



# **VOLUNTEER TRAINING**

[www.hospiceofhope.org](http://www.hospiceofhope.org)

July, 17



# Welcome

Welcome to HOH!  
We are glad that you have  
decided to join our team and  
become a Hospice of Hope  
Volunteer

# Hospice of Hope Mission Statement

Striving to improve the quality of life and death with dignity, by providing emotional, spiritual and physical care to terminally ill patients, their families and our community.

# Hospice Philosophy

Hospice is a term used for caring for persons with incurable illnesses because death is a normal life process.

Hospice is a holistic approach of care for the terminally ill person and his/her family. Anyone, no matter their age or disease, is appropriate for hospice care if their physician states they have an incurable disease with a prognosis or life expectancy of six months or less to live.

Focuses on quality of life, effective symptom management, and goals of the patient and family (care and comfort; not a cure).

Kind of support offered by the Hospice team:

Hospice care is a comprehensive approach to treating serious illness that focuses on the physical, psychological and spiritual needs of the patient.

# Palliative vs. Curative Treatment

Hospice is designed for the terminally ill and should be considered when curative therapy is no longer a possibility or is failing to add to the patient's quality of life.

Palliative care is a comprehensive approach to treating serious illness that focuses on the physical, psychological and spiritual needs of the patient. The goal is to achieve the best quality of life available for the patient by relieving suffering and controlling pain and symptoms.

# When is the right time for hospice?

When a person received a terminal diagnosis.

**Terminal Diagnosis**

When his/her life expectancy is six months or less (with the exception of pediatric patients).

**Prognosis**

The patient is no longer undergoing curative therapies.

**Comfort Over Curative**



## Hospice in the U.S.

In 1982 Congress created legislation establishing Medicare coverage for hospice care. In 1986, the Medicare Hospice Benefit was made permanent.

Over the years, hospices evolved from volunteer-based, grassroots organizations into health care organizations with paid staff. Today there are more than 8,500 hospices across the country.

Hospice can be part of a hospital or other health care agency or an independent operation. In addition, some hospices are non-profit agencies, while others are for-profit businesses.

More than a third of Americans now die under the care of a hospice service.

Approximately 1.5 million patients received hospice services in 2020.

# Hospice Basics

## The Interdisciplinary Team

The members of the hospice IDT work together to focus on the patient's physical, emotional and/or spiritual needs. The hospice team develops a care plan that meets each person's individual needs for pain management and symptom control. These include:

- Nurse
- Physician
- Hospice Aide
- Social Worker
- Chaplain
- Bereavement Support
- Volunteer

## Levels of Care

This level covers both home care and nursing home patients. It is a flat daily rate to provide all services.

### Routine Home Care

Bedside nursing care for a medical crisis, may occur at home or in a nursing home.

### Supportive Care

For management of pain and other symptoms related to the terminal illness and cannot be managed in other settings. All patients in the center will have a "related" condition.

### General Inpatient Care

A maximum of 5 days stay in a hospice inpatient center or a nursing home for a stable patient when the caregiver needs a break.

### Respite Care

# The Patient and Family

- Hospice views family as the “unit of care”.
- As a volunteer, respect the patient's definition of family. It may include neighbors or friends.
- Respect family systems and changing roles through the family life cycle.
- Be aware of the stress of experiencing a terminal illness.

# Caregiving

- Stressful 24/7 job
- Demands physical, emotional, and mental energy
- Often exhausting and isolating
- Caregivers often neglect self-care to care for the patient
- May experience some or all responses such as resentment, exhaustion, sadness, frustration, helplessness, anger or guilt

# Hospice of Hope

- was established in 1988 by several concerned citizens in the Mason County area and was a volunteer organization until 1990 when we received a grant from the Hayswood Foundation for paid staff.
- is a private non-profit organization.
- is licensed by the Commonwealth of Kentucky and State of Ohio.
- is regulated by Medicare (CMS).
- is Joint Commission Accredited.

# Hospice of Hope

- services 14 counties in northern Kentucky and southern Ohio
  - In Kentucky – Mason, Robertson, Bracken, Fleming, Lewis and Pendleton
  - In Ohio – Brown, Adams, Clermont, Clinton, Highland, Ross, Pike and Hamilton



Hospice care is provided where the patient resides: homes, nursing homes, apartments, and assisted living facilities.

Additionally, Hospice of Hope offers two inpatient centers:

- A freestanding unit in Maysville, Kentucky and
- A five-bed unit located within the Adams County Regional Medical Center.

Inpatient centers can provide general care, respite care, and residential care.



Where is  
hospice care  
provided?

# The Hospice Referral

- A patient, family member, friend, physician or spiritual care provider may begin the process with a simple phone call.
- The hospice staff will contact the person referred to set up an initial meeting to review the services we offer and sign the necessary consent forms for care to begin.
- A physician must certify the patient is eligible for hospice care.
- Hospice staff meets with both the patient and their family. They discuss the hospice philosophy, available services, and expectations.
- A "plan of care" is developed for the patient. This plan is regularly reviewed and revised according to patient condition.
- Bereavement services and counseling are available to loved ones for 15 months after the patient's death.

