

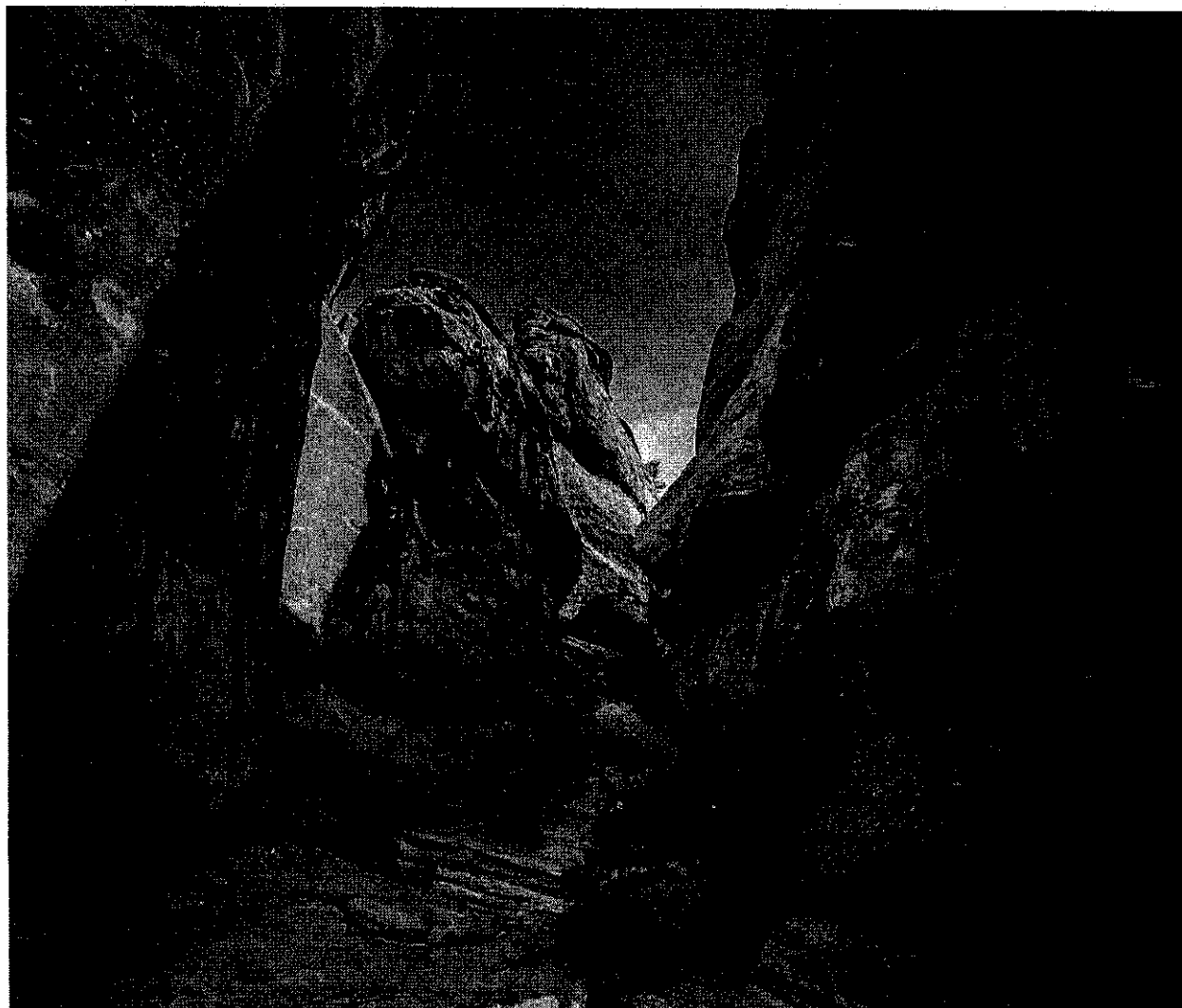


**ABODE**  
HOSPICE



**WE HONOR VETERANS**  
*Hospice Professionals on a Mission to Serve*

**VETERAN TO VETERAN VOLUNTEER  
TRAINING  
ABODE HOSPICE GRAND JUNCTION COLORADO**





## Volunteer Orientation Checklist

Name: \_\_\_\_\_ DOH: \_\_\_\_\_

Please initial

- \_\_\_\_\_ History and Philosophy of Hospice Care
- \_\_\_\_\_ Interdisciplinary Team Approach to Hospice Care
- \_\_\_\_\_ Volunteer Roles and Responsibilities
- \_\_\_\_\_ Hospice Volunteer Documentation
- \_\_\_\_\_ Communication and Boundaries
- \_\_\_\_\_ Death, Dying, Grief & Bereavement
- \_\_\_\_\_ Death in a Home
- \_\_\_\_\_ Patient Rights
- \_\_\_\_\_ Advance Directives
- \_\_\_\_\_ HIPAA
- \_\_\_\_\_ Universal Precautions, Infection Control & Tuberculosis
- \_\_\_\_\_ Reporting Abuse, Neglect and Exploitation
- \_\_\_\_\_ Safety & Hospice Contact Information
- \_\_\_\_\_ Stress Management and Self-Care
- \_\_\_\_\_ Emergency Management

I have received instruction on the above topics during my volunteer training and have been given the opportunity to discuss and ask questions.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this volunteer has completed volunteer orientation and has received instruction on the above topics as indicated.

Volunteer Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## **Sterling Process: Helpful Tips and Information for Volunteers**

Here are some tips that can be given to your prospective volunteers to be proactive and set realistic expectations of the process and the timeframe for it to be completed.

1. Before you submit the prospective volunteer's name and email to your local HR to initiate the Sterling portion of onboarding, it is recommended to communicate the following to your prospective volunteer:
  - a. Once you (the volunteer coordinator) submit their name and email to Sterling there is a **24-hour timeframe** for them to start the process online. They need to access the email sent by Sterling to begin.
  - b. When they are completing the registration in Sterling with will be asked for the following:
    - i. Provide two references and their contact information including email address for them to receive a questionnaire from Sterling (Sterling asks for 3 references, but two is acceptable).
    - ii. Choose a lab to complete their drug test according to their zip code
    - iii. Driver's license number if, if applicable.
  - c. They have **72 hours** to complete their drug test at the lab they chose. Stress that it is very important to follow this timeline.
    - i. With this in mind have them look at their schedule to identify a day/time that they can make it to the lab (note that some labs apparently stop accepting "customers" an hour before closing).
    - ii. Plan to send the name and email to HR on a day that corresponds with when it's most convenient for the volunteer to complete registration online for Sterling and make it to a lab within 72 hours.
  - d. They will receive an email upon completing registration, in that email is a pdf form **Registration Document** in the upper left-hand corner.
    - i. This is their ePassport that provides instructions for the drug test and barcode needed for them to "sign in" at the lab.
2. Let your volunteer know it may take 2 or up to 3 weeks for this process to be completed as the drug test results, state background checks and references all need to be completed before they can start orientation.
3. Make sure to stay connected with your volunteer throughout the process to keep them engaged and interested in volunteering ●



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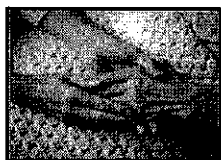


# **WELCOME to Volunteer Orientation**

1

## **Section 1: Introduction to Hospice**

2



To make a difference in someone's life,  
you don't have to be brilliant, rich, beautiful, or  
perfect.  
You just have to care.

- Mandy Hale

3

## **What Makes Volunteering in Hospice Care so Special?**

- Make a difference in another person's life
- Help people live out the rest of their life regardless of how long it is
- Provide companionship and help a patient or a family member that may not be able to help themselves
- Bring joy to others through your time and talents
- Gain a greater knowledge of self from insights of others, and make meaningful relationships

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## **Why Do You Want to Volunteer for Hospice?**

- Have you had experiences with hospice?
- What drew you to be a hospice volunteer?
- What are your expectations of being a hospice volunteer?
- What do you hope to do for others and gain out of this experience?

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## **Debunking Hospice Myths**

- Hospice is a place
- Hospice is only for people with Cancer
- Hospice is only for old people
- Hospice is only for dying people
- Hospice is only for people who have family to provide care
- Hospice is only for people who need a high level of care
- Hospice is only for people who can accept death
- Hospice care is expensive
- Hospice is not covered by managed care
- Hospice is for people who have no hope

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## What is Hospice?

- Considered to be the model for quality, compassionate care, hospice, by definition, is a team-oriented approach to providing specialized care for people facing a life-limiting illness or injury.
- It includes expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes
- Hospice care is available 24 hours a day, seven days a week, 365 days a year

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## The Hospice Philosophy of Care

- Hospice is a philosophy of care; it is not a place
- Hospice provides comfort; physically, emotionally and spiritually
- Hospice takes place in the environment that is most comfortable for him or her
- Hospice is patient-centered, focusing on patient goals and wishes
- Hospice provides care for more than the patient
- Maintaining dignity and independence

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"You matter because of who you are.  
You matter to the last moment of your life  
& we will do all we can  
to not only help you die peacefully,  
but to live until you die."

~ Dame Cicely Saunders

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## History of Hospice



The inspiration for the modern hospice movement came from Dame Cicely Saunders who, as a nursing student in England during WWII, witnessed a tremendous amount of pain and suffering. She came to believe that three things were most important in easing life's final journey:

- People needed strong relief from physical pain and troublesome symptoms.
- They needed to preserve their dignity.
- They needed help with the psychological and spiritual pain of death.

