2025 Required Annual Education for Hospice Volunteers

Blessing Hospice

Overview

Blessing Hospice is accreditation body, Accreditation Commission for Health Care (ACHC), requires an annual written education plan that defines, at a minimum, the educational requirements and in-service hours to be provided annually to each volunteer.

Annually, the following ACHC requirements must be met:

Annual Education Topics

- Communication Barriers
- Complaints and Grievances
- Emergency Preparedness
- Pain and Symptom Management
- Cultural Diversity
- Patient and Volunteer Safety
- Compliance
- Infection Prevention
- Ethics
- Patient Rights
- Grief Loss and Change
- HIPPA
- Dementia

Direct Patient Care Volunteers need 12 hours annually and Non-Direct need 8 hours annually

This written education plan will cover the following topics:

Communication Barriers
Emergency and Disaster Training
Infection Control
Pain and Symptom Management
Complaints and Grievances
Safety for Patient and Volunteers
Patient Rights
Compliance

The estimated time to complete is 8 hours.

Additional hours to meet the minimum education hour requirement will be met by the Hospice agency through the following activities, but not be limited to:

- Other in-service topics deemed appropriate by the agency
- Annual skill competencies
- Annual compliance training

Communication and Overcoming Barriers

Communication & Overcoming Barriers

Hospice care can be provided in the patient home, where ever the patient
calls home.

- A private residence
- A long-term care facility
- An assisted living facility
- Hospital

Volunteers will receive report about the patient and their family, including where they live and the supportive role the volunteer will provide.

This information will be important to the volunteer, guiding them on how to communicate with the patient and their family.

Communication

Providing care to a hospice patient is both challenging and rewarding. Volunteers can help support the patient between the care provided by the family and professional caregivers.

Direct patient care support

- Family support and respite
- Bereavement support
- Professional skills or services
- Office administrative support

When communicating with patients and their families, it is important to
understand and remember that they may be experiencing challenges
physically, spiritually, socially and emotionally

Communication Techniques

❑ Be informed of the patient-specific plan of care

❑ Communicate and confirm timing of visits with patient/family

❑ Upon entry, use AIDET

Acknowledge - smile to create a warm welcome
Introduce - tell patient your name and role
Duration - provide length of visit
Explanation - tell steps of care
Thank You - thank them for allowing you to provide care

Communication Techniques

❑ Ask permission to begin care

- ✔ Shows respect
- ✔ Allows for the opportunity to decline visit (may occur occasionally)
- ✔ Gives back control

❑ Be present during the visit, 100% mentally and physically

❑ Avoid imposing your problems, thoughts or ideas. Remember, they
may be experiencing challenges with coping. Responses should be
positive.

Communication Responses

How would you respond and communicate with a patient if they tell you they are in pain?

Acknowledge their pain	Provide for a calm environment	Offer support through your presence	Share that you will notify their care team so their pain can be addressed. This can include their family, nurse, Volunteer Coordinator and/or facility staff

Communication Responses

If a patient or family member is tearful, how would you respond and communicate?

Do not use statements such as "I know how you feel" **Do not** share personal losses

Allow them to cry	Be 100% present even if in silence	Acknowledge their sadness and, if appropriate, ask if they would like to talk about it

Overcoming Communication Barriers

What if the patient or family speak a different language?
Language differences can present challenges in Volunteers' understanding the issues and problems a patient or family may be facing. In turn, the patient and family will have a difficult time understanding the plan of care or services that are being provided.

Method to overcome: Contact your Volunteer Coordinator our hospice office has interpreting services.

What if the patient or family have a different culture?
Different cultures have different ways of communicating which can lead to challenges with communication. It is important to also understand that persons of the same culture may have different ways of communicating.

Methods to overcome:
- When communicating, maintain etiquette, avoid slang, speak slowly, keep it simple, use active listening, take turns to talk, and write things down.
- Avoid closed questions that are answered with a simple yes or no.

Overcoming Communication Barriers

What if there are environmental barriers?
Environmental barriers such as means of communication, noise, disturbances, distractions and physical distance from patient can lead to communication challenges.

Methods to overcome: For important conversations:
- Provide for a calm, quiet and suitable environment
- Place yourself at the minimum possible distance
- Avoid mixed messages where non-verbal communication (facial expressions, body language) create negative feelings or emotions.

What if the patient has emotional challenges?
Health status can contribute to the success of communication. A patient that is anxious, in pain or is emotionally unstable may not be able to communicate effectively.

