	Inpatient unit volunteers: Provide emotional support for patient/family and assist staff with patient care and other duties to support the unit. This includes, but is not limited to companionship, sitting with restless patients, refreshing waters, keeping unit tidy, greeting visitors, answering call lights/phones, as well as stocking supplies and folding linens. Inpatient unit volunteers are under the guidance and direct supervision of the unit charge nurse and/or clinical nurse lead.
	Bereavement Volunteers: Provide grief support for bereaved families/friends through, home visits or phone calls, as well as administrative support and being an active part of the Celebration of Life event(s) for the bereavement office.
	Homecare Volunteers: Primarily provide companionship and/or respite for patients/families/caregivers. This can include, but is not limited to helping with meal prep, household chores, shopping, transportation (optional) or walking a patient's dog.
	Administrative Support Volunteers: Provide administrative support to various departments within hospice. These activities may include assembling information packets, filing, photocopying and assisting with mailings, volunteer office support, data entry and customer service type phone calls to patients/families.
	<u>Vigil Volunteers</u> : Specially trained volunteers to hold a sacred space and accompany patients as they enter the active dying process. These volunteers sit bedside with a patient that is alone or with families that would like support while they sit vigil themselves or give a family sitting vigil a break if needed.
	<u>Veteran Volunteers</u> : Work primarily with our veteran patients. Provide or attend appreciation honorings of the patient's military service, vet to vet companionship/respite home visits, as well as community outreach.
Keywords:	Hospice Volunteers, Veteran Program, Vigil Volunteer, Homecare volunteer

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Applicability:	TMC Hospice
Statement of Policy:	1. TMC Hospice Services will provide volunteer services under the direction of a volunteer coordinator and with the assistance of trained Hospice volunteers. The duties and responsibilities of the volunteer coordinator and volunteers will be identified in appropriate job descriptions.
	2. TMC Hospice shall maintain, document, and provide volunteer orientation and training that is consistent with hospice industry standards.
	3. TMC Hospice shall document and demonstrate viable, ongoing efforts to recruit and retain volunteers.
	4. TMC Hospice shall document the cost savings achieved through the use of volunteers in accordance with applicable CMS payer requirements.
Procedure:	1. Volunteer Coordinator
	1.1. The volunteer coordinator will develop, implement and evaluate the volunteer services program on an ongoing basis, but no less often than annually.
	1.2. The volunteer coordinator will provide educational opportunities to volunteer staff at least annually.
	1.3. The volunteer coordinator will arrange for volunteers to provide volunteer support to patient/family/caregiver in accordance with the interdisciplinary plan of care.
	1.4. Volunteer coordinator will add volunteer homecare, inpatient unit, vigil & bereavement visit/call documentation to the patient's medical record.
	1.5. The volunteer coordinator will track the use of volunteers, cost savings achieved and report out as requested.
	1.6. Volunteer hours will equal at least five percent of the hospice provider's total patient care hours of paid and contracted personnel.
	1.7. There will be ongoing efforts to recruit, train and retain volunteers

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of all ages and ethnic backgrounds.

1.8. The volunteer coordinator to comply with all applicable federal and state hospice regulations for volunteers.

2. Minimum Requirements to Become a Volunteer:

- 2.1. High school diploma or GED or an equivalent combination of relevant education and experience.
- 2.2. May not concurrently volunteer at another local hospice.
- 2.3. Be able and complete volunteer training for TMC Hospice even if applicant has attended a similar training elsewhere.
- 2.4. Pass felony background clearance, fingerprint clearance (homecare only) and Employee Health Requirements.

3. Application and Onboarding Process

- 3.1. An application is required to be considered for a volunteer role at TMC Hospice. All applications are screened for current and anticipated openings for the next scheduled volunteer training.
- 3.2. Selection to attend volunteer training is determined after successful completion of the interview process and can be dependent on skill sets currently needed by the organization.
- 3.3. All incoming volunteers will be required to complete all new volunteer paperwork before attending training. This paperwork includes, but is not limited to recommendation letters, background clearance consents, and confidentiality and volunteer agreements.
- 3.4. Active fingerprint clearance is required for all homecare volunteers.
- 3.5. Must comply with all TMCH employee health requirements.
- 3.6. Must attend and complete all volunteer training and orientation sessions.