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## History of Hospice

- In 1967, Dame Cicely founded St. Christopher's Hospice in London, where the treatment philosophy was based on the following principles:
  - Care is provided by an interdisciplinary team (IDT/IDG) consisting of physicians, nurses, social workers, clergy & volunteers. Other disciplines involved may include pharmacists, psychiatrists, alternative therapies, etc.
  - A terminal illness does not affect just the patient, but the entire family. The whole family will receive care and support
  - Death is viewed as a normal, natural event in one's life
  - After the death of the patient, ongoing contact with family and friends is important to support them in the bereavement process
- *These same principles still define the hospice care philosophy today!*

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## History of Hospice: Other Important Milestones

- 1969- Swiss-American Psychiatrist Elisabeth Kubler-Ross wrote, *On Death and Dying*
  - This promoted the growth of hospice care in the United States
  - Introduced the five stages of grief: denial, anger, bargaining, depression and acceptance
- 1974- The first hospice in the United States opened its doors – The Connecticut Hospice
- 1982- Access to quality end-of-life care was the passage of the Medicare Hospice Benefit

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## Hospice Services we Provide

- Levels of Care:
  - Routine Care
  - Continuous Care
  - General Inpatient Care
  - Respite Care
- Bereavement Services
- Equipment, supplies, medication (directly related to Hospice diagnosis)
- Specialty Services (Music Therapy, Massage Therapy, Pet Therapy in some locations)

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## The "W's" of Hospice

- Who pays for hospice?
- Who is eligible?
- When is it time?
- Why should we choose this route?
- Where is hospice care provided?
- What makes hospice care unique?

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## Reasons to Consider Hospice Services for a Patient

- Patient is declining curative treatment for a terminal disease
- Unexplained or rapid weight loss or gain
- Decline in functional abilities and/or dependence in three of six Activities of Daily Living (also known as ADL's, including bathing, dressing, feeding, transfers, continence of urine and stool, ambulation)
- Dyspnea (difficulty breathing) / dysphagia (difficulty swallowing)
- Frequent infections
- Frequent hospitalizations or emergency room visits
- Cognitive changes / increased confusion with patient unable to meaningfully communicate
- Results of medical testing and diagnostic procedures

\*NOTE: This is an overly simplified list. None of these symptoms by themselves is enough to qualify one as appropriate to receive hospice services. It is often a combination of these symptoms along with the physician's evaluation and assessment that lead to a hospice referral.

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## Admission Criteria

To receive hospice care:

- Physician and Hospice Medical Director certifies a patient has a life expectancy of 6 months or less, if the disease follows its natural course.
- Patient/Health Care Agent elects the hospice benefit and is no longer seeking aggressive treatment
- The IDT/IDG team meets every 14 days to reassess patient appropriateness for hospice care based on criteria related to patient's terminal diagnosis
- Every 90 or 60-days (depending on the benefit period) a patient is evaluated by the Hospice Medical Director or Nurse Practitioner to certify a patient still meets criteria for their terminal illness/hospice diagnosis under Medicare guidelines.

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Among Medicare beneficiaries who identified as female

**56.2%**  
used hospice



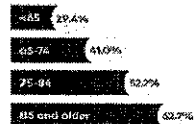
Among Medicare beneficiaries who identified as male

**46.7%**  
used hospice



Source: AARP March 2017 Report on Seniors, Table 9.2

Figure 5: % of Patients by Age group for 2019



Source: AARP March 2017 Report on Seniors, Table 9.2

NHPCO Facts and Figures - 2021 EDITION

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"Watching a peaceful death of a human being reminds us of a falling star; one of a million lights in a vast sky that flares up for a brief moment only to disappear into the endless night forever."

~ Elisabeth Kubler-Ross  
(On Death and Dying, 1969)

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## Section II: The Hospice Team

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### Hospice Team Approach

- A hospice interdisciplinary team works together to:
  - Manage the patient's pain and symptoms
  - Provide emotional and spiritual support to the patient and family/caregivers
  - Provide medications, medical supplies and equipment
  - Coach family/caregivers on how to care for the patient
  - Collaborate with families/caregivers regarding short-term inpatient, continuous care when pain or symptoms become too difficult to manage or when caregivers need respite time
  - Provide grief support, also known as bereavement support

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### Hospice Team

- Medical Director
- Executive Director
- Clinical Team Manager
- Nurse Case Manager
- Hospice Aide/Home Health Aide/Certified Nursing Assistant
- Social Worker
- Spiritual Care Coordinator/Chaplain
- Volunteer Coordinator
- Volunteers (Direct Care and Office)
- Bereavement Coordinator
- Specialty Services (depending on location): Music Therapist, Massage Therapist

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### Role of Hospice Medical Director

- Serves as a consultant to address patient needs
- Assists with medication management if appropriate
- Attends IDT/IDG every other week
- Assists with development of plan of care to ensure best care practices

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### Role of Nurse Case Manager (RNCM)

- Coordinates and directs patient care among all disciplines (HHA, SW, SCC, VC, BC, MT)
- Communicates with each patient's physician regarding their care
- Provides direct nursing care that focuses on relieving distressing physical symptoms often occurring with life-limiting illnesses
- Manages medications and medical equipment needs to maintain patient comfort and well-being
- Determine types of counseling, education, and care the patient's caregiver/family members will need before, during, and after the patient's death

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### Role of Hospice Aide (Home Health Aide)

- Provides personal care to patients
  - i.e. baths, oral care, hair care, skin care, and nail care.
- Assists with meal preparation
- Assists with housekeeping needs
  - i.e. laundry, vacuuming, and changing patient's linens.
- Provides extra companionship

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### Role of Social Worker

- Facilitates family communication
- Explores and addresses unresolved issues
- Offers guidance and education on end-of-life issues
- Addresses anticipatory grief
- Provides emotional support, counseling and guidance to patient/family in coping with the stresses related to the illness
- Assists the patient/family with community resources, which may include: an assessment of financial needs, funeral planning, veteran benefits, additional caregiver agencies or nursing home placement

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### Role of Spiritual Care Coordinator (Chaplain)

- Recognizes the spiritual need and wishes of patients and their families. Provides spiritual and emotional care, and support according to the self-identified needs of the patient and family
- Provides support directly and often coordinate care with the patient's spiritual support network or faith community
- Spiritual care visits may include processing anticipatory grief and loss, end-of-life goals, relationship closure, rituals, religious rituals and sacraments, and memorial service planning
- Most often and most importantly, are present with patients and family, joining them on their end-of-life journey

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### Role of Bereavement Coordinator

- Assesses need for pre-bereavement need for patient and/or family prior to patient's death
- Assess bereaved reaction to patient's death
- Provides support to bereaved for up to 13 months
- Support through
  - Phone calls
  - Visits
  - Letters
  - Support Groups
  - Memorial Services
  - May also offer grief support to facility/community members

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### Role of Music Therapist

\*Music Therapy provided depending on agency

- Referral is done based on the hospice team identifying a need for music therapy
- Reasons for a Music Therapy referral:
  - Social isolation, increased sensory stimulation, increased self-expression, physical pain, anxiety, restlessness, agitation, depressed mood
- Obtains information on patient's psychological, cognitive, social, emotional and physical functioning, and preferred music
- Develops patient centered goals and interventions based on the patient's need

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### Role of Massage Therapist

\*Massage Therapy provided depending on agency

- Promotes a sense of peace and comfort
- Creates a soothing presence
- Provides physical benefits:
  - Physical touch to ease discomfort
  - Can improve circulation
  - Can assist with sleep problems
  - Can assist in relieving anxiety and depression
  - Helps relieve stress

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### Role of Volunteer Coordinator

- Volunteer Coordinator
  - Recruits, selects, trains and places volunteers with appropriate patients/families
  - Develops and implements recognition for volunteers
  - Oversees and supports community volunteers
  - Provides training to prepare volunteers for their role as a hospice volunteer
  - Manages, prepares, and maintains appropriate and accurate statistical data, volunteer files, and program information

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## Role of the Volunteer

### Direct-Care Volunteer

- Provides:
  - Support
  - Companionship
  - Listening ear
- Meets people where they are
- Protects confidentiality
- Being thoughtful
- Helps patient/family to find a new hope/brings joy

### Office Volunteer

- Caring calls
- Special projects
  - Birthday cards, Thinking of You cards, Mother's Day/Father's Day, etc.
- Answers phones
- Filing
- Copying
- Office type duties
- Assist with marketing events

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## Section III: Role of the Volunteer

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## Hooray for Hospice Volunteers!

- Volunteers are an essential part of Hospice care!
- Hospice philosophy and service depend upon both professional clinicians and trained volunteers to fulfill organizational, patient, and family needs
- By utilizing the time and talents of volunteers, a hospice can offer a wider range of activities to meet a variety of special needs and interests, thus enhancing patient care services
- The efforts of volunteers are so valued, that having an active volunteer program is one of the conditions of participation for any hospice under the Medicare system

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## Our Responsibility to Medicare

- Medicare requires a Volunteer Program
- Medicare requires that 5% of direct care hours come back in volunteer hours
- Medicare requires documentation of each activity whether visit or office assistance
- We provide on-going education to volunteers
- We keep track of all volunteer visits/activities/education

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## Why Does Medicare Require Volunteers in a Hospice Program?

- The Medicare law enacted in 1982: Hospice in America requires volunteer hours equal at least 5% of the hospice provider's total patient care hours
- Volunteers offer their time, talents and company
- Volunteers free up time for professional staff and can focus on a specific need
- Volunteers create a bigger connection with the community

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## Volunteer Code of Conduct and Service Standards

- Remember: you represent the organization
  - Maintain confidentiality of patient information
  - Maintain a dignified and pleasant manner
  - Be dependable
  - Dress appropriately
  - Be respectful to our facility partners- we are their guest
- Report any immediate concerns to Volunteer Coordinator
- Report observed unethical or illegal behavior

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## Volunteer Rights

- A volunteer has the following rights:
  - To be volunteering in the role(s) that they choose
  - To choose when and where they volunteer
  - To be treated fairly by their Volunteer Coordinator
  - If there is a problem that involves the Volunteer Coordinator, then please contact the main office.
    - \*See appendix for agency name and number

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## What is a Hospice Volunteer?

- Trusted Confidant
  - Someone who can be trusted with sensitive information
- A Listener
  - Someone who listens attentively and sympathetically
- Family Historian/Life Review
  - Someone who engages in discussing memories
- A Companion to Loneliness/Sadness
  - Someone to help navigate anticipatory grief
- Dedicated Supporter
  - Committed to provide support while maintaining healthy boundaries between patient and volunteer

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## "Companioning the Bereaved"

by Alan D. Wolfelt, Ph.D.