Methods to overcome: Collaborate with the healthcare team on best timing for important conversations. Find ways to manage symptoms. For example, ensure the patient is as comfortable as possible to enhance their ability to understand and contribute.

Complaints and Grievances

Complaints and Grievance

Volunteers encourage patients and families to express their concerns

freely related to care and services.

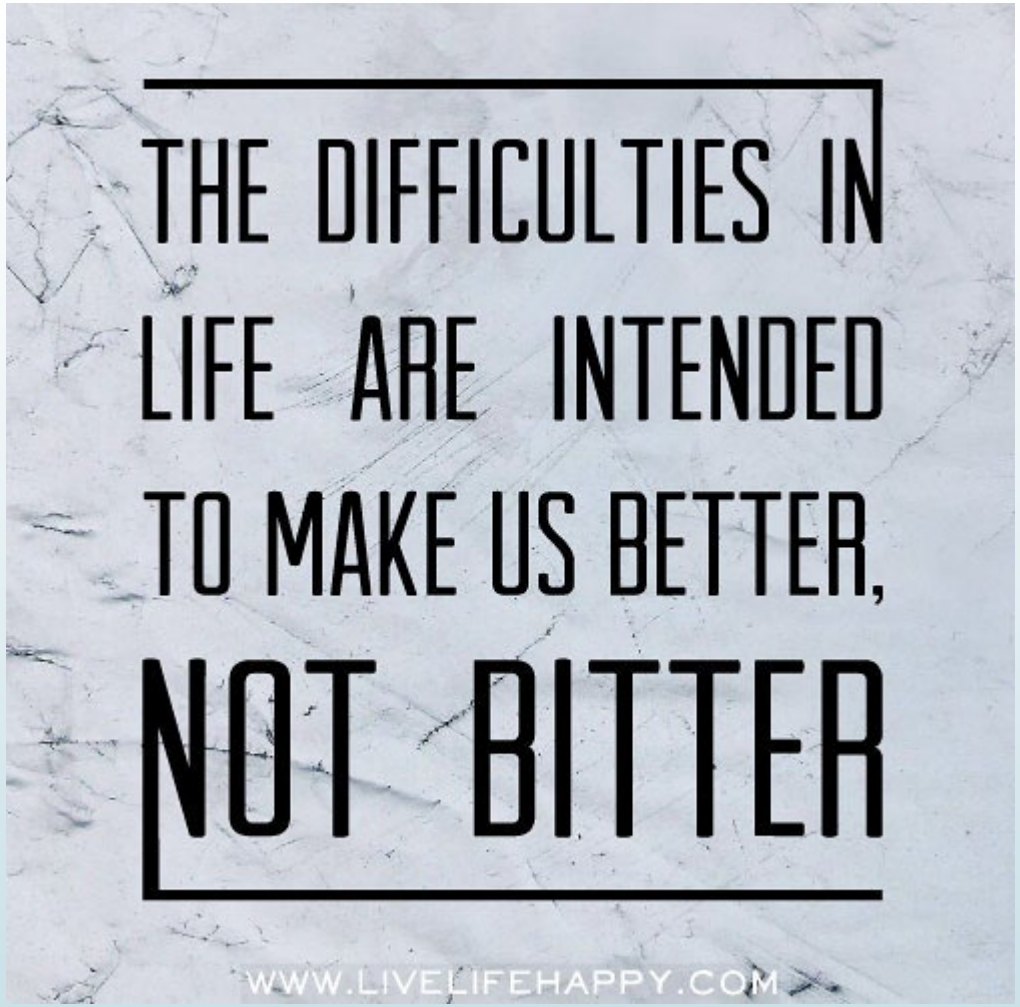
- When a patient concern is received, every attempt will be made to

handle the concern without disruption of care or services.

- Contact and follow up will be handled in a timely manner and

management will work in cooperation to:

  - Address the concern
  - Plan and implement appropriate actions/follow-up
  - Determine if the concern is resolved



Examples of Complaints & Grievances

Patients or families not receiving a call prior to visit.
Caregivers not arriving to the patient's home at the time of the scheduled visit.
Telephone rings too long when calls are made to the office.
Supplies have not arrived.
Unsatisfactory care is provided as perceived by the patient/family.
Unprofessional behavior.
Problems with the LTCF or other 3rd party

Patient Rights

Lodge complaints for: ● Treatment or care that is (or fails to be)furnished ● Lack of respect to property or person by anyone who is furnishing services on behalf of the agency	Receive in writing: ● Contact information for the Hospice agency administrator/clinical director. This is provided to the patient in their start of care packet.	Be informed of and receive in writing: ● State toll-free telephone hotline. This is provided to the patient in their Patient Orientation Handbook.

