



Hospice Volunteer Program

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Hospice volunteers

- Federal (L tags) and state regulations (ML tags) require each hospice to have volunteer services
- 42 CFR (Code of Federal Regulations) 418.78: Condition of Participation–Volunteers
- Section 197.250–197.280, RSMo (Rules of State of Missouri- regarding hospice regulations)

Hospice volunteers

- Federal regulation L642 says “the hospice must use volunteers”... “in defined roles and under the supervision of a designated hospice employee”.
- Roles defined by assignments
- Supervised by a volunteer coordinator who is a hospice employee

Hospice volunteers

- Considered as employees to facilitate core services requirement (per interpretive regulatory guidance of CMS in L642)
- L643- Hospice volunteers to be trained/oriented. Hospice must “maintain, document and provide volunteer orientation/ training” that is “consistent” with “industry standards” and tasks assigned

Volunteer Orientation (L643 and ML234)

- Volunteers should be able to know:
 - - their duties/ responsibilities
 - - person(s) to whom they report
 - - person(s) to contact with questions
 - - hospice goals, services, philosophy
 - - confidentiality/ protection of patient/
family rights
 - - family dynamics, coping mechanisms,
psychological issues with terminal illness,
death, bereavement
 - - emergency procedures, or after death
 - - specific individual(s) responsibilities

Volunteer Orientation for Direct Care (ML235)

- Missouri specific regulation adds:
 - - Concepts of death and dying
 - - Communication skills/ Alzheimer's disease
 - - Care and comfort measures
 - - Psychosocial/ spiritual issues
 - - Concept of patient/ family care unit
 - - Emergency procedures/ IE: death
 - - Concepts of grief/ loss
 - - Universal precautions
 - - Safety
 - - Patient/ family rights
 - - Hospice in nursing home

volunteer orientation

- See handout titled “Missouri Regulations on Hospice Volunteer Orientation” and note from surveyors on what they look for during a survey

Hospice volunteer Role

- L644- “must be used in day-to-day administrative and /or direct patient care roles” (ML231 says “and direct patient”.) CANNOT just use volunteers for administrative.
- Administrative could include office activities (IE: making up packets of forms for admissions, preparing mass mailings, making copies of forms/ newsletters)

Hospice volunteer Role

- Per L644 guidance: Direct patient volunteer services could include:
 - - household chores/ repairs
 - - shopping for patient/ family
 - - transportation
 - - companionship
 - - Direct patient care IF the hospice volunteer is a professional who meets all requirements associated with their specialty area (IE: Licensed nurses, with current valid license- ML237)

Direct care role/ assignment

- Surveyors look for evidence that each patient/ family received assessment(s) of need for a volunteer, and what specific/direct needs the patient/ family identified. (L644 and L524)
- Volunteer assignment/plan of care, must have the frequency, specific role/ duties
- Should see documentation by volunteer of date, time, what was done at each visit

Volunteer Recruitment/ Retention

- L645- Hospice “must document” and “demonstrate viable”, ongoing efforts to recruit and retain volunteers.
- Surveyors look for evidence of recruitment (such as flyers distributed at meetings, with letters or sign-up lists of who was invited or attended).

Volunteer Retention

- Hospice must keep records:
 - - Lists of active volunteers, with date of hospice hire, orientation records for each, and records of retention activities (performance evaluations, invitations to recognition events, hospice gifts to volunteers, such as annual volunteer dinner, certificates of appreciation, and free gifts)

volunteer Cost Savings

- L646
- Hospice “must document the cost savings achieved through the use of volunteers” to include:
 - – Identification of each volunteer used
 - – work time spent by each volunteer for each patient/ duty (date and hours/ minutes)
 - – Estimate dollars saved by hospice using volunteer instead of paid staff

Cost Savings Computation

- No regulatory monetary amount specified for computing cost savings, but should document what amount per hour was used for computing cost savings of all volunteer hours (total volunteer hours/ \$ saved each month, and for total volunteer hours/ savings per year) – see handout on hospice websites, including “Independent Sector”
- $\text{Volunteer hours} \times \$ \text{ per hour savings} = \text{cost savings}$
- National average hourly cost savings in 2012 was \$22.14 per hour (estimated value of volunteer time)

Level of volunteer Activity

- L647 (ML231 and ML 232)
- Hospice must document and maintain volunteers that “provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 % of the total patient care hours of all paid hospice employees and contract staff” .