*Companioning* is about being present to another person's pain; it is not about taking away the pain.

*Companioning* is about going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.

*Companioning* is about honoring the spirit; it is not about analyzing with the head.

*Companioning* is about listening with the heart; it is not about analyzing with the head.

*Companioning* is about bearing witness to the struggles of others; it is not about judging or directing these struggles.

39

## "Companioning the Bereaved"

by Alan D. Wolfelt, Ph.D.

*Companioning* is about walking alongside; it is not about leading.

*Companioning* is about discovering the gifts of sacred silence; it does not mean filling up every moment with words.

*Companioning* is about being still; it is not about frantic movement forward.

*Companioning* is about respecting disorder and confusion; it is not about imposing order and logic.

*Companioning* is about learning from others; it is not about teaching them.

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## Direct-Care Volunteer Opportunities

- **Hospice Companions**
  - Regular visits from Hospice Companions can minimize patient loneliness and isolation through fellowship. These volunteers provide companionship to the patient and relief to their caregivers by offering a supportive presence, a listening ear and a helping hand.
- **Vigil Support**
  - Provide support to fragile patients who have limited or no family support as they enter the final days/hours of life
- **Veterans for Veterans**
  - Experience the camaraderie and the bond that only those with military histories share and pay tribute to others who have served our country. These volunteers may provide social visits, take part in special pinning ceremonies, or interview and document veterans' military stories through the Veterans History Project.

\*Volunteer opportunities vary depending on the agency

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## Direct-Care Volunteer Opportunities

- **Animal-Assisted Activities/Therapy (Pet Therapy)**
  - Animals have a special way of showing unconditional love & affection to lift the spirit no matter what the circumstances - especially beneficial for those in hospice!
  - Studies have shown that pet therapy can reduce anxiety and pain symptoms, lower blood pressure, ease depression, and relieve boredom and loneliness
    - Note: Animals must be evaluated and certified by a recognized therapy animal organization prior to patient visitation
- **Legacy Volunteers (legacy projects vary depending on agency)**
  - Give patients the chance to tell their life stories to a volunteer interviewer who can help to preserve these memories in a life story scrapbook or onto audio/video tape or through use of a computer program

\*Volunteer opportunities vary depending on the agency

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## Slide 38

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**NS0** Do you think it would be helpful to put an example next to "Trusted confidant" or just talk about what that may mean with them? Also, maybe add "Life review" next to family historian. And instead of "dedicated determined servant maybe put "Dedicated supporter/friend" ?

Nichole Sorg, 2022-04-19T17:49:29.854

## In-Direct Volunteer Opportunities

- **Gifts That Bring Comfort**
  - Share your creative talents & skills to make gifts that will delight the heart; projects may be completed at home at your leisure
  - Knitted or crocheted blankets, shawls, lap robes, slippers
  - Sewers – quilts, small neck pillows, or stuffed animals that a patient can hold & hug, fidget mats/blankets/aprons for patients who like to “tinker” and keep their hands busy, cloth face masks and clothing protectors
  - Artwork
- **Celebration Team**
  - Celebrate special occasions with patients and families
  - Assist with planning, set-up or organize parties for birthdays, anniversaries, holiday or other events

\*Volunteer opportunities vary depending on the agency

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## In-Direct Volunteer Opportunities

- **Memory Box**
  - Serves as a personal treasure box which holds special things that will assist in remembering a loved one and the experiences shared with that person
  - This box is a way to cope with the loss of a loved one by choosing items that represent the memories they want to honor the most
- **Memory Bear**
  - A memory that is made up of material such as clothing, quilts or a belonging to the patient and may have special meaning and is given to the patient's loved one

\*Volunteer opportunities vary depending on the agency

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## In-Direct Volunteer Opportunities

- **Phone calls**
  - Reach out to patients for a social phone visit or check-in calls to those who live alone
- **“Thinking of You” cards & letters to our patients**
  - Keep your words light & upbeat with a general letter or sentiment that could be given to a man or a woman
- **Photography**
  - Send us pictures that you have taken and tell the patient a little about the photo
- **Animal-related engagement activities**
  - Sharing pet pictures and stories always make people smile
- **Honoring veterans**
  - Write a thank you for your service note or create patriotic-themed blankets

\*Volunteer opportunities vary depending on the agency

45

## In-Direct Volunteer Opportunities

- **Welcome Caring Call**
  - Calls made about after 2 weeks of starting care to ensure patients and families feeling they are receiving quality care
- **Bring a little of the outside world in**
  - Bird feeders or bird houses that can be hung on patient windows, decorative flowerpots for patient rooms, pinwheels bring a sense of the spring & summer seasons
- **Bereavement volunteer**
  - Assist our Bereavement program with special projects to support the Bereaved
- **Complimentary & comfort modalities**
  - Aroma, music, “art at the bedside”, books on tape, etc.
- **Office support**
  - Assist with basic clerical tasks or special projects that will allow our staff more time to provide patient care

\*Volunteer opportunities vary depending on the agency

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## In-Direct Volunteer Opportunities

- **These Hands**
  - A project where a volunteer asks specific questions in order to gather information about the patient to create a framed picture of their hands including information about their lives
  - For example, “These hands raised four beautiful children” or “These hands took care of patients as a nurse.”
- **Tuck-in Calls**
  - Calls made before weekends and holidays that provides additional communication between home patients and/or families and hospice staff to address any unforeseen needs, such as equipment, medication and supplies
- **Outreach Assistance & Community Engagement**
  - Assist with marketing
  - Authors for advertising, marketing, newsletters
  - Establishing connections/relationships with potential community patient care resources and to community disease specific organizations (American Cancer Society, Alzheimer's Organizations, etc.)

\*Volunteer opportunities vary depending on the agency

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## Section IV: Tips for Visiting Patients with Communication Deficits

48

## Basic Tips for Effective Communication

- Introduce yourself
  - Identify who you are and what you do
- Let patient/family lead the conversation
- Topics of conversation
- Establish good eye-contact/talk to patient at their eye-level
- Speak slowly and clearly
- Active and passive listening
- Characteristics of a good listener:
  - Desire, patience, commitment
- Let them tell their story

49

## Conversations with Patients and Families

- Open-ended vs closed-ended questions
- Open-ended questions:
  - Help patient/family member(s) explore thoughts and feelings
    - Could you tell me about that?
    - What kind of difficulties are you having?
    - Can you give me an example?
- Close-ended questions:
  - Questions that can be answered with very few words or yes/no
  - They are sometimes helpful when:
    - A person is anxious or not very verbal
    - You want a specific bit of information
    - You want to focus on a point

50

## If a Person has Difficulty Communicating

- Visit in an area with limited distractions
- Be patient, communicate only one idea at a time and allow the person time to process
- Speak slowly
- Encourage writing if that is easier
- Be honest, if you can't understand what they are saying say so
- Use hand gestures or point out objects that might be helpful

51

## If a Person is Hearing Impaired

- Find out if patient has a hearing aid (which ear)
- Make sure patient sees you as you approach him/her
- Wait until you have patient's attention before you speak
- Speak clearly, slowly
- Don't shout
- Use simple, short sentences
- Use a notebook, white board, or a communication app (Speechy)

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## If a Person is Visually Impaired

- Speak the person's name before you touch them
- When you are leaving, let them know you are leaving
- Treat them as you would a fully-sighted person. This will help the person you are talking to feel at ease
- Don't move items in the room unless asked to move them by the person

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## If a Person has Alzheimer's/Dementia

- Ask simple "yes/no" questions
- Always assume they have the ability to understand you
- Use short, clear, concrete statements, one step at a time
- Don't argue or try to correct a severely confused person
- Enquire about picture albums or other items patient may recognize

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## Slide 52

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**NSO** Can also use an app like speechy or a white board for communication.  
Nichole Sorg, 2022-04-19T17:58:45.250

## Approaching a Person with Alzheimer's/Dementia

- Tell them your name, and always introduce yourself and ask for their name each visit
- Approach from the front when possible
- Do not rush a person, come in slow
- Adjust yourself to a side position, not over them
- Seat yourself low or crouch next to the person to take the submissive role
- Offer your hand, do not pull at the person. It allows them to make the decision and feel empowered

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## Communicating with an Aggressive Person with Alzheimer's/Dementia

- Speak softly, be calm and reassuring
- Avoid quick movements
- Approach from front
- Never argue or reason
- Ignore angry outbursts
- Keep out of striking distance
- Try to redirect
- Never strike back

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## Section V: The Dying Process

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## Advance Directives: Making your Wishes Known at End-of-Life

- Advance directives provide direction to health care agents and hospice staff regarding end-of-life wishes
- Living Will
- Financial Power of Attorney
- Health Care Power of Attorney
  - Health Care Power of Attorney document is often activated (in some states), making a patient's agent their decision maker
- Do Not Resuscitate Order

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## What Does "Dying Well" Actually Mean?

A patient and family's definition of a dying well is based on the wants and needs of the one dying. Although it is an individualized experience, here are some common considerations:

### Physical Comfort:

- The team offers adequate pain control
- The team offers effective symptom management

### Emotional Well-Being:

- The patient feels that his/her life had meaning
- The patient's sense of identity and dignity is preserved
- The patient is able to complete unfinished business and achieve last wishes
- The patient remains emotionally connected and able to express feelings (anger, fear, hope, guilt, love, joy, etc)
- Internal and external conflicts are reduced
- Important relationships are preserved or restored

### Spiritual Serenity:

- The patient accepts him/herself, others and the impending death
- The patient lets go of this world (people, possessions, and life)

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## Why Do We Need to Know about the Dying Process?

- To prepare for the changes you may see when visiting patients
- To help support families
- To provide appropriate care as a volunteer during the dying process
- To make appropriate decisions about your role as a volunteer

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## Changes to Report Immediately to the Office

- Report changes directly to the office, DO NOT CALL 911
- Change in alertness
- Increased nausea, vomiting, diarrhea
- Bleeding
- Hard time breathing
- Elevated temperature (feels excessively warm, sweating, etc.)
- Skin breakdown (new cut, abrasion, excessive bruising, etc.)
- Difficulty swallowing
- Expression of emotional/spiritual needs
- Expression of depression/suicidal feelings-URGENT
- Witnessed/notified of a fall that the office isn't aware of

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## Who Do I Call?