Agency Responsibility

The Hospice Agency has the responsibility to:

❑ Investigate all complaints

❑ Take action to prevent further potential violations, including retaliation, while the complaint is being investigated

❑ Document both the existence of the complaint and the resolution

❑ Maintain records of complaints/concerns and their outcomes.

❑ If the complaint or concern and/or injury involves an employee or volunteer misconduct, the employee or volunteer will be removed from the case during the investigation.

Role of Volunteer in Complaints and Grievance

Volunteers are to contact their Volunteer Coordinator or appropriate team member when it is identified that the patient or family have a complaint or concern.

- ✔ Thank the patient or family and acknowledge what is being said
- ✔ Offer support and put emotions aside
- ✔ Offer an apology with gratitude attached
- ✔ Initiate the follow-up by reporting the complaint or concern

Emergency Preparedness

Emergency Preparedness Overview

Each Hospice Agency creates an **Emergency Operation Plan (EOP)**.
The EOP is reviewed/updated annually ***and*** throughout the year as the agency responds to emergencies.

- The Emergency Plan includes prioritizing patients based on acuity and needs. This allows the agency to know which patients would require immediate contact if an emergency would occur.
- Emergencies include but not limited to: weather related Emergencies and event priorities(fires, armed intruder/threat of harm, utility interruptions)
- Blessing Hospice staff will direct action of this plan
- Should a volunteer be in a volunteer role during an emergency the volunteer is asked to contact the hospice office if during normal business hours to update on status of self and patient. Or if during non business hours the after office phone number.

Emergency Preparedness and Volunteer Role

Before Emergencies:

- **Be prepared.** Volunteers when visiting a patient's home or nursing facility you should note the location of the exits and telephones
- Identify anything that would inhibit your safety and that of the patient if an emergency would occur
- Share concerns with Volunteer Coordinator or Hospice Director
- Monitor the weather. Stay home if there is sever threat of extreme weather

When Emergencies Happen:

Weather related issues: If in the office and at patient home – Shelter in Place. Move away from windows, to an inside room and cover their head and neck for protection. Call office when safe to do so.

Use RACE if a fire is present:

R-Remove Victim from immediate danger (If able)

A-Alert others by dialing 911emergency contact number for area

C-Contain fire by closing doors and windows. Turn off equipment. (If safe)

E-Evacuate/Extinguish (Extinguish - if safe)

When the Emergency is Over:

***Your safety is important! Please call the hospice office after calling and finding yourself safe.

Volunteer and Workplace Safety

What Risks Do You Face?

- Driving/ Road Hazards
- Unsafe or Unclean Homes
- Being in Someone Else's Home/ Not Being Familiar with Exits, etc.
- Unsafe Neighborhoods
- Rural Locations without Cell Service
- Coworkers Not Knowing Where You Are
- Alcohol or Drug Use by the Patient or Family
- Weapons in the Home
- Patients/ Family Members Speaking or Acting Inappropriately
- Family Conflicts
- Medication Delivery/ Meds in the Home
- Theft/ Burglary
- Late Night Call-Outs

What Else Concerns You??

Tips for a Safe Day, Every Day

Prepare for the day.

- Always carry phone and a laptop chargers with you.
- Make sure you have plenty of PPE in your vehicle.

Know where you're going.

- Have clear directions and have a plan for what route you will drive.
- There can also be benefit to not using the same route to a home each time. But, if you mix it up, let someone know what route you're taking.

Give yourself time.

- Make a plan for your day's visits and try to avoid zig-zagging all over the county.
- Give your patients/ families a timeframe, instead of a firm time, to allow yourself to drive safely without feeling rushed.

Share your schedule with the team.

- Where are you going?
- Do any of those locations have low or no cell service?
- Are there safety concerns with any of those locations?

Assessing the Environment

Home Evaluation

- Know the home's entrances/ exits
- Are there weapons in the home?
- Do you see signs of drugs or regular drinking?
- Are medications in a secure/ discreet location?
- Who else lives in the home?