Volunteer Hours

- To compute volunteer hours, hospice divides the number of volunteer hours spent providing administrative and/or direct patient care services (numerator) by the total number of all patient care hours of all paid hospice employees and contract staff, not including vacation time, workshops, sick days. (denominator)

Volunteer Hours (continued)

- Volunteer Direct patient care hours:
 - - Hours spent staying with the patient, while in the home, for companionship or services (not hours making lap robes, gift baskets or quilts for patients)
 - - Can count hours in the home training a volunteer for specific duties there (IE: teaching infection control, demonstrating comfort care)

Volunteer Hours (continued)

- Administrative hours= support of patient care activities in a hospice office setting
 - - Clerical duties at hospice office (EG.: copying forms, sending out mail)
 - - Training for specific clerical duties in the office (e.g.: putting together forms in an admission packet)
 - - But cannot count: general orientation, education meetings, support meetings, marketing, banquets

Volunteer Hours (continued)

- Formula to compute volunteer hours for the year:
 - Total volunteer direct + administrative hours
 - (divided by)
 - Total direct patient care paid staff hours
(including all disciplines and contracted staff, but not clerical staff, management hours) **only patient care hours**
- IE: hospice had 10,000 paid staff hours (not counting staff meetings, vacation, sick days) and had 500 volunteer hours (both direct and administrative hours, but not counting volunteer meetings, general orientation)= 5% volunteer hours compared to staff hours

Volunteer Hours (continued)

- Once hospice reaches volunteer hours of 5% -then can have some fluctuation (some months above 5% and some months below) as long as year-long average volunteer hours do not drop below 5%
- If count hours of travel to patient home in staff hours, then count this in volunteer hours so they are looking at same equivalent hours

Volunteer Hours (continued)

- Documentation of administrative hours should include:
 - - Volunteer name
 - - Date and hours/ minutes of activity
 - - Type of activity (IE: Copying forms for patient elections/admission, preparing mailings for Bereavement, making up admission packets)

Volunteer Hours (continued)

- Regarding what hours to count: See Volunteers Questions and Answers, (with responses included from state surveyors and Centers for Medicare and Medicaid-CMS)
- Handouts:
 - – Volunteers Questions and Answers
 - – Some Hospice websites for Volunteer Coordinators (includes important issue of Bureau Talk 2009)

Volunteer Documentation

- Problems often seen by surveyors:
 - - See “Frequent Hospice Citations” list
 - - Lack of specific documentation of each patient visit by volunteer (L647)
 - -Date of visit
 - -Minutes/ hours of visit duration
 - -More than just “made visit”—what did you do for the patient? (Such as picked up mail from mailbox, reading book to patient, doing dishes and prep food/drink, visited patient, etc.)
 - L647- Must maintain records on volunteer use. Include: “type of services and time worked”

Volunteer Documentation

- Hospice volunteer coordinator needs to keep good records of each volunteer direct care assignment, updates to assignments
- Should have notes of updates of volunteer frequency, services to each patient in the plan of care and IDG (interdisciplinary group) meeting updates (L533 or L552)

Volunteer Documentation

- Volunteers must be able to visit in all geographic areas served by parent and satellite offices (See L660, which is the requirement for same hospice services in all locations.) If you have volunteer visits near the parent office in City A, must also offer volunteer services in satellite area (City B). (volunteer does not have to live there).

volunteers- Extra Info

- Additional handouts:
 - - volunteers Questions and Answers
 - (Commonly- asked questions from our surveyor- Bureau phone lines)
 - -Missouri license regulations ML234 and ML235 regarding required hospice orientation topics
 - - websites for Hospice volunteer Coordinators
 - - Discuss handout “Frequent Hospice Citations Related to volunteers”

Hospice volunteers

- Your Questions??
- Thank you!! Your service is from the heart and meets many needs of our patients and caregivers. We appreciate volunteers who help to give patients/ caregivers a better life during their end of life experience.