- Call the office number for all questions/concerns.
  - \*See appendix for office main number
- Why???
- The office phone is answered by a person 24 hours a day, 7 days a week. We want to ensure that someone responds to needs immediately.
- Your Volunteer Coordinator may be on vacation or may not have immediate access to his/her phone.

62

## How Do I Help if Someone is Dying?

- The role of the volunteer at this time is determined by you, the hospice team, the patient and the family depending on their wishes. A volunteer can be present when a patient is actively dying.
- If you find yourself with a patient who is actively dying, here are some things you can do to help:
  - Be present
  - Assess the room- is the atmosphere calm, tense, too warm, too cold?
  - Find photos, remember the patient can still hear what you are talking about, consider the environment and how to make it more comfortable
  - Warm/cool wash cloth on a patient's forehead
  - Ask the family of needs- have they ate, slept, need to stop at home?
  - Read scripture
  - Hold patient's hand
  - Provide comfort to the family-encourage life review

63

## The Dying Process

- Natural vs Unnatural Death
  - Natural Death: Occurs as a result of the aging process or disease
    - Hospice care supports a natural death: does not hasten or prolong death
  - Unnatural Death: Death occurring not by natural causes (homicide, suicide, accidental, undetermined)
- Dying is a process:
  - Can be a gradual process when the body lets go of life
  - Everyone's experience is different
  - With good care, it can be quite a peaceful time

64

## Dying Process: Weeks Before Death

- Sleep
  - Most people feel tired, sleep more often and for longer periods
- Less talking
  - Most people become more withdrawn and talk less
- Eat less or eat different foods
  - The stomach and digestive system are slowing down
- Weight loss, skin becomes thinner
- Giving things away/making funeral plans

65

## Dying Process: Days Before Death

- Breathing changes
  - Notice changes in breathing slowly, faster at times and can be unpredictable overall
- Congestion
  - Fluid can gather in the lungs and breathing can begin to sound "rattly"
- Burst of energy
  - Some have a sudden burst of energy, sitting up/talking for a short period of time, which can be confusing for family
- Skin may become grey or mottled (blotchy skin) as circulation declines
- Hallucinations
  - Less oxygen goes to the brain, may talk to "people" who aren't there
- Sleep a lot or unresponsive

66

#### Slide 61

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**NS0** Maybe add bullet point of "witnessed a fall"

Nichole Sorg, 2022-04-19T17:59:46.064

#### Slide 63

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**NS0** I feel like this could use more detail. Maybe even just a one liner to start... along the lines of "should you be present when the patient is actively dying, these are some things you may try, given you along with the PT's family/friends are comfortable with you doing so" etc.?

Nichole Sorg, 2022-04-19T18:02:21.082

#### Slide 64

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**NS0** The last bullet point Normal natural ways to support and encourage transition". Can I ask for more details on that?

Nichole Sorg, 2022-04-19T18:03:59.983

#### Slide 65

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**NS0** Maybe add bullet point of "mottle" along with a brief description. I know this term is used often when the PT is very close to passing.

Nichole Sorg, 2022-04-19T18:05:21.632

## Dying Process: Hours Before Death

- Sleep a lot or unresponsive
- Breathing is irregular
  - Apnea (long periods without breathing) can occur
- Skin cool to the touch
- Weak pulse
- Glassy, teary eyes may be half-open
- Restlessness
  - Can occur due to breathing difficulty, pain or terminal restlessness

67

## How Do I Know When Death has Occurred?

- No breathing
- No heartbeat
- Release of bowel/bladder
- Eyelids slightly open
- No blinking
- Jaw slightly relaxed/mouth open

68

## What Do I Do if a Patient Dies When I am There?

- Remain calm
- Excuse yourself from the room and call the office, a nurse will be sent out
- Provide emotional support to the family until hospice staff member arrives

69

## After a Patient Dies

- Lots of emotions, you may feel:
  - Relief
    - The patient is no longer suffering/in pain
  - Sadness
    - Feelings of loss over someone you cared about
  - Reflections
    - On how rewarding, transformative and life-affirming this experience has been
- Support Available
  - Contact your Volunteer Coordinator for emotional support

70

## Visitations and Funerals

- Volunteering in hospice is a very meaningful experience where you develop relationships with patients and their families/caregivers
- Attending visitations/funerals are very important not only for patient's family, but also for volunteers
- Volunteers can attend funerals/visitations or call to extend sympathy, etc.

71

## Section VI: Grief and Bereavement

72

## Slide 71

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**NS0** Maybe also add that they are in fact allowed to attend the visitation if they wish.  
Just talk with their supervisor/VC about it first.

Nichole Sorg, 2022-04-19T18:06:42.319

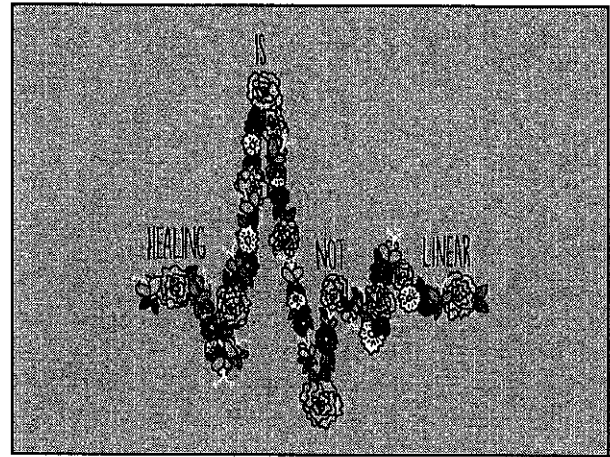
## The Five Stages of Grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



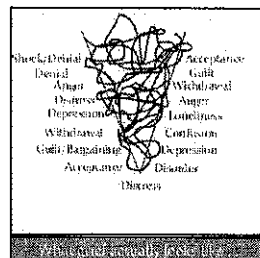
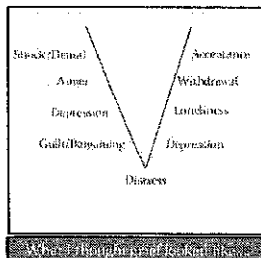
- These are 5 stages most commonly seen by those experiencing grief

73



74

## Stages of Grief



75

## Definitions

- **Grief**-A natural and normal reaction that occurs when something precious to us is perceived as lost
- **Bereavement**-The event of loss, i.e., the death itself
- **Mourning**-The process by which we work through loss, regaining a sense of balance and reintegration in our own lives. Mourning is a necessity, not a weakness, but a form of healing. Hospice workers need to create opportunities for families to express their needs.
- **Anticipatory Grief**-A preparation for future loss. May be loss of life (one's own or that of a loved person), health, bodily function, social role, or a body part or parts. Normal process of adaptive reaction

76

## Expressions of Grief

- Shock and disbelief
- Sadness
- Guilt
- Anger
- Depression
- Loneliness
- Fear
- Presence of loved one
- Physical symptoms

77

## Normal Grief Reactions

- Feeling emotionally numb
- Knowing that the death has occurred, but having difficulty believing that the death has really happened
- Loss of appetite or a desire to eat more than usual
- Difficulty concentrating
- Feeling exhausted
- Frequent mood changes
- Grief "bursts"
- Difficulty sleeping

78

AJ0    Add information  
Ashley Jones, 2022-04-28T18:00:10.712



## Complicated Grief

- Also known as unresolved grief and described as a prolonged sense of mourning
- Uncharacteristically engaging in reckless behavior, such as substance abuse, heavy drinking
- Sleeping habits become severely and consistently disrupted
- The quality of his or her work suffers, grades drop significantly at school, or loved ones and friends are shunned.
- They talk about death and loss frequently, often in unrelated conversations
- Refusal to talk about death or loss, or to engage in any conversation about the person who has died, even fond or happy memories
- May show signs of severe depression, deteriorating self-esteem, or outright despair

79

## What to Do About the Effects of Grief

### Physical Distress

- Be alert for problems
- Use medication wisely
- Get plenty of rest
- Keep in touch with the physician about any physical concerns
- Eat well/avoid junk food
- Drink plenty of water/avoid alcohol
- Be gentle with yourself/don't rush
- Exercise
- Try relaxation tapes

### Emotional Distress

- Accept help from friends, family and professionals
- Address identity crisis
- Be kind to yourself
- Limit energy spent worrying
- Have realistic self-expectations
- Express feelings both verbally and by journaling
- Be patient with yourself
- Give yourself permission to cry
- Develop ways to release emotional tensions

80

## What to Do About the Effects of Grief

### Psychological Distress

- Reduce stress when possible, by limiting decisions and limiting activities that are stressful
- Make lists
- Limit mental energy for only important issues
- Learn/educate self about grief
- Set goals for self
- Learn relaxation methods
- Believe you will adjust
- Seek professional help if needed
- Seek new interests
- Rediscover old interests

### Spiritual Distress

- Redefine hope
- Reconnect with spiritual community
- Redefine self-identity
- Live review of memories
- Confirm life has had meaning and purpose
- Have confidence/trust in God/self/others

81

## What you Can Do to Help Someone Who is Grieving:

- Be a good listener
- Just sit with them and be present
- Ask about their loss
- Let them feel sad
- Do not minimize their grief
- \*Use emotional intelligence
- Ask about their feelings
- Share your feelings
- Remember the loss by encouraging reminiscing
- Acknowledge the pain they are experiencing
- Be available when you can

82

## Section VII: Volunteer Assignment

83

## Why are Requirements to be a Hospice Volunteer so Robust?

- Medicare considers volunteers unpaid employees
  - Volunteers are just as important as employees and should be treated that way
- Medical and HR-related checks
  - Same as other hospice staff
- Extensive interviewing and training
- The amount of training can be seen as a compliment, not a hurdle