General safety checklist

- Fall risks
- Fire risks
- Are there working smoke detectors?
- Oxygen risks
- Are there smokers in the home with oxygen tanks?
- Running water
- Heat/ Air Conditioning

Establishing Groundwork for Positive Experiences

Do you review the patient- caregiver terms?

- Policy 9282027 Home Care Patient Rights and Responsibilities
- Policy 11027032 Hospice Patient and Caregiver Rights and Responsibilities

Begin building a professional relationship during your very first interaction.

- Let patients/ family members know that you expect mutual trust and honest communication in order to best serve their needs.

Continue to build rapport with each visit and each family member you meet.

Set guidelines for phone calls.

- For those who use their personal cell phones, please be especially conscientious of setting boundaries.

Assess Your Environment at Each Visit

- Is the patient's mood different?
- Are there family members or visitors that you haven't met yet?
- Has furniture been moved that might impede your exit?
- Are you being asked to move further into the home/ farther away from the exit?

Alcohol/Drugs

- Do you notice a large amount of empty alcohol cans/ bottles in the trash when you're visiting the home?
- Do you smell alcohol on the patient or family member?
- Despite marijuana being legal in the State of Illinois, patients or family members are not to use marijuana in your presence.
- Illicit drugs, obviously, are not to be used in your presence either. You should also ask that they be locked away or removed from the home during your visit.
- If you suspect misuse of the patient's prescription meds, report this immediately to a member of your Interdisciplinary Team and the prescribing provider.
- How should you address these concerns?

Weapons

- We know that guns are a staple in many homes in our service area. Asking if there are weapons in the home is not intrusive or offensive; it is your right to be aware, as a caregiver.
- Ask that all weapons be secured in a locked cabinet prior to your visit and that they remain secured until after you leave.
- If you see a weapon that has not been locked away, ask that the patient or family secure the item immediately.

Other Household Hazards

- Hoarding Situations: You must have a clear path in and out of the home, and the home needs to be safe for you and the patient.
- How can you make the environment safe while respecting the patient's psychosocial wellbeing?
- No running water/ heat/ air: Work with your supervisor to determine how to proceed and what resources are available to make minimal repairs.
- Bed bug/ vermin/ other infestations: In cases of infestations, work with your supervisor to determine how you will proceed. You have the right to end your visit until you have developed a plan for caregivers entering the home.

Follow your Gut

- If it doesn't feel right, it probably isn't.
- Just because you've pulled up to the house, doesn't mean you have to go in. If you notice something that might threaten your safety:
- Drive away
- Call the office/ your manager/ 911 if needed
- Come up with a plan

Boundaries

- You do not have to disclose personal details about yourself- and probably shouldn't.
- You need to be an expert on your patient, but they don't need to be an expert on you.
- Your social media is your social media!

Infection Control

Infection and bloodborne pathogen training is critical for protecting the safety and health of volunteers at risk of exposure to bloodborne diseases.

Training will teach how to guard yourself and co-workers against infection and other pathogen dangers.

Instructions For Washing Your Hands With Soap And Water

- Apply soap to hands and make a good lather.
- Work lather into all parts of the hands and up to the wrists.
- Wash hands with soap for 15 seconds for ordinary contacts.
- Pay careful attention to areas around and under the nails and in-between the fingers.
- Rinse hands—let water run until you can turn off faucet with a paper towel.
- Dry hands well with paper towels or under hand dryer.
- Turn off water with a paper towel. Faucets are considered contaminated.
- Use only hospital-approved lotions (available from Volunteer Services) if skin is dry—and you are working with patients and/or patient equipment.

Your Best Line Of Defense

- **Hand washing**

Your own skin. Make sure to take care of yours.

Breaks, sores, or rashes all create openings in your best defense; your skin.

Bandage or cover open areas when volunteering.

When To Wash Your Hands

- Before and after your volunteer contact—use soap and water or gel/foam
- Whenever hands become obviously soiled—use soap and water
- Before eating, drinking, or handling food—use soap and water
- After blowing your nose, covering a sneeze, or using the restroom—use soap and water
- Before and after physical contact with a patient—use gel/foam
- Wearing gloves does not replace hand hygiene

Handwashing With Foam Or Alcohol Rub

Preferred and most effective method if hands are not soiled.

