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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-62319 (01/2024) | **STATE OF WISCONSIN**Wis. Admin. Code Ch. DHS 131.3142 CFR 418.78Page 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)*** |
|  |       |
| [ ]  | How do you determine areas where volunteers are needed – IDG, other? ***(L644)*** |
|  |       |
| [ ]  | What are the mechanisms used in recruitment – ads, flyers, etc.? ***(L645)*** |
|  |       |
| [ ]  | What techniques are used for retention? ***(L645)*** |
|  |       |
| [ ]  | 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)*** |
|  |       |
| [ ]  | 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)*** |
|  |       |
| [ ]  | 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)*** |
|  |       |
| **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** |
|       |