84

## Requirements for Volunteering

- TB Test
- Drug Screening (upon hire)
- Background Check (upon hire)
- Provide visit documentation
- Annual in-services
- Supervised Visit (Direct Care volunteers)
- Evaluations (annually)
- Abide by volunteer job description
- Complete Competency Orientation Skills Checklist
- Completion of training program
- Weekly check-in's & after visit/shift check-ins
- Immediate contact for any situations that required the attention of a staff member

85

## Expectations for Volunteer Visits

- Accept/decline assignments from the Volunteer Coordinator
- When accepting an assignment make sure you have all the information that you feel that you need to provide quality care
- Have open relationship with Volunteer Coordinator and hospice staff to ask for assistance or questions
- If you are unable to provide services to your patient or want to take a leave or terminate your volunteer status, please notify your Volunteer Coordinator

86

## Visiting in the Home/Facility Setting

- Appearance/dress attire should be neat, clean and modest
- Wear closed toe shoes and Volunteer ID badge
- No smoking/drinking
- Do not give patient anything to eat or drink without consulting with staff first
- Make sure you understand the referral and plan of care
- Call volunteer coordinator with any questions
- DO NOT give out your personal contact information
- Contact hospice office if patient/family is experiencing any issues/changes
- Complete documentation on volunteer visit note after each visit

87

## Volunteering in the Office Setting

- Show up on time and communicate with the Volunteer Coordinator if you can't come in to complete your hours
- Dress appropriately- casual, but neat, clean and modest
- Ask questions if you don't understand the task

88

## How is a Volunteer Requested?

- A volunteer request is made from a member of the hospice team as patient needs for a volunteer are identified and discussed in IDG/IDT
- The Volunteer Coordinator will work with you to make the best match possible when assigning your patient visits. This is based on:
  - Patient needs or specific request
  - Location
  - Volunteer preferences/comfort level
- The Volunteer Coordinator will work with the patient's care team and family to learn a bit about the patient's background that could be helpful during a social visit
  - family life • career • religion • veteran status
  - interests • hobbies • preferred music • pets

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## Volunteer Visit: The Basics

- **Home Patient**
  - Volunteer Coordinator will assist in scheduling your first visit
  - Manage expectations upfront -- let them know your availability
  - Do your best to maintain a consistent schedule
  - Ask if there is an activity you could bring that they might enjoy
  - Call on the day of your visits to confirm
- **Patient Living in a Facility**
  - More flexibility in scheduling with patients in facilities
  - Upon arrival, sign Visitor Log and complete any COVID-19 screening at front desk
  - Check-in with facility staff to introduce yourself, receive update on patient's status &/or whether patient would be up for visit
  - Ask patient or caregivers about best times to visit
  - Check facility activity calendar to plan to visit around or to participate in patient's preferred activities

90

## Slide 86

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**NSO** How do you usually explain how they should "facilitate awareness of your hospice?"

Nichole Sorg, 2022-04-19T18:12:07.616

### Visit "DO's and DON'Ts"

- **DO:**
  - Always wear your nametag
  - Introduce yourself to patient & family/facility staff
  - Sit near and within patient's line of vision
  - Be yourself
  - Relate to the patient, not the illness
  - Respect the values, choices and lifestyle of the patient and family
  - Talk about subjects you would normally discuss
  - Follow the patient's lead
  - Listen more than you talk
  - Encourage reminiscing and life review
  - Be creative
  - Appropriate touch is OK – a hug, hand massage, or other caring gesture may express what you can't put into words. But always ask patient for permission first.
  - Ask for help if you have any questions

91

### Visit "DO's and DON'Ts"

- **Don't:**
  - Visit if you are feeling ill
  - Have an agenda for the visit. You may have ideas for the visit but give the patient a choice of activities or whether to participate or not.
  - Be afraid of silence, sometimes quiet companionship is preferred
  - Feed or physically assist the patient to & from the bed or bathroom, or into or out of a chair/wheelchair
  - Transport patient or family in your car
  - Pour, measure or give medication
  - Answer medical questions or give advice – always refer the patient/family to speak to their hospice RN
  - Impose your own beliefs, attitudes or lifestyle on the patient/family
  - Share confidential information about the patient/family
  - Overstay your welcome
  - Give out your personal phone number. Always refer the patient/family to contact the hospice office if they need to reach you.

92

### Volunteer Visits are Part of the Medical Order

- The volunteer visit regimen is determined and decided by patient/family need, the IDT/IDG and your availability
- When you are first assigned a patient, we will discuss the designated number of visits to be made in a 30-day period
  - *For example, 2x/month for respite or 3x/month for companionship*
- This visit frequency becomes part of the patient's Plan of Care which is signed by our Medical Director - making the volunteer visit frequency a medical order. Volunteer visit orders are just as important as nurse's orders.
- Our agency's accreditation and Medicare compliance depend upon assuring that medical orders for Volunteer Services, or any other ordered service, are followed according to the way they are written and signed by a licensed physician.

93

### Volunteer Documentation

- All volunteers who provide direct patient care are expected to complete a Volunteer Visit Note for each patient visit. Your Volunteer Visit Note becomes part of the patient's electronic medical record, which is a legal document.
  - Thus, completing the note form accurately and in a timely manner is essential.
- **Why?**
  - It is proof of your visits- "If it isn't documented – it didn't happen."
- Volunteer Visit Notes are to be completed:
  - For each visit
  - For a missed visit
  - For any phone call
  - For funeral/wakes/memorials
  - As soon as possible, preferably the same day as the visit and turned in within 5 days of the visit
- See Volunteer Visit Note template with example below

94

### Volunteer Documentation

- **DO:**
  - Do remain objective: Document only what you observe
  - Do document what you did during your time with the patient
  - Do write your note in black ink
- **Don't:**
  - Don't use nicknames
  - Don't document your opinion
  - Don't write in clinical terms
    - Ex: Instead of "patient is depressed" try "patient states they have been more tearful and sad"
  - Don't use whiteout

95

### Building Rapport

- Maintain Eye Contact
- Show Empathy
- Open Communication
- Make it Personal
- Active Listening
- Practice Mirroring
- Keep your Word

96

## Signs You are Becoming too Involved

- A tendency to try to please others instead of yourself
- A desire to "solve people's problems" rather than creating an atmosphere that allows them to move towards reconciliation of their own issues
- A tendency to overextend/over commit
- A desire to do things for people that they are capable of doing themselves
- Ideal of being "super-caregiver" or "being all things to all people"

97

## Establish and Maintain Good Boundaries

- Establishing and maintaining good healthy boundaries
  - Identify who you are at each visit
  - Complete visit with patient as identified in plan of care
  - Do not do activities not on the plan of care prior to consulting your volunteer coordinator
  - Do not get involved or give advice regarding family issues
  - Keep self-disclosure to relationship building conversations and try not to over-share
  - Keep the focus on the patient

98

## Awareness of Family Dynamics

- Respect where the patient/family are at
- Be concerned without judging
- Leave the choices up to the person that has to live with them
- We can't change the way they have lived for 50 years, help them to function the best they can
- Listen carefully with interest
- Normalize feelings
- Point out the persons strengths and abilities
- Keep information confidential in collaboration with the hospice team

99

## Section VIII: Compliance

100

## Compliance:

- Infection Management
  - Hand washing
  - Blood Borne Pathogens
  - TB
  - COVID-19
  - Other Infections
- Sentinel Events
- Complaint Reporting
- Emergency Management
- Volunteer Safety
- Elder Abuse and Neglect
- Patient Rights and Responsibilities/HIPPA
- Patient/Family-Centered Hospice Care

101

## Hand Washing

- You might be wondering why it's such a big deal, but the truth is that hand washing is one of the best ways to prevent the spread of infection and illness
  - Wash blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; before and after any patient contact
  - Hand Sanitizers, containing at least 70% ethyl alcohol will kill greater than 99% of germs on skin within 15 seconds, but should not replace hand washing

102



103

### Bloodborne Pathogens

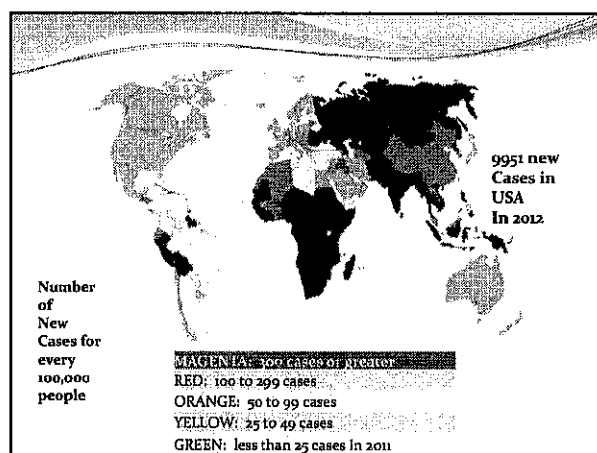
- These pathogens include, but are not limited to,
- Hepatitis B (HBV)
- Hepatitis C (HCV) and
- Human Immunodeficiency Virus (HIV)
- If you are stuck by a needle or get blood or other body fluids in your eyes, nose, mouth, or on broken skin:
  - Immediately flood the exposed area with water
  - Clean any wound with soap and water or a skin disinfectant if available
  - Report this immediately to the office to arrange for immediate medical attention

104

### TB Exposure Still Exists

- TB is still one of the world's deadliest diseases
- 1/3 of the world's population are infected with TB
- In 2012, 9 million people worldwide became sick with TB disease, most of whom (80%) live in one of the 22 high burden countries for TB.
- In 2013, 65% of all TB cases and 90% of multidrug-resistant TB cases in the United States occurred among people born in other countries. Nearly 50% of these individuals were born in just five countries.

105



106

### How TB Spreads

- TB is spread through:
  - Air from one person to another
  - TB bacteria goes into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings
  - People nearby may breathe in these bacteria and become infected

107

### TB is Not Spread By

- Shaking someone's hand
- Sharing food or drink
- Touching bed linens or toilet seats
- Sharing toothbrushes
- Kissing
- It can only occur by being forced into the lungs not by swallowing it

108

## A Positive TB Test

- The TB Test should be done yearly. Once a person has a positive test, they will always have a positive test. That means exposure only, not that you actually have TB. A doctor would determine that with further testing.