4. Volunteer Training/Orientation

4.1. Volunteer Training is required for all incoming volunteers.

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- 4.2. Volunteer Training will be scheduled depending on the volunteer needs. Typically, volunteer training happens 1-2 times yearly.
- 4.3. Upon completion of training, new volunteer orientation is scheduled by the volunteer coordinator.
 - (a) <u>Inpatient Unit:</u> A minimum of 3 orientation shifts.
 - (b) <u>Inpatient Unit Front Desk:</u> A minimum of 3 orientation shifts.
 - (c) Homecare Volunteer: A minimum of 1 orientation shift.
 - (d) <u>Veteran Volunteer:</u> A minimum of 1 orientation shift. More shadowing/training is required if volunteer will conduct veteran honorings.
 - (e) <u>Bereavement Volunteer:</u> Must have been a TMC Hospice volunteer for 6 months followed by a minimum of 1 orientation shift, which includes initial bereavement training. Equivalent experience as a Hospice volunteer will be considered in lieu of the 6 months as a TMC Hospice volunteer.
 - (f) <u>Vigil Volunteer:</u> A minimum of 1 orientation shift, which includes initial Vigil Training is required, as well as 6 months experience as a TMC Hospice volunteer (or equivalent experience will be considered).

5. Alcohol/Drug Use

5.1. See TMCH Policy HR-01-03 Drug-Free Workplace.

6. HIPAA & Protected Health Information (PHI)

6.1. See TMCH Policies CC.02-03 HIPAA – Patient Rights and CC-02-07 Identifying and Protecting PHI.

7. Employees as Volunteers

7.1. Employees are able to volunteer with hospice as longs as the role is opposite from their paid role within TMC. For example: nurses can't do patient care type roles.

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8. Dress Code

8.1. See TMCH Policy HR-01-31 - Dress and Appearance.

9. TMC Hospice Emergency Operations Plan

- 9.1. Inpatient Unit See TMCH Emergency Operations Management Plan (EOP).
- 9.2. <u>Homecare See TMCH Hospice Policy HO-01-29 Hospice</u> Homecare Emergency Management Planning

10. Documentation Requirements

10.1. Each volunteer will complete documentation of their extended interaction with hospice patients and loved ones as directed by volunteer services. Completed patient care reports must be submitted within 48 hours of the encounter.

11. Gifts

11.1. See TMCH Policy CC-01-16 Gifts and Business Courtesies.

12. General Liability

- 12.1. TMC hospice volunteers are afforded coverage under TMCH's general liability policy for any losses suffered while acting within the scope of your duties as a volunteer. In addition to this broad coverage TMCH purchases a volunteer accident policy that provides the following coverage:
 - (a) Accidental Death and Dismemberment Coverage
 - (b) Accidental Medical Expense Coverage this coverage is in excess of Medicare or any other supplemental health care coverage.
 - (c) Excess Volunteer Liability
 - (d) Excess Auto Liability this coverage is in excess of your personal auto liability coverage
- 12.2. For this coverage to apply to you must be a designated and recorded

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volunteer and participating in sanctioned volunteer activities.

12.3. Volunteers personal insurance will be billed first and the hospital provided insurance will cover costs that are in excess of your personal coverage.

13. Smoking and Nicotine Use

13.1. See TMCH Policy HR-01-20 - Tobacco, Nicotine and Vaping Free Policy

14. Infection Control/Employee Health Requirements

- 14.1. Volunteers are required to meet the same employment requirements as hospice staff. This includes:
 - (a) Yearly TB Skin Tests See TMCH Policy EH-01-08 Tuberculosis Control Program.
 - (b) Flu Vaccine See TMCH Policy TO-01-05 Influenza Vaccine Policy .
 - (c) COVID Vaccine(s) See TMCH Policy EH-01-12 Mandatory Employee COVID-19 Vaccinations
 - (d) Standard and Transmission –Based Precautions see TMCH IC-01-18 Transmission Based Precautions
 - (e) Drug screening TMCH employment policy #HR-01-03 Drug-Free Workplace

15. Attendance

- 15.1. If you are unable to complete your shift or a scheduled homecare visit, please email or call the volunteer office and inform them of your absence.
- 15.2. Extended leave needs to be approved by the volunteer office.
- 15.3. Extended leave lasting more than 6 months will result in being placed on an inactive status and your shift/assignment being offered to another volunteer.
- 15.4. Any excessive absentee issues may result in termination of

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volunteer duties.

