

Policy: TX-017	Effective Date:	1/1/06
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Policy:

A volunteer is an individual who provides support and assistance to the patient and the patient's family without compensation. A hospice volunteer must be at least 16 years of age. A care plan is developed by the hospice team in accordance with the Medicare Hospice Benefit. Volunteers provide direct patient, indirect, and bereavement care to the hospice patient and their significant others under the supervision of a member of the hospice team.

Operational Guidelines:

- The hospice uses volunteers to enhance the lives of patients and families in defined roles, under the supervision of designated hospice personnel, and shall be treated as personnel.
- Types of volunteers offered by the agency:
 - Direct Care Volunteers
 - Indirect Care Volunteers
 - Bereavement Volunteers
- All volunteer applicants will be appropriately screened before beginning any volunteer service utilizing the same screening criteria as used for other personnel candidates, using policies and procedures as outlined in the Hospice Clinical Operations Manual, Human Resources Chapter 7
<http://atwork.amedisys.com/DocumentCenter/clinicaldocs/Forms/Grouped%20View.aspx?View=%7B806E276F-C954-453F-B89F-0844C7FD789B%7D&FilterField1=Manual%5F%0020%5FType&FilterValue1=Hospice%20Administrative%20Manual&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>
- The hospice maintains, documents, and provides volunteer orientation and training that is consistent with industry standards and the hospice policies for orientation and training of other hospice personnel.
- All personnel, including volunteers, must complete continuing education as outlined in The Hospice Administrative Manual HR-005 Inservice and Continuing Education which can be found at:
<http://atwork.amedisys.com/DocumentCenter/clinicaldocs/Hospice%20Administrative%20Manual/Policy%20HR-005%20Inservice%20and%20Continuing%20Education.doc>
- When a volunteer is requested:
 AMS system- the Volunteer Request/Assessment of needs will be completed within 4 calendar days of request by the IDT member.
 HCHB system- the Volunteer Request coordination note will be completed within 4 calendar days of request by the IDT member. This will trigger a workflow to the Volunteer Coordinator for scheduling of volunteer.
 Volunteer activity will be included in the patient's hospice plan of care. Volunteers are used in patient care roles, and ongoing supervision is provided by the Volunteer Coordinator. Volunteers are provided additional orientation and training specific to their

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areas of assignment. Bereavement support volunteers will be trained on grief and loss issues and are supervised by a professional/licensed staff member. Ongoing communication exists and is documented between the volunteers and IDT members.

- It is preferred that surviving family members of hospice patients not be utilized as a direct care volunteer by the hospice for a minimum of one year following the death of the patient. However, an exception may be made on a case by case basis, if after finding by the Director of Operations (DOO), the Volunteer Coordinator and the Bereavement Coordinator, that there are no bereavement issues, that there was an expected death, and that the family was prepared. The DOO may collaborate with the bereavement counselor and determine that there was IDT discussion related to an uneventful death, in order to make a final decision.
- When a licensed health professional, i.e., massage therapist, functions as a volunteer and is providing care within the scope of their professional practice, the volunteer must be oriented to job specific duties.
- The hospice will document and maintain a volunteer staff sufficient to provide direct patient care in an amount that, at a minimum, equals five (5) percent of the total patient care hours of all paid hospice personnel. The hospice will maintain records (in either written or electronic format) on the use of volunteers for services to patients, caregivers, and families necessary for the palliation and management of the terminal illness and related conditions. The hospice will document and demonstrate viable and ongoing recruitment and retention activities in order to achieve five (5) percent of total patient care hours.
- The hospice will document and demonstrate viable and ongoing efforts to recruit and retain volunteers.
Retention activities include but are not limited to the following:
 - Support groups
 - Partnering with other volunteers
 - Changes in assignments
 - Nurturing through recognition events
 - Regular communication
Recruitment efforts include but are not limited to the following:
 - Advertisement in local newspapers
 - Church Bulletins
 - Flyers or Medical Announcements
 - Networking
 - Colleges for students
- The hospice will maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards and state - specific requirements. Volunteers, must complete Amedisys personnel continuing education as outlined in The Hospice Administrative Manual HR-005 Inservice and Continuing Education

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Training sessions for the volunteer should be consistent with the specific tasks that volunteers perform. Regardless of the specific duties a volunteer will perform, however, training sessions should include, but are not limited to the following:

