

**VOLUNTEER SERVICES****Policy No. 4-270**

HSP4-110, 12A, 12B, 12B.01, 12D

418.78

L641 – L645, L647

**POLICY**

Conway Medical Center / Embrace Hospice will provide volunteer services under the direction of a Volunteer Director / Coordinator and with the assistance of trained hospice volunteers. The duties, responsibilities and qualifications of the Volunteer Director / Coordinator, alternate or designee, and volunteers will be identified in appropriate job descriptions.

Volunteers may work in a variety of capacities, including:

1. *Patient care volunteers* provide personal care or emotional support and practical assistance, which enhance the comfort and quality of life for patients and families/caregivers. These services include being available for companionship, listening, simply “being there,” and preparing meals. Patient care volunteers may also provide relief for caregivers or assist them with household chores. Provide patient care and / or respite by remaining with the patient during scheduled period of absence of family member or primary care giver.
  1. *Errands and transportation volunteers* offer a type of practical support often needed by hospice patients and families/caregivers. These duties may include picking up needed prescriptions or supplies, or grocery shopping.
2. *Bereavement volunteers* provide anticipatory counseling and bereavement support to families/caregivers.
3. *Spiritual Care volunteers* Under the direction of the Spiritual Care Coordinator, bring spiritual comfort and loving care to CMC / Embrace Hospice patients, their family members, and staff as needed.
4. *Administrative / Receptionist Office volunteers* lend their services working in hospice's administrative offices / reception. These activities may include assembling information packets, filing, photocopying, and assisting with mailings. Provide prompt, friendly greeting to all persons entering or leaving the entrance/exit. Providing excellent communication and hospitality skills to exhibit good customer service to the general public; departments and employees. Be a supportive, caring presence with family members and visitors.
5. *Veteran Services Support volunteers* lend their services working with hospice's veteran patients and family members, ensuring they are aware of the magnitude of gratitude we convey for their service to our country. Assists with coordination of ceremonies and presentations and connect patients/families with various veteran resources, as appropriate.
6. Other volunteer positions as approved by Administration to provide assistance to staff and patients.
7. Volunteers may attend interdisciplinary group meetings as appropriate.
8. Volunteers will report patient/family/caregiver response to volunteer services / designee.

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**PROCEDURE**

1. The Volunteer Director/Coordinator or designee will be responsible for the recruiting, training, selecting, supervising and retaining of volunteers.
2. All volunteers, direct or administrative, will participate in general orientation **prior to providing volunteer services and annual training**, and will receive additional volunteer training as well as training specific to their role as a volunteer.
3. The recruiting of volunteers will occur on a routine basis and the need for volunteers will be advertised in various ways.
4. All volunteers will be selected for their specific roles through an interview process, reference checks and observation during orientation. Any volunteer felt to not be the correct candidate for the assignment will not be offered a position as a hospice volunteer.
5. Surviving family members and others identified in the plan of care will not be eligible for a position of a direct care volunteer until they have completed a 12-month bereavement period. This information will be communicated to all potential volunteers.
6. The Volunteer Director / Coordinator or designee will be responsible for tracking the utilization of volunteers to ensure the 5% minimum total patient care hours is provided by volunteers in administrative and/or direct patient care roles is achieved. Only activities routinely provided by hospice personnel will be counted towards the 5%.
7. The Volunteer Director / Coordinator or designee will take the cost savings of utilizing volunteers. The cost savings report will contain each position occupied by volunteers along with an estimated monetary amount.
8. The Volunteer Director / Coordinator or designee will be responsible for providing the volunteer information to the governing body.

**ASSESSMENT OF POSSIBLE  
ABUSE/NEGLECT**  
Policy No. H:2-054.1**PURPOSE**

To provide guidelines for identification of suspected abuse victim for care and referral to community resources.

**POLICY**

The organization will report all suspected cases of abuse, neglect, or exploitation in compliance with appropriate state statutes to appropriate protection organizations.

**Definitions**

1. **Abuse/Domestic Violence**: Any act that constitutes a violation of the prostitution, criminal, or sexual conduct statutes; the intentional and nontherapeutic infliction of pain, injury, or any persistent course of conduct intended to produce mental or emotional distress.
  2. **Abandonment**: Evidence that the patient has been "dropped off" by someone, or the family unit has no intention of coming back for the patient. Other high-risk situations: drug or alcohol addiction in the family, isolation of the patient, history of untreated psychiatric problems, evidence of unusual family stress, excessive dependence of the patient on the caretaker.
  3. **Neglect**: Failure of a caretaker to supply the patient with the necessary food, clothing, shelter, health care, or supervision; or the absence or likelihood of an absence of the necessary food, clothing, shelter, health care, or supervision for a patient.
  4. **Exploitation**: Unexplained loss of social security or pension checks, any evidence that material goods are being taken in exchange for care, any evidence that personal belongings of patient (house, jewelry, car) are being taken without consent or approval of patient.
  5. **Caregiver**: An individual or facility responsible for all or some of the care voluntarily or by agreement, such as a relative, friend, or organization personnel.
  6. **Report**: Any report received by the local welfare organization, police department, county sheriff, or licensing organization; a verbal and/or written statement of abuse and/or neglect that states the following:
    - A. What has happened
    - B. To whom it happened
    - C. When it happened
    - D. Where it happened
    - E. Who was responsible for the abuse or neglect
  7. **Individual Mandated to Report**: A professional or the professional's delegate who is engaged in the care of patients, or in education, social services, law enforcement, or in any of the related occupations, who had knowledge of the abuse or neglect of a patient, or who has reasonable cause to believe that a patient is being or has been abused or neglected, or who has knowledge that a patient has sustained a physical injury that is not reasonably explained by the history of injuries provided by the caretaker or caregiver(s) of the patient. (Note that specific reporting requirements vary from state to state.)
- Note:** Any individual who is legally mandated to report suspected abuse and/or neglect and who intentionally fails to report such suspected abuse/neglect is guilty of a misdemeanor and liable for damages caused by failure.