- Apply product to one hand using amount recommended by manufacturer
- Rub hands together covering all surfaces of the hands and fingers, focusing on the fingertips and fingernails , until hands are dry

Preventative Measures

- Standard Precautions assume that areas of the body have germs which, if transmitted to others, could cause disease.
  - These areas include mucous membranes, moist areas of body, broken skin, anything wet coming from the body, and any medical devices that drain fluids
    from the body.
- The intent of Standard Precautions is to protect healthcare workers **and** patients from disease causing germs.
- Standard Precautions do not protect against airborne diseases.

Transmission-Based Precautions

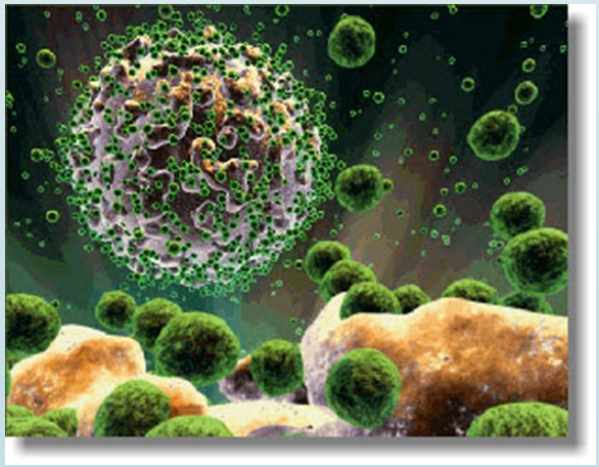
- For patients who may have infections that are highly contagious.
- They are used in addition to standard precautions.
- Use the appropriate equipment when entering a patient's room in isolation by following the guidelines on the isolation signs.

Personal Protective Equipment (PPE) including gloves, gowns, and masks.




Transmissions-Based Precautions: Contact Precautions

- Used for MRSA, VRE, RSV, chickenpox, shingles, lice, *C. difficile* diarrhea or any uncontrolled drainage.
- Wear gloves and a gown whenever entering the room
- Remove them and wash your hands before leaving the room.
- Always use dedicated patient equipment (stethoscope, thermometer, etc.) or immediately decontaminate the equipment after use.

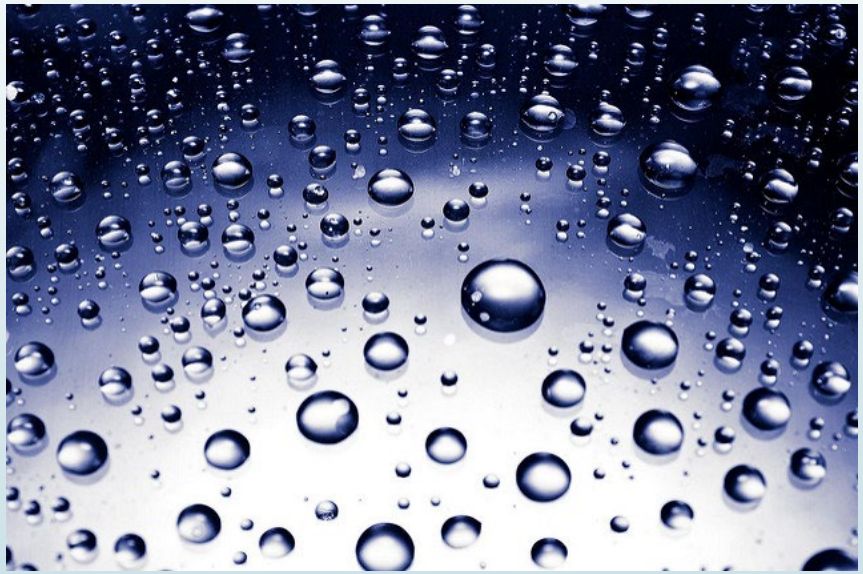


Transmissions-Based Precautions: Multi-drug Resistant

- Isolation precautions used for patients infected or colonized with MRSA, VRE, or resistant gram-negative infections.
- Wear gloves to enter the room. Wear a gown for direct contact with the patient or contaminated items.
- Wear a mask if the patient has a resistant organism in the respiratory tract.
- Remove gloves and perform hand hygiene before leaving. Use dedicated equipment (stethoscope, thermometer, BP cuff).
- Clean and disinfect any common equipment (wheelchair, scale, x-ray machine) after use when removing from the room.

Transmissions-Based Precautions: Droplet

- Precautions are used for meningitis, pertussis, influenza, mycoplasma, and adenoviral diseases.
- Wear a standard isolation mask for patient care.