- Introduction to Hospice (Hospice goals, services and philosophy)
 - Role of the Hospice Volunteer
 - Caring for the Hospice Patient
 - Confidentiality and protection of the patient's and family's rights;
 - Managing the Psychosocial Well-Being in Hospice
 - Managing Spiritual Well-Being
 - Loss, Grief and Bereavement
 - Communication Skills and Managing Stress
 - Universal Precautions and Body Mechanics
- The hospice will document the cost savings achieved through the use of volunteers. Documentation will include:
 - Position occupied by a volunteer
 - Work time spent by volunteers occupying those positions
 - Estimates of dollar costs if paid employees occupied the position
- AMS system-
Documentation of cost savings and hours spent will be completed using the Volunteer Recruitment/Retention Report
http://atwork.amedisys.com/BusinessUnits/Hospice/ClinicalOps/discspecific/Volunteer%20Program/Amedisys%202013%20Volunteer%20Recruitment%20Report.FINAL_rev%20090513.xlsx
- HCHB system-
Documentation of cost savings and hours spent will be completed using the Hospice Volunteer Requirement Report in the HCHB console.
- All volunteers will provide timely, accurate, and appropriate documentation of any time served.
- The hospice will provide regular; ongoing supervision to hospice volunteers.
- The hospice will maintain accurate personnel information on every volunteer.

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State Specific Requirements

Alabama:

420-5-17-.10 Volunteer Services.

(1) Each hospice care program shall use trained volunteers to assist with the provision of administrative or direct patient care services and shall have trained volunteers available to hospice patients and hospice patients' families as needed. Volunteers shall provide services under the supervision of a designated, qualified, and experienced hospice staff member.

(2) Each hospice care program shall document active and ongoing efforts to recruit and retain volunteers.

Alaska:

7 AAC 12.336. Volunteer services

(a) A hospice agency shall ensure that each volunteer provides care and services in accordance with the client's plan of care, and under the supervision of a designated hospice employee.

(b) The agency shall develop and maintain policies and procedures that address the following with respect to volunteers in the program:

- (1) Recruitment, retention, and dismissal;
- (2) Screening;
- (3) Orientation;
- (4) Scope of function;
- (5) Supervision;
- (6) Ongoing training and support;
- (7) Team conferencing;
- (8) Records of volunteer activities;

Colorado:

6 CCR 1011-1 Chapter 21

6.14 Volunteer Services: The hospice shall utilize volunteers in roles as defined by the hospice that support patient care and administrative services.

6.15 The hospice shall maintain a volunteer program which meets the operational needs of the hospice and demonstrates overall coordination of volunteer services. The program shall include recruitment, orientation, training, supervision, monitoring and evaluation.

6.16 Patient services provided by volunteers shall be in accordance with the plan of care and shall be documented in the clinical record.

Connecticut:

19-13-D72 (P) The hospice program shall have volunteer services available to the hospice patient family. Management of the ongoing active volunteer program including orientation and education, shall be designated in writing to a full-time hospice employee, who may have other responsibilities in addition to those of volunteer coordinator.

- (i) Volunteers may be utilized in direct patient family care roles;
- (ii) The hospice program shall provide orientation, ongoing training and supervision of its volunteers consistent with the duties and functions to be performed;
- (iii) Volunteers who are qualified to provide professional or homemaker-home health aide services shall meet all standards, licensing or credentialing requirements associated with their discipline.

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Florida:

400.6105(4) A hospice must maintain a trained volunteer staff for the purpose of providing both administrative support and direct patient care. A hospice must use trained volunteers who work in defined roles and under the supervision of a designated hospice employee for an amount of time that equals at least 5 percent of the total patient care or administrative hours provided by all paid hospice employees and contract staff in the aggregate. The hospice shall document and report the use of volunteers, including maintaining a record of the number of volunteers, the number of hours worked by each volunteer, and the tasks performed by each volunteer.

58A-2.017 Volunteer Services.

(1) The hospice shall employ a coordinator of volunteer services who shall assist the administrator in developing, documenting and implementing a volunteer services program which meets the operational needs of the program and provides services to the patient and family units in accordance with the individual plans of care. Duties shall be enumerated in a job description, including job qualifications, which shall be kept in an administrative file.

(2) The volunteer coordinator shall assist the administrator in developing, documenting and implementing policies and procedures regulating the delivery of such services, volunteer orientation, and ongoing training and support for volunteers.

(3) The hospice shall make effort to recruit volunteers to provide support for the needs and comfort of the patient population of the hospice and the patients' families.

Georgia:

GA 290-9-43-.20(2) The hospice shall designate a coordinator of volunteer services who shall assist the administrator in developing, documenting, and implementing a volunteer services program.

GA 290-9-43-.20(3) The hospice volunteer coordinator shall establish and implement written policies and procedures relating to volunteer services. These policies and procedures shall address at a minimum:

- (a) Recruitment and retention;
- (b) Screening;
- (c) Orientation;
- (d) Scope of function;
- (e) Supervision;
- (f) Basic infection control;
- (g) Ongoing training and support; and
- (h) Documentation of volunteer activities.

