

Checklist for Home Care Volunteer Orientation

Please use this checklist as a guide for your current and future homecare assignments. Additional copies are available upon request.

Once	you have accepted a home care assignment:		
	Your volunteer packet will be sent to you via mail, email or pick it up. Your packet will include:		
	 ✓ Assignment Cover Letter (with important team contact information) ✓ Volunteer Request Form (complete with assignment details) 		
	Let the volunteer office know if you need more of the following items (we will get some mailed to you or you can pick them up). ✓ Activity Records		
	 ✓ Patient Care Reports (if you prefer to handwrite your documentation) ✓ Return envelopes 		
	Call the primary contact for this assignment and introduce yourself and set up a date/time to visit.		
	NOTE: If this is your very first assignment, you will be scheduled to shadow a staff member (usually a social worker) on one of their visits to the patient/family that are requesting a volunteer. There, you will be introduced to the patient/family and will chat with them about their need for volunteer visits. The staff member will then complete an evaluation covering how you did at the visit.		
Day of Visit:			
	Call the primary contact and confirm your arrival (can be done the day before if that works better).		
	Don't forget to use hand sanitizer before and after your visit (or anytime it's needed during the visit).		
	Your appearance should be neat and clean.		
	Be sure to always wear your badge.		
	Bring something to do if your visit requires sitting for a long period of time just in case your patient isn't up for conversation.		

ی nce ر	you have arrived for your visit:
	Have a conversation with the primary caregiver about important "things you need to know" before they leave.
	Be sure to have a cell phone number for them (or an alternative plan in case of an emergency) in case you have questions or concerns while they are away.
	If needed, remind the caregiver/family that you do not do any personal care (toileting, turns, giving medication etc.)
Durin	g your visit:
	Even if the patient isn't alert, remember they can still hear you. Greet them; let them know who you are and what you will be doing.
	Loss for words? Look around at pictures, magazines, tv and see if you can start a conversation about an interest. Also remember, just being there and being present is all someone needs at times. Check out your homecare volunteer bag for playing cards, the life story book, etc. for ideas as well.
	Remember: Volunteers are not allowed to give any medication, including "over the counter" meds. This includes present and past RNs, LPNs and MDs who are volunteering.
	In case of emergencies during your visit: The fastest way to get ahold of hospice is to call the main number: 520-324-2438 between 8am – 4:30pm, Monday-Friday. After hours call; 520-324-5461 (TMC Main Number) – ask for the "Hospice Nurse On Call." The on call nurse will call you back and direct you
	REMEMBER: For patient medical emergencies (including falls) call hospice and get ahold of the nurse. All other emergencies (fire, crimes, etc) call 911
After	your visit:
	Some people like to have a transitional type of ritual that honors the patient and your
	volunteer work as you move onto resuming your personal life in the attempt of keeping the two separate. This can be a prayer, completing your documentation and paperwork, meditation, journaling etc. Whatever works best for you.
	Directly after your visit is the best time to document your visit in the Patient Care Report (PCR). Completing this online is preferred and is done through the Volunteer Resources section on the TMC Hospice website www.tmchospice.com/resources . If

		you would rather complete it on paper, forms are available that you can complete and turn in. PCR's are due within 48 hours of your visit (the sooner the better).
[Don't forget to mark down your hours on the monthly Activity Log which includes travel time.
[Volunteer mileage is reportable for taxes. Don't forget to document this if it's something you want to submit yearly to the IRS.
[Call the volunteer office if you have any questions or concerns ANYTIME 520-324-2433 or Krista's cell 520-668-9268.
fte	er	patient dies or is discharged from program:
[You should be contacted by the volunteer office or hospice team should your patient's "status change." A status change can be a death, discharge or residence change. Sometimes, however, you may call or visit a home before we are able to get ahold of you for various reasons. We do our best to reach you but sometimes it doesn't happen in time. To avoid this, continue to call to confirm your visit with the patient/family. You can also always call the main hospice number and let them know you are a volunteer.
[Feel free to send your condolences to the family and attend the patient's funeral or celebration of life if you are invited or feel comfortable doing so. The time doing this needs to be recorded on the Activity Log AND a Patient Care Report completed.
[If the patient is disenrolled from hospice services (discharged) you will be notified. Usually you will get a "heads up" if it looks like this is going to happen so you are able to say your good-byes.
[At this point your contact with the family will end. Feel free to take some time before starting another assignment if you feel you need it. Keep in contact with the volunteer office and remember we have resources at hospice if you feel you need to talk to someone about grief and loss should you need it.
[Please shred all the paperwork you have on your patient. We have shred bins at hospice if you would like to drop off your paperwork or you can mail them to us with a note on it asking us to "shred it."