A truly positive TB test is determined with a measurable raised welt. Redness at the site could only indicate a reaction to the testing material.

109

## Symptoms of Active TB

- A bad cough that lasts 3 or more weeks
- Pain in the chest
- Coughing up blood in the sputum
- Weakness & Fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Sweating at Night

110

## COVID-19

- Self-screen daily before providing volunteer hours, report any fever or s/s of illness
- Agency staff to screen/monitor patients before you visit to avoid sending a volunteer to a potentially COVID+ patient
- Always follow good Hand Washing practices
- CDC guidance is that we as healthcare professionals and volunteers wear a mask at the bedside

111

## Other Infection Concerns: Scabies

Scabies are bugs that can bury in the skin for up to 3 weeks before causing the rash seen with their presence.

These are most likely to move from a patient to someone else by not using good hand washing.

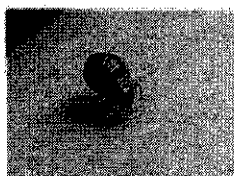
A wrist with scabies tunneling



112

## Other Infection Concerns: Bed Bugs

Bedbugs, unlike scabies, these bugs are visible and create a flat rash from bites. They can be spread by contact or carried to your home accidentally on bags, purses, etc.



113

## Avoiding Transfer

- Use excellent hand washing
- Do not take anything into a patient home that you do not need
- Do not place coats or purses on cloth furniture, use hard chairs or doorknobs
- Never place items on the floors of homes
- Work with your Volunteer Coordinator so you have good knowledge of any possible concerns

114

## MRSA "Resistant Staff Infection" & Other Transferable Infections

- When accepting a patient assignment, the Volunteer Coordinator or staff member will notify you of any infection or status change
- If there is potential that would require isolation practices, he/she will identify need to wear the appropriate Personal Protective Equipment (PPE)
- Beyond just good hand washing, evaluate your willingness and preparation to care for a patient with these circumstances

115

## What is Influenza?

- Seasonal Influenza (the flu) is a contagious respiratory illness caused by Influenza viruses
- It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year.
- The 2012 to 2013 flu season was particularly severe for the elderly. The rate of hospitalization for flu-related illness among those 65 and older was 191 per 100,000 people. Over 6,000 died.

116

## Sentinel Event

- A sentinel event occurs when a patient suffers a permanent injury or death. Examples: Suicide, Fall, Homicide
- If you are the first person on site or to be made aware of the concern:
  - Call 911
  - Call the Hospice office and ask for team assistance
  - Do not touch anything in the patient area, medications, etc.
  - Provide emotional support to any family member that is present

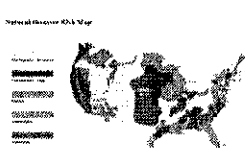
117

## Complaints

- We take all complaints seriously
- Do not attempt to investigate the complaint someone gives you, just pass it on to your Volunteer Coordinator
- Complaints are not founded until investigated
- Do not assume it is valid
- Do not be drawn into conversations where you are agreeing with the complainer or fighting with them

118

## Emergency Medical Management

- This area is faced every year with concerns related to :
    - Flooding
    - Tornadoes
    - Winter Storms
    - Severe Thunderstorms
    - Elevated Temperatures
- 
- Please be responsible and always be alert to potential risks of the weather and have plans in place for emergencies. Please notify the office of any concerns you are aware of.

119

## Emergency Disaster

- Upon admission, all patients are assessed for emergent needs in case of a disaster:
  - Cannot go without care and needs immediate response
  - Excellent caregiver situation with back-up plan in place
  - A facility patient where the facility has a back-up generator and supplies ready to go
- The clinical staff will work with all local emergency agencies. Should a warning be given from the community for unusual events, such as a bomb threat, nuclear concern, etc., we will notify all employees and volunteers for changes to work plans.
- Your safety is very important to us, and we would not ask you to enter a non-safe zone

120



## Fire Safety

- The first 2-3 Minutes are the most critical
- RACE for Safety
  - R: Rescue Patients
  - A: Activate Alarm
  - C: Confine the Blaze
  - E: Extinguish if small or Evacuate



121

## Fire Safety

- Never assume you have time! Be calm & go to the nearest exit before calling 911
- For every office, facility or home you enter, identify where the exits are
- Do not fight a fire. The heat of a fire is more deadly than the flames.
- Once a flame starts, it quickly turns dark - into a thick, black smoke
- You may need to get down on hands and knees and crawl to the exit to stay under the smoke
- Smoke and the toxic gases and fumes from fire are more deadly than the flames
- Fire extinguishers should be serviced yearly & checked monthly.
- Do not try to use a fire extinguisher for the first time when there is an actual fire

122

## Volunteer Personal Safety

- All team members should be made aware of possible concerns of violence or substance abuse
- Don't wear excessive jewelry and dress appropriately to not bring attention to yourself. Casual dress is appropriate.
- Take your ID with you, but do not wear your ID cord around your neck in at-risk communities.
- Wear comfortable shoes with low or no heels
- Carry your cell phone with you, if possible.
- Approaching the house, be aware of your surroundings
- Park your vehicle in a way that you can make a quick exit, if necessary.
- Do not block anyone's parking space
- Lock valuables in the trunk of your vehicle

123

## If Something Seems Wrong

- Be cautious and use common sense
- Do not involve yourself in family disputes and arguments
- Respect the client's home and their emotions
- Listen to your instincts and feelings
- Do not touch the family pet
- Leave if you feel threatened or if you notice unlawful or peculiar behavior
- Report your concerns to your supervisor or police when necessary

124

## Animal Hazards

- Some patients and facilities will have animals, some friendly some not so friendly. It's a good idea to ask to pet the animal prior to petting it.
- Watch for clues: If you are unsure if there are animals in the residence look for signs that may warn you of the presence of an animal
- Be vigilant: These are not your pet's - you have no idea of how they will behave
- Know safety procedures if you are going to be around unfamiliar animal

125

## Elder Abuse and Neglect

Elder Abuse: A term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult

- Physical
- Sexual
- Emotional
- Neglect
- Abandonment
- Self-Neglect
- Exploitation
- What are signs of abuse?
- What should you do?
- If you have any concerns about Elder Abuse, immediately contact your Volunteer Coordinator

126

## Patient Rights and Responsibilities

- Dignity and Respect
- Decision Making
- Financial Information
- Quality of Care
- Patient Responsibility

127

## HIPAA: What You Should Know

Health Insurance Portability and Accountability Act (HIPAA) of 1996

- HIPAA is United States Legislation that provides data privacy and security provisions for safeguarding medical information
- All Patient information is confidential
- All papers with the patient's name are to be covered and shredded when no longer needed
- Do not share the location of the patient's home
- Do not discuss other patients with present patients
- Exceptions: If a patient reports they want to harm themselves or someone else
  - Report this to your Volunteer Coordinator immediately

128

## Patient Plan of Care

- We are required by healthcare law, to not just give care as we know it, but to give it in a way that it meets the goals of the patients.
  - If a patient/family has questions regarding their care plan, please contact your Volunteer Coordinator or another hospice staff member.
- We want to ensure their needs are being met!

129

## Patient Driven Plans of Care

**So, how does this work?**

- The team meets with the patient/family and shares what hospice care is and what we are legally able to provide
- Next, we ask them their goals and desires
- Last, the clinical team puts all this together to create a plan of care acceptable to all
- Volunteers must work within the plan of care

130

## Volunteer Self-Care

- Physical self-care
- Emotional and cognitive self-care
- Relational self-care
- Spiritual self-care
- Why is self-care so important?
  - To offer support to others, you must care for yourself first

131

## You Have Completed Orientation!

- Every day brings new issues and questions we have not even thought of
  - Remember to keep communication open with your Volunteer Coordinator
- Thank you for taking this day to learn more about our volunteer program and the services we provide
- Thank you for choosing to dedicate your energy, time and self to making a difference in a patient's life!
- Hospice volunteering is a wonderful way to feel a sense of purpose, a sense of community and personal growth. We wish that for you and are excited to work with you!

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## **Volunteer Orientation Manual Post Quiz**

1. Hospice was started by Dr. Dame Cicely Saunders? \_\_\_\_ yes \_\_\_\_ no
2. A person needs a prognosis of \_\_\_\_\_ to be admitted to a hospice program. (circle one)
  - a. Two months
  - b. One year
  - c. Six months
3. Hospice provides support and care in the \_\_\_\_\_ phase of incurable disease so that people may live comfortably and fully as possible. (circle one)
  - a. Beginning
  - b. Middle
  - c. End
4. Does Medicare require that every Medicare certified hospice have a volunteer program?  
\_\_\_\_ yes \_\_\_\_ no
5. Hospice services are only paid for by Medicare. \_\_\_\_ yes \_\_\_\_ no
6. Some members of the hospice team consist of: (circle all that apply)
  - a. Nurse Case Manager
  - b. Hospice Aide
  - c. Chaplain
  - d. Social Worker
  - e. Volunteer
  - f. Bereavement Coordinator
  - g. Funeral Director
7. The hospice aide assists with? (circle all that apply)
  - a. Bathing
  - b. Writing checks
  - c. Light housekeeping
  - d. Meal prep
8. The hospice social worker assists with? (circle all that apply)
  - a. Facilitating family communication

- b. Education on end-of-life issues
- c. Taking a patient grocery shopping
- d. Anticipatory grief

9. A volunteer can choose when and where they volunteer. \_\_\_\_ yes \_\_\_\_ no

10. It is important to know as a volunteer if a patient: (circle all that apply)

- a. Is hearing impaired
- b. Is visually impaired
- c. Is cognitively impaired
- d. Has difficulty communicating

11. It is a good idea to approach a patient with Alzheimer's/Dementia from their back.

\_\_\_\_ yes \_\_\_\_ no

12. What should a volunteer do if/when they go to see a patient and they appear to have had a change in condition? (circle one)

- a. Run home
- b. Immediately call the office to report the change in condition
- c. Call the office after your visit to report the change in condition

13. Significant changes would include: (circle all that apply)

- a. Changes in breathing
- b. Changes in alertness
- c. Sneezing
- d. Increased nausea, vomiting