GA 290-9-43-.20(4) Volunteer services shall be provided without compensation.

Maine:

10-44 Chapter 120, Chapter 1, 11 FTE: Means full time equivalent position. In order to calculate the number of full time equivalent employees, a standard of at least 37 1/2 hours per week will be utilized. AD full and part-time employees of the Hospice Provider, including administrative, business, clerical and direct service providers will be included in the calculation of an agency's full-time equivalency figure.

Maryland:

10.07.21.08 (G)(2) the hospice care program shall have written criteria and a clear process for recruiting, selecting, and supervising volunteers

The hospice care program shall have written criteria and a clear process for recruiting, selecting, and supervising volunteers, ensuring that: (a) Any volunteer who provides direct patient

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care receives appropriate orientation and at least 16 hours of training which includes, at a minimum:

- (i) The purpose and philosophy of hospice care,
- (ii) The role of the volunteer in hospice,
- (iii) Concepts of death and dying,
- (iv) Communication skills,
- (v) Care and comfort measures,
- (vi) The physical, psychosocial, and spiritual issues related to death and dying,
- (vii) The concept of the hospice family,
- (viii) Patient rights,
- (ix) Confidentiality,
- (x) Bereavement,
- (xi) Infection control,
- (xii) Safety, and
- (xiii) Stress management; and
- (b) A volunteer, other than those specified in §G(2)(a) of this regulation, receives appropriate orientation regarding the volunteer's role in the hospice care program.
- (3) Training shall be specifically tailored to ensure that staff is capable of providing care to meet the individual needs of patients.
- (4) The hospice care program shall provide continuing inservice education for all employees and volunteers providing direct patient services at least:
 - (a) Once a year for volunteers

Massachusetts:

(F) Direct Service Volunteer Services.

- (1) The hospice shall provide direct service volunteer services.
- (2) The hospice shall designate a coordinator of volunteer services who shall develop and implement a direct service volunteer program, coordinate the orientation, education, support and supervision of direct service volunteers, define the roles and responsibilities of direct service volunteers, and coordinate the utilization of direct service volunteers with other hospice staff.
- (3) The coordinator of volunteer services shall document successful completion of a training and orientation program for all direct service volunteers.
- (4) The orientation and training program for direct service volunteers shall address at least the following:
 - (a) the hospice program's goals and services;
 - (b) confidentiality and protection of patients/families rights;
 - (c) procedures for responding to such situations as medical emergencies or deaths;
 - (d) the physiological and psychological aspects of terminal disease;
 - (e) family dynamics, coping mechanisms, and psychosocial and spiritual issues surrounding terminal disease, death and bereavement;
 - (f) general communication skills.
- (5) A direct service volunteer shall be informed of a patient's condition and treatment to the extent necessary to carry out his functions.
- (6) Services provided by direct service volunteers shall be in accordance with the written plan of care and shall be documented in the clinical record.
- (7) Direct service volunteers shall have the necessary qualifications and skills to provide the prescribed service.
- (8) Any volunteer functioning in a professional capacity shall meet the standards of the appropriate profession.

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(9) The hospice shall have available direct service volunteers sufficient to meet the needs of patients/families.

Mississippi:

113.17 Volunteers

Volunteers that provide patient care and support services according to their experience and training must be in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications - Volunteers who are qualified to provide professional services must meet all standards associated with their specialty area.

2. Responsibilities - The volunteer shall:

- a. Provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;
- b. Provide input into the plan of care and interdisciplinary group meetings, as appropriate;
- c. Document services provided as trained and instructed by the hospice agency;
- d. Maintain strict patient/family confidentiality; and
- e. Communicate any changes or observations to the assigned supervisor.

117.03 Volunteer services shall be provided by the hospice.

These services shall be provided according to written policies and procedures. These policies and procedures shall address at a minimum:

1. Recruitment and retention;
2. Screening;
3. Orientation;
4. Scope of function;
5. Supervision;
6. Ongoing training and support;
7. Documentation of volunteer activities.