16. Evaluations

- 16.1. Volunteers will be evaluated after their first 90 days as a volunteer and every year thereafter by the Volunteer Coordinator.
- 16.2. Annually, volunteers are invited to complete a program survey as well as a self-evaluation.

17. Grievances

- 17.1. Any grievance may be visited by going through the chain of command:
 - (a) Volunteer Coordinator or Clinical Nurse Lead
 - (b) Hospice Manager
 - (c) Hospice Director

18. Grounds for Termination

18.1. Involuntary termination may result from a variety of factors, including but not limited to poor performance, misconduct adherence to TMCH policies and procedures or absenteeism.

19. Hands-on Care

- 19.1. Volunteers are able to <u>assist</u> with hands on personal care on the inpatient unit only. An employee must be with them and lead the process.
- 19.2. Volunteers are not permitted to lift patients on their own.
- 19.3. Feeding patients is acceptable on the inpatient unit only if the volunteer has been trained and the required competencies have been completed.
- **20.** No personal care, including feeding, by a volunteer is permitted in the homecare setting. **Transportation**
 - 20.1. Volunteer decides whether he/she wishes to assist with transportation of patients and their family members on a case by

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case basis.

- 20.2. Volunteer informs Hospice Volunteer Coordinator of his/her decision and signs a transportation agreement which will be kept in their personnel file.
- 20.3. The patient must be cleared first by the RN case manager to be able to be transported by a volunteer. This status may change depending on patient's condition.
- 20.4. Volunteers can assist with transportation of patients and family members as needed within the scopes of their volunteer role.
- 20.5. Volunteers must use their personal car and must not drive a patient or family member's car.
- 20.6. All volunteers using a car in the performance of their volunteer duties with TMC HOSPICE SERVICES must comply with the state insurance laws governing liability, property damage and bodily injury.
- 20.7. Proof of current auto insurance and current driver's license must be submitted and will be kept in the volunteer's file.
- 20.8. Volunteer must document transportation in the Patient Visit Log or appropriate required documentation for the volunteer role.

21. Minimum Requirements to Remain Active

- 21.1. Completion of annual HIPAA, Risk Management, Infection Control, Safety/Security, Emergency Preparedness and Discrimination, Harassment & Prevention education/competencies. Education may be added or subtracted as required by TMCH or volunteer services.
- 21.2. Updated yearly required paperwork as determined by the Volunteer Office and TMCH.
- 21.3. Completion of annual competencies as scheduled by volunteer office.
- 21.4. All annually required employee health screenings and vaccination

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		documentation requirements, which can be met as they occur.
		21.5. Satisfactory attendance as scheduled and per policy.
	22.	Shopping and/or Exchange of money with patients and families
		22.1. Money must be given to volunteer to shop with and the amount of which was given written down and signed by both parties.
		22.2. Upon return, remaining money is given back and that amount written on the same form/paper and signed again by both parties.
		22.3. Form/Paper must be turned in with volunteer's documentation.
	23.	Patient Medication
		23.1. Volunteers are not allowed to give any medications to patients, including "over the counter" meds. This includes present and past RNs, LPNs and MDs who are volunteering, unless they are onboarded as a professional volunteer.
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	24.	Volunteer Competencies
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Standard Work:		 Volunteer Competencies 24.1. The Volunteer Office will set up general volunteer competencies yearly to include: (a) HIPAA, Infection control and safety and security, as well as other required competencies as scheduled by volunteer services. (b) Competencies are confirmed with a written exam that is graded and added to the volunteer file. 24.2. Specific job relate competencies may be assessed by the volunteer coordinator or other members of the Hospice IDG team based on

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Policy Creator:	Director of Hospice Services
Executive Sponsor:	Chief Nursing Officer
Review:	This Policy shall be reviewed as needed per changes in applicable laws, regulations, and accreditation or operational requirements, but no less often than every 3 years.

Approved: /s/ Zacharias Knickerbocker 06/30/2022

Zacharias Knickerbocker Date

Director of Hospice Services