# Volunteers and Hospice

## Volunteers Are Required

The Medicare Condition of Participation requires that 5% of the total patient care hours must be matched by volunteers.

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# Volunteer Roles

## Patient Care:

Companionship, Veterans Salute, Respite, Nursing Home, Music Therapy, Bereavement Care

## Non-Patient Care:

Administrative/Office, Fundraising and Events, Gardening, Flower Arranging

## Professional Care:

Massage Therapy, Cosmetology/Barber, Pet Therapists

And more



# Hospice Volunteers

- are members of the hospice teams.
- meet the hospice care needs of clients and their families.
- remain sensitive to and are appreciative of, the ethnic, religious, and lifestyle diversity of patients and their families.
- support, affirm, and empower the families as caregivers.
- may decline any assignment or leave any situation in which they feel uncomfortable.
- are not required a specific time commitment but can work as many or few hours/days as they would like.

# Hospice Requirements

- Volunteer application with 3 references
- 2-step TB Test
- Reliable transportation
- Have suffered no significant loss within the last 12 months
- Clear background check
- Complete volunteer training
- Complete Volunteer Care Record documenting time for each volunteer job

# Volunteer Accountability

- The person to whom you report: Volunteer Coordinator, Jennifer Scarbrough
- The person(s) to contact if you need assistance or instructions: Volunteer Coordinator or HR Department if Volunteer Coordinator is unavailable.
- Guidance related specifically to individual responsibilities: Volunteer Coordinator will direct you to the patient nurse for more information.

A graphic consisting of a black-bordered rectangle. The top half is white and contains the text "Self Care". The bottom half is a solid blue color.

# Self Care

As you care for others, you need to replenish yourself so you can keep giving sustainably.

- Debrief regularly
- Name your feelings
- Create emotion rituals such as lighting a candle or taking a walk
- Rest
- Nutrition and movement
- Breaks
- Hobbies
- Maintain spiritual practices that are meaningful to you
- Read uplifting material

# The Importance of Boundaries

Boundaries are the space between the volunteer's "power" and the patient/family vulnerability.

- The people we are with are in a vulnerable state
- We need to keep their best interests in mind always
- All team members are representatives of Hospice of Hope
- Boundary crossing and boundary violations can have legal risks as well
- It is easier to "add on" than "take away"
- "Taking away" can cause unnecessary pain

# Definite and Potential Boundary Issues

## Definite

- Accepting money from, or lending to, a patient or family
- Accepting a patient's power of attorney or signing a patient's will
- Lending personal belongings to a patient/family
- Providing medical care to a patient
- Gossiping about other members of the Hospice team

## Potential

- Accepting a gift from, or buying a gift for, a patient for family member
- Attending a patient's medical appointments
- Breaking down emotionally in front of a patient or family member
- Accepting an invitation to a family activity or party
- Providing clothes, toys, or meals to a patient or family

Areas of concern include, but are not limited to: Personal contact information, social media, confidentiality, appropriate language, giving personal advice, engaging in conversations about politics, religion, etc, gossip, and forgetting that people have the right to make "poor choices."

# HIPAA

## Health Insurance Portability and Accountability Act

Is a federal law that protects the privacy of a patient's personal and health information and provided guidelines for the electronic and physical security of person and health information.



## Who must comply?

- All healthcare organizations, including all healthcare providers, health plans, public health authorities, health care clearinghouses, and self-insured employers. Volunteers are required to uphold HIPPA regulations.

## What patient information is protected?

- A person's name, address, social security number, date of birth, age, phone/fax numbers, email address, etc. and medical records, medical history, diagnosis, medications, lab work, test results, etc.



## When HIPAA is violated:

- Severe civil and criminal penalties can be inflicted including fined and/or imprisonment for disclosing PHI or obtaining PHI under false pretenses. Fines can be up to \$250,000 and/or up to 10 years imprisonment for knowingly misusing individually identifiable health information.
- If you believe you have encountered a violation of HIPAA Privacy Rule, please inform the Volunteer Coordinator. Volunteers are required to follow Hospice of Hope's confidentiality procedures. Failure to do so will result in dismissal from the program.

# Infection Control

Infection is the transmission of a pathogenic microorganism to a host, with subsequent invasion and multiplication, with or without resulting symptoms of disease.

The COP (Medicare Condition of Participation) requires hospice to take action to address the prevention and control of infections and communicable diseases in patients and staff. It also helps to reduce the risk of acquisition and transmission of healthcare acquired infections. The plan covers employees, students and volunteers, as well as patients.