Transmissions-Based Precautions: High Risk Isolation

- Emerging infectious diseases that have newly appeared in a population or is rapidly increasing in incidence and requires immediate and extensive control measures to limit morbidity and mortality.
- Staff entering the high risk isolation rooms are required to complete training competency evaluations in high risk precautions, and use of and removal of PPE including but not limited to:
  - Double gloves
  - Impervious disposable isolation gowns or suits
  - Disposable full face shields
  - Masks
  - N95 or PAPR respirators
  - Head/hair covers
  - Disposable shoe or boot covers
- Information on High Risk Isolation can be found on the BRAIN under Resources, Emergency Preparedness.

PPE-gloves

- Put on clean gloves before touching any patient's mucous membranes or non-intact skin.
- When performing several invasive procedures on same patient, change gloves between each procedure to prevent contaminating another:
  - Body part
  - Piece of equipment
  - Environmental surface
- Wear gloves any time you have contact with blood or other body fluids (when you treat an open wound, draw blood, or handle dirty laundry).

- **A WORD OF CAUTION**
  - Remember that wearing gloves does **NOT** replace hand hygiene, the most basic element of infection control.
  - Gloves may be perforated during use and bacteria may multiply rapidly on gloved hands.

PPE Masks

- Wear a mask that covers your nose and mouth as well as goggles or a face shield when you are performing a procedure that may create splashes or sprays of blood or whenever you handle body fluids (for example, procedures involving Foley catheters, suction canisters, etc.)
- Wear a surgical mask for protection against infectious large-particle droplets (for example, from coughing or sneezing).
- Surgical masks are not an adequate substitute for respirators when treating tuberculosis, measles, disseminated herpes zoster, SARS or chickenpox patients.

PPE-Gowns

- Wear a gown when your clothing could be soiled with blood or other body fluids.
- Choose the correct gown for your purpose (i.e., fluid resistant).
- Use correct technique when removing the gown.
- Sometimes gowns are worn to keep from transmitting pathogens from a patient's room to another area of the hospital.
- Always remove gown before leaving patient's room and perform hand hygiene with soap and water or alcohol products.

Sequence for putting on PPE

1. Gown
   - There are 2 sizes of the 3 hole isolation gowns:
   - Gray collar fits most Green collar is XXXL
   - The gown wraps around, there are no ties
   - Should fully cover torso front & back from the neck to knees, arms to ends of wrists
2. Mask or Respirator
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit check respirator
3. Goggles or Face Shield
   - Place over face and eyes and adjust to fit
4. Gloves
   - Extend to cover wrist of isolation gown

When should I call in sick

- Conjunctivitis (pink-eye)
- Fever over 100 degrees Fahrenheit.
- Acute respiratory illness or bacterial infection of the throat (such as strep throat, mumps, influenza, pneumonia, pertussis). Volunteers who have influenza should stay off duty until they have been fever free for at least 24 hours. They should not enter Protective Isolation rooms until they have been fever free for seven days.
- Cough lasting longer than seven days.
- Draining skin wound or rash
- Gastroenteritis (diarrhea more than 4 times per day)
- Head lice or scabies
- Hepatitis A
- Measles
- Chickenpox (varicella)
- Covid 19

- This is a reminder that volunteers should follow the same communicable disease precautions as employees.
- The Blessing Human Resources Policy on Communicable Disease Regulations states that persons with these symptoms will be restricted from duty:

Influenza: An Ounce of Prevention

- The single best way to protect yourself and others against influenza is to get a flu vaccination each year.
- The flu vaccine will be available at no cost at the hospital every fall.
- Flu shots are mandatory for BHS staff and volunteers.
- Volunteers who decline the flu shot will need to wear a mask in the event a flu outbreak is declared.

- The following steps help to prevent the spread of respiratory illnesses such as the flu:
  - Cough into your shoulder or sleeve if possible—If you cover your nose or mouth with a tissue when you cough or sneeze—be sure to dispose of the tissue. Follow up with proper hand hygiene.
  - Wash your hands often with a 15 second soap and water hand wash, or use an alcohol-based hand cleaner (foam or gel). This is important especially after you cough or sneeze.
  - Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
  - Try not to touch your eyes, nose, or mouth. Germs often spread this way.
  - If you get the flu, stay home. In this way you will help prevent others from catching your illness.

Additional Thoughts

- Always check with the Volunteer Coordinator to see if any safety precautions are needed.

