

**HOSPICE VOLUNTEER PROGRAM REVIEW**  
**42 CFR 418.78 (L641) / DHS 131.27**

Name – Hospice	License No.	Date – Review
Name – Volunteer Director	Surveyor No.	

**DIRECTOR INTERVIEW**

**42 CFR 418.78(a)**

Provide an overview of the program.

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 supervised? (L642)

How do you document cost savings? (*Savings must equal 5% of total patient care hours of all direct/contracted staff. gency must identify time spent for each volunteer per year*) (L643)

**ORIENTATION**

**(L643) (DHS131.31)**

Organization / chain of command and reporting

Overview of hospice program --- palliative philosophy and supportive services

Terminal illness progression, death and bereavement

Program policies and procedures, including any emergency procedures

Ethics, confidentiality, patient and family rights, family dynamics and coping

Complaints and grievance procedures

Specific job duties / responsibilities, assignment, supervision, and evaluation

Infection control practices

**PERSONNEL** (*Obtain a list of volunteers and select 2 - 5 personnel files for review.*) (DHS 131.31)

<b>Volunteer Initials</b>					
Application / Reference Check					
License (if appropriate)					
Background Check					
Job Description / Annual Evaluation					
Proof of Orientation / Continuing Training					
Record of Training for Expanded Roles					

**ADDITIONAL COMMENTS**