Missouri:

19 CSR 30-35010 (J) Volunteers.

1. Each hospice shall document and maintain a volunteer staff sufficient to provide administrative and direct patient care hours in an amount that, at a minimum, equals five percent (5%) of the total patient care hours of all paid hospice employees and contract staff. The hospice shall document a continuing level of volunteer activity.
2. Care and services through the use of volunteers, including the type of services and the time worked, shall be recorded.
3. The hospice shall document initial screening and active and ongoing efforts to recruit and retain volunteers.
4. The hospice shall provide task-appropriate orientation and training consistent with acceptable standards of hospice practice that includes at a minimum:
 - A. Hospice philosophy, goals and services;
 - B. The volunteer role in hospice;

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- C. Confidentiality;
 - D. Instruction in the volunteer's particular duties and responsibilities;
 - E. Whom to contact if in need of assistance or instruction regarding the performance of their specific duties and responsibilities; and
 - F. Documentation and record keeping as related to the volunteer's duties.
5. The hospice shall, in addition, provide orientation for patient care volunteers that includes at a minimum:
- A. Concepts of death and dying;
 - B. Communication skills;
 - C. Care and comfort measures;
 - D. Psychosocial and spiritual issues related to death and dying;
 - E. The concept of hospice patient and family as the unit of care;
 - F. Procedures to be followed in an emergency or following the death of the patient;
 - G. Concepts of grief and loss;
 - H. Universal precautions;
 - I. Safety;
 - J. Patient/family rights;
 - K. Hospice and the nursing home; and
 - L. Alzheimer's disease and dementia specific training as specified at 19 CSR 30-35.010(2)(M)1.B.(XIII).
6. The hospice shall document orientation and ongoing in-services.
7. Volunteers functioning in accordance with professional practice acts must show evidence of current professional standing and licensure, if applicable

New Hampshire:

He-P 823.15 (l) Volunteer services shall be provided under the direction of a coordinator of volunteer services who:

- (1) Implements a direct service volunteer program;
 - (2) Coordinates the orientation, education, support and supervision of direct service volunteers; and
 - (3) Coordinates the utilization of direct service volunteers with other hospice staff.
- (m) All volunteers shall be oriented and educated relative to their prescribed function according to the hospice care provider's policies and procedures.
- (n) The licensee shall develop and maintain policies and procedures for its volunteer services that address the following areas:
- (1) Recruitment and retention;
 - (2) Screening;
 - (3) Orientation;
 - (4) Scope of function;
 - (5) Supervision;
 - (6) Ongoing training and support;
 - (7) Records of volunteer activities; and
 - (8) Criminal record checks.

Rhode Island:

17.8 *Volunteer Services:* The development and utilization of trained lay and professional volunteers shall be required of a hospice program. Direct patient care rendered by volunteers shall be provided under the supervision of a qualified and experienced staff member of the hospice program and shall be consistent with the established patient/family plan of care. Furthermore, direct patient care volunteers shall:

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- a) have the necessary qualifications and skills to provide the prescribed service;
- b) have participated in an appropriate orientation and training program of hospice care; and
- c) be responsible to record patient care services rendered.

Tennessee:

12-08-27-.06

(5) Volunteers. The hospice service program may use volunteers, in defined roles, under the supervision of a designated hospice program employee.

(a) Training. The hospice program must provide appropriate orientation and training that is consistent with acceptable standards of hospice practice.

(b) Role. Volunteers may be used in administrative or direct patient care roles.

1. Recruiting and retaining. The hospice must document active and ongoing efforts to recruit and train volunteers.

2. Availability of clergy. The hospice service program must make reasonable efforts to arrange for visits of clergy and other members of religious organizations in the community to patients who request such visits and must advise patients of this opportunity.

Texas:

Chapter 97 Subchapter D §97.248 (a) This section applies to all licensed agencies. However, agencies licensed and certified to provide hospice services also must comply with 42 Code of Federal Regulations, §418.70, Conditions of Participation--Volunteers.

(b) If an agency uses volunteers, the agency must use volunteers in defined roles under the supervision of a designated agency employee.

(1) A volunteer must meet the same requirements and standards in this chapter that apply to agency employees doing the same activities, unless the volunteer is exempt under this chapter from certain requirements or standards.

(2) Volunteers may be used in administrative and direct client care roles.

(3) The agency must document the level of volunteer activity.

(4) The agency must record expansion of care and services achieved through the use of volunteers, including type of services and the time worked.

Chapter 97 Subchapter D §97.403 Nonprofessional volunteers may be used for listening and social interaction with clients

12VAC5-391-400. Volunteer services.

A. The hospice program shall utilize trained volunteers to provide patient care, including the activities of daily living, and family support.

B. The hospice program shall have a plan delineating training, responsibilities, and supervision of all volunteers.

C. The hospice program shall demonstrate evidence of ongoing continuing education and recruitment activities for volunteers.

Washington:

418.70 Cop's Volunteers (f) Availability of clergy. The hospice must make reasonable efforts to arrange for visits of clergy and other members of religious organizations in the community to patients wst such visits and must advise patients of this opportunity.