- For the most part, volunteers will not have direct contact with blood borne pathogens or bodily fluids with one exception; you may share a person's hand. Also secondary contact would be touching exposed surfaces.
- Always consider when you meet with a patient you may not touch anything, but you may have laid your purse down or bag, an/or your shoes may have come in contact with a contaminate.

Summary For Infection Control

- Frequent hand hygiene is the foundation of infection control.
- Be familiar with key elements of the infection control program.
- Use good workplace practices and follow Standard Precautions.
- Wear PPE and use respiratory protection as indicated.
- Receive the hepatitis B vaccination and other vaccinations when they are offered.
- The first step to prevent MRSA, is to prevent healthcare infections in general.
- If you are exposed to blood or other potentially infectious materials wash the area for 10-15 minutes with water and contact your Hospice immediately.
- For more information, call the Infection Prevention staff.

Patient Rights and Responsibilities

- As a healthcare provider, we have an obligation to protect and promote the exercise of patient rights.
- We must provide these rights and responsibilities to patients and/or their legal representative in a way they can understand.
- Written rights must be provided during the initial evaluation visit before care begins.
- A verbal explanation of these rights may be provided at the same time or within a specific timeframe and ongoing as needed.

Patient Rights and Responsibilities

- The written copy of Patient Rights and Responsibilities can be found in the Patient Orientation Handbook, Patient admission packet, and on line at https://www.blessinghealth.org/hospicevolunteers and cover the topics of.

  Respect and Consideration

  Filing a Grievance

  Decision Making

  Privacy and Security

  Financial Information

  Quality of Life

  Patient Responsibilities

- Also Highlights the following:

In order to make autonomous, informed choices, patients and families have the right to:

- Be informed about their condition, treatment options, and outcomes
- Spend the rest of their life as they choose

One of a dying patient's and family's greatest concerns is the fear of loss of control.

There is an ongoing need to provide the patient with opportunities for:

- Choice
- Input
- Informed decision making

Dying patients have the right to be in control of their life and their death.

Rights To Be Free From Abuse, Neglect And Exploitation

- Receive care in a safe environment and be protected from abuse, neglect and harassment.
- Have abuse, neglect or harassment investigated.
- Be treated in a respectful and dignified manner regardless of their race, age, sexual orientation, gender expression, gender identity, disability, cultural, psychosocial or spiritual values.
- Access protective and advocacy services.
- Advocacy Services are agencies or groups of people organized around specific populations or diseases that provide assistance, support and resources
- Protective Services are agencies funded by public funds to investigate and look after vulnerable populations.
- Be free from any form of restraints and seclusion that are NOT medically necessary or needed to prevent harm to self or to others.
- Restraints and seclusion are not to be used as a means of coercion, discipline, convenience or retaliation.

Pain and Symptom Management

Pain and symptom management is one of the primary goals of hospice care.

Keeping the patient comfortable and managing symptoms to ensure they have the highest quality of life for as long as they live.

Not all patients experience pain and symptoms at the end of life, but recognizing it and treating it effectively is essential.

Facts about Pain

- Pain is determined by both physiological and psychosocial factors and both must be addressed for an effective pain management program.
- Pain is a subjective experience; it is what the patient says it is, not what others believe it should be.
- Medication is not the only method of pain control.
- Non-pharmacological methods of pain control can play an important role in helping to achieve adequate pain management.

Methods of Pain Control

Spiritual & Emotional Health	Therapeutic Relationships	Sense of Belonging	Social Interaction
Spiritual distress is experienced as the disease progresses and death approaches. Spiritual distress is a disruption in one's belief or value system. Anger and fear are common.	Relaxation exercises: deep breathing, distraction, imagery. Or simple techniques: head rolls, favorite daydream, sensory cues. Bedside activities centered on patient life/interests (family album, stories, recipes, letter writing)	Involve family/friends in projects. Encourage patient to ask others to work on projects. Give patient opportunity to be the teacher. Help patient attend a community outing.	Encourage celebrations. If patient is unable to leave, bring events into the home: musical performance, video of a favorite place/vacation, movie, etc.

Method of Pain Control - Holistic Approach

Bring nature into their room: sand, shells, salt water, sea sounds, fall leaves, acorns, etc.

Stimulate involvement with life: provide bedside gardens, fishbowls, bird feeders on windows.

