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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62319 (01/2024) | | | **STATE OF WISCONSIN**  Wis. Admin. Code Ch. DHS 131.31  42 CFR 418.78  Page 1 of 2 | |
| **HOSPICE VOLUNTEER PROGRAM REVIEW** | | | | |
| Name – Hospice | | | License No. | Date – Review/Interview |
| Name – Volunteer Coordinator | | | | Surveyor Name/No. |
| **VOLUNTEER COORDINATOR INTERVIEW** | | | | |
|  | Provide an overview of the program. *(Volunteers shall participate in delivery of program services as part of the core team.)* ***(P4015, L641)*** | | | |
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|  | How do you determine areas where volunteers are needed – IDG, other? ***(L644)*** | | | |
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|  | What are the mechanisms used in recruitment – ads, flyers, etc.? ***(L645)*** | | | |
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|  | What techniques are used for retention? ***(L645)*** | | | |
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|  | How are volunteers oriented and trained to Hospice before being assigned to patient/family? *(Evaluate content of orientation program, see back side)* ***(L643, P4295)*** | | | |
|  |  | | | |
|  | How are volunteers supervised and assessed for skill and competence? ***(L663, P4465)*** | | | |
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|  | How do you document cost savings? *(Documentation must include: 1) Identify each position occupied by volunteer 2) Work time spent 3) Estimates of dollar cost that the hospice would have incurred if used paid employees)*  ***(L646)*** | | | |
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|  | How do you calculate Volunteer Level of Activity? (*Volunteers must provide day-to-day administrative and/or direct patient care…at minimum, equals 5% of total patient care hours of all paid hospice or contracted employees.)*  ***(L647)*** | | | |
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| **VOLUNTEER ORIENTATION INCLUDES:** *(Review content of materials provided by Volunteer Coordinator and/or within Volunteer personnel records)* ***(L643, P4295, P4445)*** | | | | |
|  | | Organization/chain of command and reporting | | |
|  | | Overview of hospice’s goals in providing palliative care. Hospice philosophy and services | | |
|  | | Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death, and bereavement | | |
|  | | Program policies and procedures, including any emergency procedures, or following the death of a patient | | |
|  | | Ethics, confidentiality of patient information, pt/family rights, and grievance procedures | | |
|  | | Specific job duties/responsibilities | | |
|  | | The role of the plan of care in determining the services to be provided | | |
|  | | Infection control practices | | |

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| **PERSONNEL** (*Obtain a list of volunteers and select 2 - 5 personnel files for review.)* | | | | | |
| Volunteer Name |  |  |  |  |  |
| Application/References |  |  |  |  |  |
| License (if appropriate) |  |  |  |  |  |
| Background Check *(P4415)* |  |  |  |  |  |
| Job Duties/Roles *(L644, P4450)* |  |  |  |  |  |
| Proof of Orientation & Training to Roles Assigned *(L643, P4440)* |  |  |  |  |  |
| Performance Evaluation *(L663, P4465)* |  |  |  |  |  |

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| **ADDITIONAL COMMENTS** |
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