An individual who willingly makes a false abuse and/or neglect report is liable for civil action for any damages suffered by individuals who were reported as suspects in such abuse and/or neglect.

*Occurrences may include* but are not limited to:

Physical Abuse/ Domestic Violence	Neglect/Failure to Provide	Exploitation	Verbal Abuse	Sexual Abuse
Neglect	Physical care	Money misuse	Verbal assault	Sexual abuse
Malnutrition	Emotional care	Property misuse	Verbal humiliation	Sexual assault
Bruise	Medical care	Money theft	Verbal threat	Sexual exploitation
Welt	Acceptable environment	Property theft		
Abrasion	Adequate supervision			
Puncture wound				
Laceration				
Burn				
Dislocation				
Fracture				
Internal Injury				
Hitting				
Slapping				
Exposure to adverse weather conditions				

**PROCEDURE**

1. Any clinician who discovers, within the course of rendering care, any suspected abuse or neglect will immediately report such occurrences to his/her immediate supervisor. This includes:
  - A. Any knowledge of abuse or neglect
  - B. Any knowledge of patient self-abuse or self-neglect
  - C. Reasonable cause to suspect abuse or neglect
  - D. Reasonable cause to suspect self-abuse or self-neglect
  - E. Any knowledge that a patient has sustained an injury that is not reasonably explained by the patient's history of injuries
  
2. The clinician will submit a verbal report of the suspected abuse/neglect to the proper authorities in accordance with state law and complete a suspected abuse and/or neglect investigation report within 24 hours of the incident, with the addition of the following information:
  - A. Name of alleged perpetrator
  - B. Relationship to patient, if any
  - C. Information regarding suspected abuse/neglect:
    1. Date of occurrence
    2. Witness to occurrence, if any
    3. Nature of occurrence (as indicated above)

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4. Description of the abuse/neglect
  3. The suspected abuse/neglect investigation report with specific information relating to the occurrence is forwarded to the Patient Care Coordinator, who will:
    - A. Notify the physician and referral source (as appropriate) or direct the clinician to do so
    - B. Review the documentation for completeness and objectivity
    - C. Forward the information to the Executive Director /Administrator
  4. The Executive Director with Senior Management will:
    - A. Review all reports (incident report and follow-up investigation)
    - B. Conduct any further review if necessary
    - C. Document additional information
    - D. Submit reports to the proper authorities
  5. Reports, reviews, and investigations of suspected abuse/neglect will be held in strictest confidence.
  6. The organization will maintain a list of private and public community agencies that provide or arrange for assessment of suspected or alleged abuse/neglect victims. (See "[Organization List of Private and Public Community Agencies That Provide or Arrange For Assessment of Suspected or Alleged Abuse/Neglect Victims](#)" Addendum H:2-052.A.)
  7. The clinician will make a referral to a community organization whenever necessary.

**SEXUAL HARASSMENT**  
**Policy No. C:3-016.1**

**PURPOSE**

To prohibit sexual harassment in the work environment.

**POLICY**

CMC / Embrace Hospice is committed to a policy of prohibiting any personnel from engaging in any verbal or physical sexual harassment of other personnel, job applicants, or patients. Any personnel violating this policy may be subject to immediate termination. If personnel feel they have been sexually harassed, they must notify Human Resources immediately. The complaint will be investigated in accordance with the Personnel Grievance Process procedure. (See "[Personnel Grievance Process](#)" Policy No. C:3-013 and all applicable laws and regulations.)

**PERSONNEL GRIEVANCE  
PROCESS**

**Policy No. C:3-013.1**

**PURPOSE**

To define guidelines for the resolution of personnel concerns, dissatisfaction, or complaints.

**POLICY**

All personnel will have the right to express concerns regarding any aspect of services or the application of policies or procedures.

Any disputes or controversy should be addressed in writing and submitted for review and follow-up.

**PROCEDURE**

1. The personnel making the complaint will discuss, verbally or in writing, the grievance with the appropriate supervisor within five (5) days of the alleged grievance. The supervisor will investigate the grievance within five (5) days after receipt of such grievance and will make every effort to resolve the grievance to the employee's satisfaction.
2. If the grievance cannot be resolve to the employee's satisfaction, or if the matter complained about is the conduct of the appropriate supervisor, of if the supervisor fails to respond within five (5) days the employee should submit the grievance in writing to the Executive Director. The grievance must state the facts that occurred, the reason the employee feels the company should take action, and the action the employee feels should be taken.
3. The Executive Director or designee will then investigate and contact the employee regarding the grievance, in an attempt to resolve the differences.
4. If the grievance is related to sexual harassment, the personnel making the complaint will notify Human Resources immediately.
5. Complaints and any action taken will be documented on a personnel grievance form and maintained in the employee's personnel file.
6. Senior management will be notified of any complaints in which litigation may be involved by completing an organization incident report and forwarding a copy to Senior Management.
7. All complaints will be filed in the personnel office.
8. All personnel (clinical and non-clinical) will be informed of this process during a formal orientation process.