14. Anticipatory grief occurs: (circle one)

- a. Prior to the death
- b. After the death

15. Difficulty sleeping and difficulty concentrating are normal reactions of grief. \_\_\_\_ yes \_\_\_\_ no

16. The refusal to talk about death or loss, or to engage in any conversation about the person who has died, even fond or happy memories is part of what type of grief reaction: (circle one)

- a. Normal grief reaction
- b. Complicated grief reaction

17. Effects from grief can distress a person: (circle all that apply)

- a. Physically
- b. Emotionally
- c. Psychosocially
- d. Spiritually

18. Volunteer visits are considered part of the patient's medical record. \_\_\_\_ yes \_\_\_\_ no

19. A volunteer should complete their documentation on a volunteer visit note for each visit and turn it into to the Volunteer Coordinator as soon as possible, preferably within 5 days.  
\_\_\_\_ yes \_\_\_\_ no

20. Part of establishing and maintaining good boundaries with patients and families include: (circle all that apply)

- a. Do not do activities not on the plan of care prior to consulting your Volunteer Coordinator
- b. Do not get involved or give advice regarding family issues
- c. Keep self-disclosure to relationship building conversations
- d. Bringing your family members with you while you visit your patients

21. A volunteer should wash their hands prior to the visit and after the visit. \_\_\_\_ yes \_\_\_\_ no

22. TB is spread by shaking someone's hand and/or by sharing food or drink. \_\_\_\_ yes \_\_\_\_ no

23. A volunteer should self-screen before providing volunteer hours and report any fever or s/s of illness. \_\_\_\_yes \_\_\_\_ no

24. Examples of a sentinel event include: (circle all that apply)

- a. Suicide
- b. Homicide
- c. Death as a result of a fall
- d. Natural death

25. If a patient or family member identifies a concern or complaint to a volunteer, the volunteer should not attempt to investigate, but instead pass it on to the Volunteer Coordinator.

\_\_\_ yes \_\_\_ no

26. If there is concern about inclement weather, a volunteer should be in contact with the office/Volunteer Coordinator. \_\_\_ yes \_\_\_no

27. Fire Safety is important, and volunteers are directed to abide by the RACE for Safety, which includes: (circle all that apply)

- a. R: Rescue patients
- b. A: Activate alarm
- c. C: Confine the blaze
- d. E: Extinguish if small or evacuate

28. As part of volunteer safety, it is recommended to: (circle all that apply)

- a. Bring your valuables into your visits with you instead of locking them in your trunk
- b. Be aware of your surroundings when approaching a patient's home
- c. Wear comfortable shoes with low or no heels
- d. Do not wear excessive jewelry and dress casually

29. Elder Abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or serious risk of harm to a vulnerable adult. \_\_\_ yes \_\_\_ no

30. HIPAA is the Health Insurance Portability and Accountability Act, safeguarding a person's medical information. Some ways a volunteer follows HIPAA is by: (circle all that apply)

- a. Papers with patient's name are to be covered and shredded when no longer needed
- b. Keeping all patient information confidential
- c. Not discussing other patients with present patients

31. A patient-driven plan of care is developed by the patient, family, and hospice team to include the patient's goals and desires. A volunteer must work within the plan of care. \_\_\_ yes \_\_\_ no



U.S. Department  
of Veterans Affairs

(<https://www.va.gov/>)

VA (<https://www.va.gov/>) » Health Care (<https://www.va.gov/health>) » PTSD: National Center for PTSD (<https://www.ptsd.va.gov/index.asp>) » Understand (<https://www.ptsd.va.gov/PTSD/understand/index.asp>) » What is PTSD (<https://www.ptsd.va.gov/PTSD/understand/what/index.asp>) » What is PTSD?

## PTSD: National Center for PTSD

### MENU

### What is PTSD?

### What is PTSD?

#### PTSD Basics

It's normal to have upsetting memories, feel on edge, or have trouble sleeping after a traumatic event. At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months.

- PTSD Basics ([https://www.ptsd.va.gov/understand/what/ptsd\\_basics.asp](https://www.ptsd.va.gov/understand/what/ptsd_basics.asp))

If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.

#### More PTSD Topics

- Avoidance (<https://www.ptsd.va.gov/understand/what/avoidance.asp>)

Avoidance is a common reaction to trauma. It is natural to want to avoid thinking about or feeling emotions about a stressful event. But when avoidance is extreme, or when it's the main way you cope, it can interfere with your emotional recovery and healing.

- Trauma Reminders: Anniversaries ([https://www.ptsd.va.gov/understand/what/anniversary\\_reactions.asp](https://www.ptsd.va.gov/understand/what/anniversary_reactions.asp))

On the anniversary of a traumatic event, some survivors have an increase in distress. These "anniversary reactions" can range from feeling mildly upset for a day or two to a more extreme reaction with more severe mental health or medical symptoms.

- Trauma Reminders: Fireworks ([https://www.ptsd.va.gov/understand/what/fireworks\\_ptsd.asp](https://www.ptsd.va.gov/understand/what/fireworks_ptsd.asp))

Fireworks can be a trauma reminder for those who served in combat or went through a fire, explosion or gun violence. Learn tips to manage distress or host an event that is sensitive to those who are affected by fireworks.

☐ **Learn what the PACT Act means for your VA benefits** ☐ (<https://www.va.gov/resources/the-pact-act->

- Trauma Reminders: Triggers ([https://www.ptsd.va.gov/understand/what/trauma\\_triggers.asp](https://www.ptsd.va.gov/understand/what/trauma_triggers.asp))

People respond to traumatic events in a number of ways, such as feelings of concern, anger, fear, or helplessness. Research shows that people who have been through trauma, loss, or hardship in the past may be even more likely than others to be affected by new, potentially traumatic events.

- Aging Veterans and Posttraumatic Stress Symptoms ([https://www.ptsd.va.gov/understand/what/aging\\_veterans.asp](https://www.ptsd.va.gov/understand/what/aging_veterans.asp))

For many Veterans, memories of their wartime experiences can still be upsetting long after they served in combat. Even if they served many years ago, military experience can still affect the lives of Veterans today.

- Very Young Trauma Survivors ([https://www.ptsd.va.gov/understand/what/young\\_trauma\\_survivors.asp](https://www.ptsd.va.gov/understand/what/young_trauma_survivors.asp))

Trauma and abuse can have grave impact on the very young. The attachment or bond between a child and parent matters as a young child grows. This bond can make a difference in how a child responds to trauma.

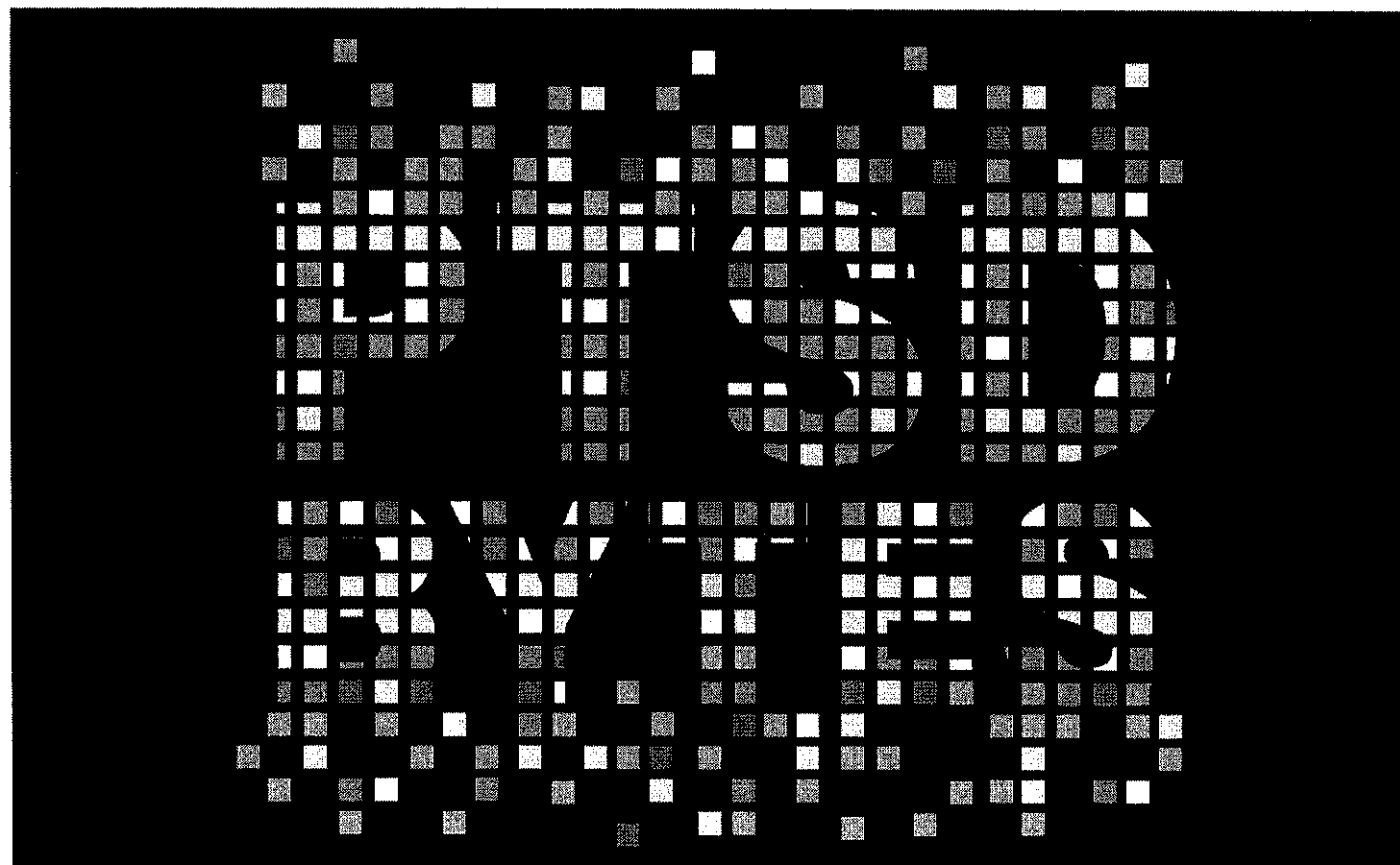
- PTSD in Children and Teens ([https://www.ptsd.va.gov/understand/what/teens\\_ptsd.asp](https://www.ptsd.va.gov/understand/what/teens_ptsd.asp))

Trauma affects school-aged children and teenagers differently than adults. If diagnosed with PTSD, the symptoms in children and teens can also look different. For many children, PTSD symptoms go away on their own after a few months. Yet some children show symptoms for years if they do not get treatment. There are many treatment options available including talk and play therapy.