Create immediate environment that soothes all five senses:

- **Sight:** pictures on ceiling and bedside. Change in bedroom colors, bedding, pillow covers
- **Hearing:** CD/playlist of favorite songs, styles of music, composers, audio books
- **Touch:** pet therapy, change in texture of bedclothes, feeling rocks, sand, beads, etc
.
- **Smell:** fresh flowers, use of essential oils if able, bake bread/cookies, fresh air
- **Taste:** favorite foods, frequent small meals, attractive presentation, easy to reach snacks/liquids

Pursue creative arts: drawing, painting, writing, musical instrument, woodworking, massage, gardening, photography, music, movies, needlework, storytelling, crafts, decorating, collecting, cooking, nature

Physical Changes

The following physical changes can occur during the dying process.
When a patient has physical symptoms that are not controlled, report your observations to your Volunteer Coordinator.

Gastrointestinal	Mobility	Urinary	General	Respiratory	Orientation
No appetite Nausea/Vomiting Diarrhea/ Constipation Incontinence	Decreased muscle function Weakness Loss of independence	Decrease urine/output Incontinence Temperature Signs of infection	Color: ashen, yellow, motling, waxy Eyes distant, not focusing, may stay open Cool skin	Congestion Shortness of breath Cheyne stokes Death rattle	Increased somnolence Anxiety Confusion

Compliance

Plan of Care (POC) is the Goal of Care

- Maps out needs and services supplied for a Medicare patient facing a terminal illness, as well as the patient's family/caregiver
- Agreed upon by patient and hospice.

Facts of Plan of Care (POC)

What Does the POC Do?

- Provides a time line of when services are to be rendered.
- Provides what type of services are to be rendered and by whom.
- The POC should reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments.

Requirements of POC

- Individualized
- Identified intervention
- Identified need
- Measurable outcome
- Reviewed every 14 days in IDT
- Documentation in patient record
- Example
  - Goal: Socialization needs of patient are met. Start time 12/17/2023
  - Intervention: Assigned volunteer for Socialization: Modifier: Volunteer will provide patient socialization 1x a week.

Volunteers and POC

Common Deficiencies Related to POC

- Hospice volunteers miss visits
- Documentation of visits are missing or incomplete
- POC are incomplete

What Can Volunteers Do?

- Attend your assignment as scheduled. 1x a week – Each week begins on Sunday and ends on Saturday.
- If you have to miss, complete documentation, talk with your patient/ patient family about why you are unable to attend and if they would like another volunteer while you are away
- Document your visit and all interactions (this includes phone calls) with patients/patient families and submit to office within 24 hours.
- Communication is the KEY!

Documenting and Reporting

You should notify the Volunteer Coordinator or Hospice Director is Coordinator is unavailable :

- The patient is not following the Plan of Care.
- The patient states they have fallen.
- You witness the patient fall or they fall while you are present in their room/home.
- The patient is not compliant with the use of medical assistant devices such as walkers and canes that are a part of the Plan of Care.
- Physical altercations are witnessed in the home.
- Risky behaviors are witnessed in the home, such as drug use or selling of drugs.
- There is a change in the patient's condition, such as difficulty breathing, slurred speech, skin changes, or changes in mental status.
- Patient states that they ran out of money and are not able to purchase food or medications or to maintain a safe home environment.

Documenting and Reporting

You should notify the Volunteer Coordinator or Hospice Director:

- The patient is receiving oxygen and is not following oxygen safety precautions, such as continuing to smoke or others smoking in the home.
- The patient home environment is unsafe.
- The patient, caregiver, or family share complaints or concerns with you.
- Knowledge of or suspicion that a child or adult has been abused, neglected, or exploited

Contact Volunteer Coordinator : Cindy Grawe

Office Phone:	217-223-8400 ext. 4731
Work Cell Phone:	217-242-0696
After Hours Phone:	217-430-5074
Email:	Cindy.Grawe@blessinghealth.org

Remember HIPPA- do not place PHI on any forms of communication such as email or voicemail.

Documentation

Document every visit and phone call with patients and families on in the Hospice Volunteer Documentation Form.

- Volunteer Documentation Form needs to be completed and mailed back or physically taken to the hospice office within 24 hours of interaction
- Documentation should include the following:
  - Date, time, and location you interacted with patient or family.
  - Travel time if any
  - Type of interaction: include specific information such as task you performed, changes in patient status, safety issues, patient or family concerns or complaints, any follow up that will be needed etc.

Thank you for completing this years online annual regulatory education for hospice volunteers.

Remember to complete the evaluation to get credit for education!