- History of PTSD in Veterans: Civil War to DSM-5 ([https://www.ptsd.va.gov/understand/what/history\\_ptsd.asp](https://www.ptsd.va.gov/understand/what/history_ptsd.asp))

PTSD became a diagnosis with influence from a number of social movements, such as Veteran, feminist, and Holocaust survivor advocacy groups. Research about Veterans returning from combat was a critical piece to the creation of the diagnosis. So, the history of what is now known as PTSD often references combat history.

You May Also Be Interested In



(<https://www.spreaker.com/show/ptsd-bytes>)



PTSD Bytes Podcast (<https://www.spreaker.com/show/ptsd-bytes>) ~~and your va benefits~~

Listen to “bite-sized” episodes with supportive tips, tools and practices.

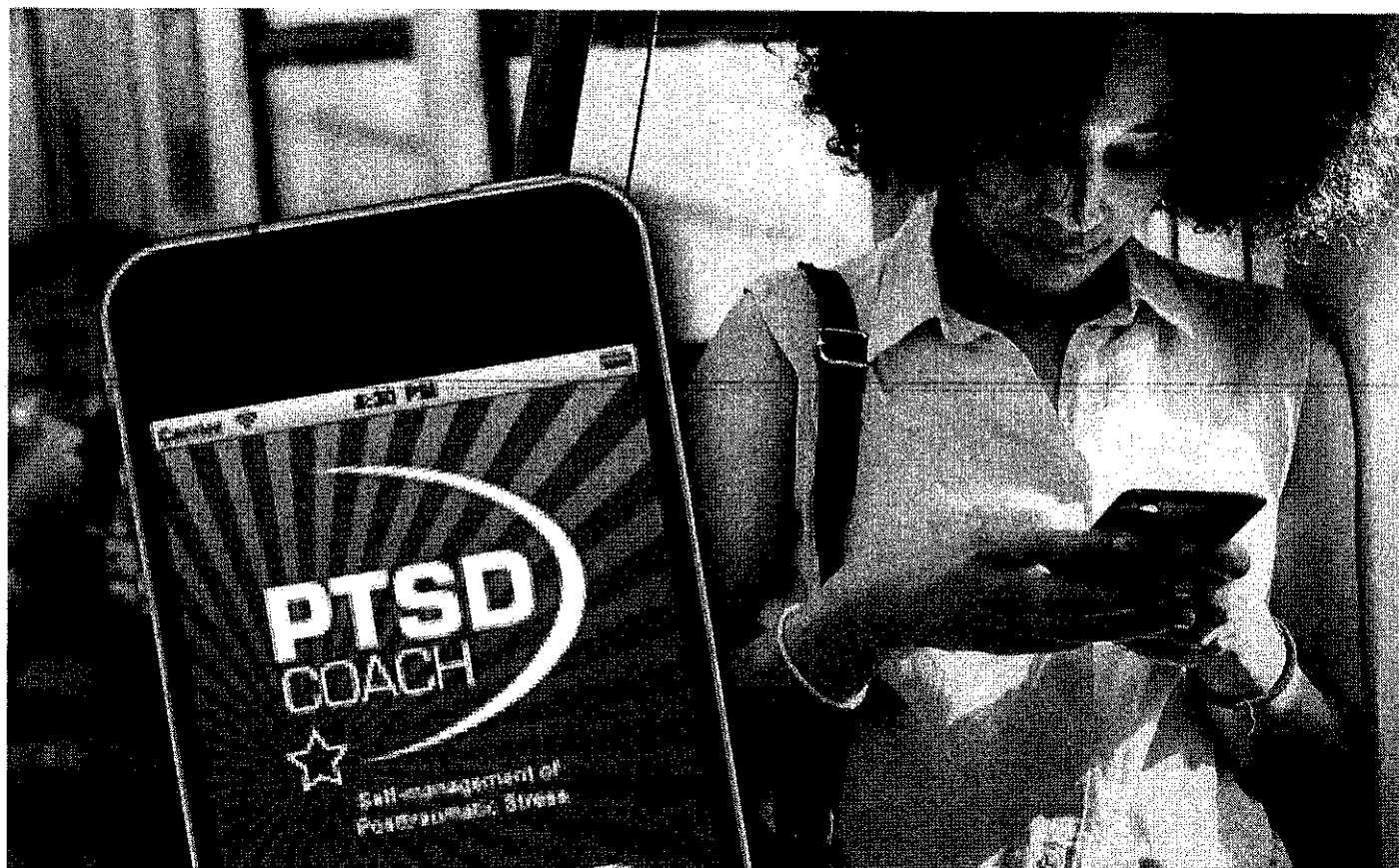
# ABOUTFACE



(<https://www.ptsd.va.gov/apps/aboutface/>)

AboutFace (<https://www.ptsd.va.gov/apps/aboutface/>)

Hear from Veterans who have turned their lives around with PTSD treatment.



([https://www.ptsd.va.gov/appvid/mobile/ptsdcoach\\_app.asp](https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp))

PTSD Coach ([https://www.ptsd.va.gov/appvid/mobile/ptsdcoach\\_app.asp](https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp))

Learn about and manage PTSD symptoms.

# National Center for PTSD

POSTTRAUMATIC STRESS DISORDER

PTSD Information Voice Mail: (802) 296-6300

Email: [ncptsd@va.gov](mailto:ncptsd@va.gov) (<mailto:ncptsd@va.gov?subject=Website%20Request>)

Also see: **VA Mental Health** (<https://www.mentalhealth.va.gov/index.asp>)

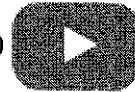
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(<https://www.facebook.com/VAPSTD>)

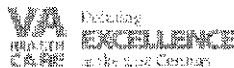


([https://twitter.com/VA\\_PTSD\\_Info](https://twitter.com/VA_PTSD_Info))



(<https://www.youtube.com/playlist?list=PL8FBF506DEC670ADF>)

[Site Map \(https://www.ptsd.va.gov/about/site\\_map.asp\)](https://www.ptsd.va.gov/about/site_map.asp)



## CONNECT

Veterans Crisis Line: (<https://www.veteranscrisisline.net/>)

Call: 988 (tel:+988) (Press 1)

## Social Media



(<https://digital.va.gov/web-governance/social-media/social-media-sites/>)  
Complete Directory (<https://digital.va.gov/web-governance/social-media/social-media-sites/>)

## EMAIL UPDATES

## VA HOME

## QUICK LIST

## RESOURCES

## ADMINISTRATION

U.S. Department of Veterans Affairs | 810 Vermont Avenue, NW Washington DC 20420

Last updated June 23, 2023



2023 Volunteer Education In-Services			
	<b>*In-Service</b>		
Date		Attended	Information Sent
	<b>Yearly Mandatory In-Service</b>		
	<b>Additional Trainings</b>		
Date	<b>*Training</b>	Attended	Information Sent
*Please See RRT Binder for Completed In-Service Handouts/Sign-in Sheets			

\*Please See RRT Binder for Completed In-Service Handouts/Sign-in Sheets



## **COMPETENCY ORIENTATION SKILLS**

### **CHECKLIST (*Sample for the Volunteer*)**

**Key for Evaluation Method**  
*(to be determined by organization):*

Verbal Test	=	<b>V</b>
Written Test	=	<b>W</b>
Observation	=	<b>O</b>
Demonstration	=	<b>D</b>
Special Training	=	<b>ST</b>

## COMPETENCY ORIENTATION SKILLS CHECKLIST VOLUNTEER

Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Self Assessment				Competency for the Volunteer Coordinator	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				<b>A. Demonstrates ability to process paperwork and associated functions necessary to facilitate:</b>			
				1. Hospice concept and philosophy			
				a. Treating the patient/family as the unit of care	*		
				b. Palliative care approaches	*		
				c. Interdisciplinary group practice	*		
				d. Philosophy of comfort, dignity, autonomy, quality of life, and empowerment	*		
				e. Other			
				2. Concepts of death and dying			
				a. Normal vs. abnormal	*		
				b. Cultural attitudes toward death	*		
				c. Values of patient/family	*		
				d. Grieving and fears of dying patient	*		
				e. Denial and defense mechanisms	*		
				f. Grief and family, children and others	*		
				g. Anticipatory grief	*		
				h. Other			
				3. Communication skills			
				a. Eye contact, active listening			



Self Assessment				Competency for the Volunteer Coordinator	Proficiency Required	Evaluation Method	Competency Validation Indicated by Preceptors Initials and Date
Do you have experience with this skill?		Are you competent performing the following:					
YES	NO	YES	NO				
				b. Avoiding interruptions and judgmental responses			
				c. Open-ended questions			
				d. Paraphrasing and reflection			
				e. Self disclosure			
				f. Support and reassurance			
				g. Other			
				4. Psychosocial/spiritual issues			
				a. Family dynamics			
				b. Special needs			
				c. Self-awareness of hospice personnel			
				d. Life review			
				e. Types of spirituality			
				f. Other			
				5. Death process			
				a. S&S of impending death			
				b. Handling a death at home			
				c. Follows advance directives			
				6. Reporting and documentation			
				a. Communication with interdisciplinary group			
				b. Communication with Volunteer Coordinator			
				c. Documentation of activities accurately			
				d. Other			
				7. Other			

Comments:

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Volunteer Signature

Date

Volunteer Coordinator Signature

Date

Preceptor(s)

Date

Preceptor(s)

Date

Preceptor(s)

Date