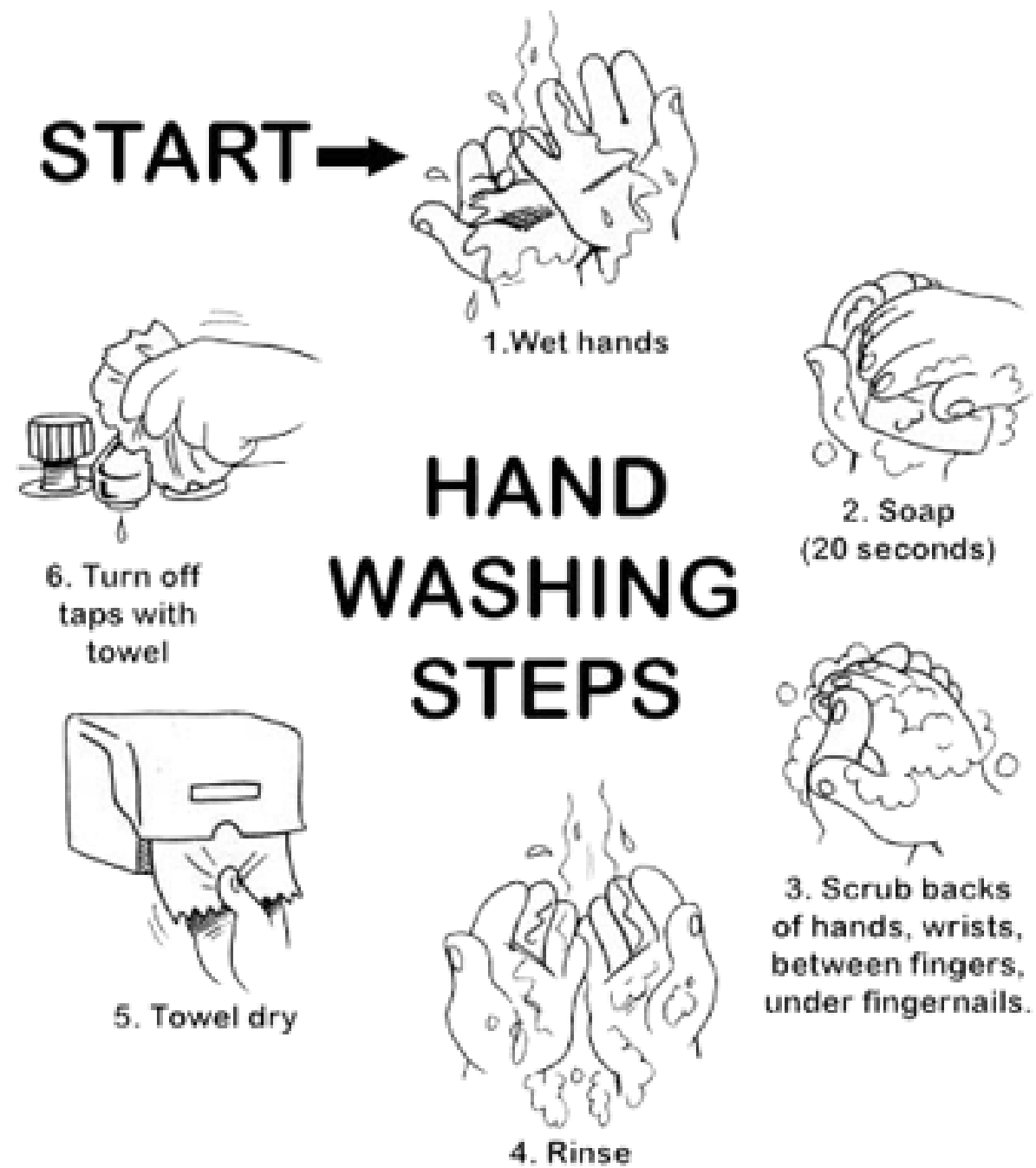
# Hand Hygiene

Handwashing is the most important technique in preventing infection.

Wash hands using soap (non-antimicrobial or antimicrobial) and water when:

- Hands are visibly dirty, contaminated with proteinaceous material, or are visibly soiled with blood or other bodily fluids.
- Before eating or after using the restroom.
- When handwashing is not possible, decontamination will be done using alcohol-based rub.

# Hand Washing



# Personal Protective Equipment (PPE)

To be worn when touching blood, body fluids, secretions, excretions, and other contaminated items. Gloves shall be changed between tasks.

**Gloves**

When performing procedures that may be likely to generate splashes or sprays of blood, body fluids, secretions or excretions, wear a mask or eye protection or face shield.

**Mask/Eye Protection/Face Shield**

When performing procedures that may be likely to generate splashes or sprays of blood, body fluids, secretions or excretions, wear a gown to protect skin and clothing.

**Gown**

# Safety

## Emergency Policy

CODE RED - Fire Plan

CODE GRAY - Tornado/Severe Weather

CODE BLACK - Bomb Threat

CODE BLUE - Medical Emergency

CODE SILVER - Threatening Person/Person With Weapon/  
Hostage Situation

CODE WHITE - All Clear Signal

# Tornadoes



A tornado warning indicates a tornado has been spotted in the area and appropriate plans to safeguard patients, visitors, and employees should be initiated.

- During the approach of a tornado, stay away from windows, doors, and outside walls.
- Protect your head and chest.
- In the home, go to the basement or interior room on the lowest level.
- In NH or hospital, go to the designated shelter area.

Here in the office:

- Receptionist will announce over intercom: Code Gray.
- Close all blinds and turn off electrical equipment.
- Gather designated records and any battery operated radio and/or flashlight.
- Evacuate calmly to designated area.

# Tornado Procedure

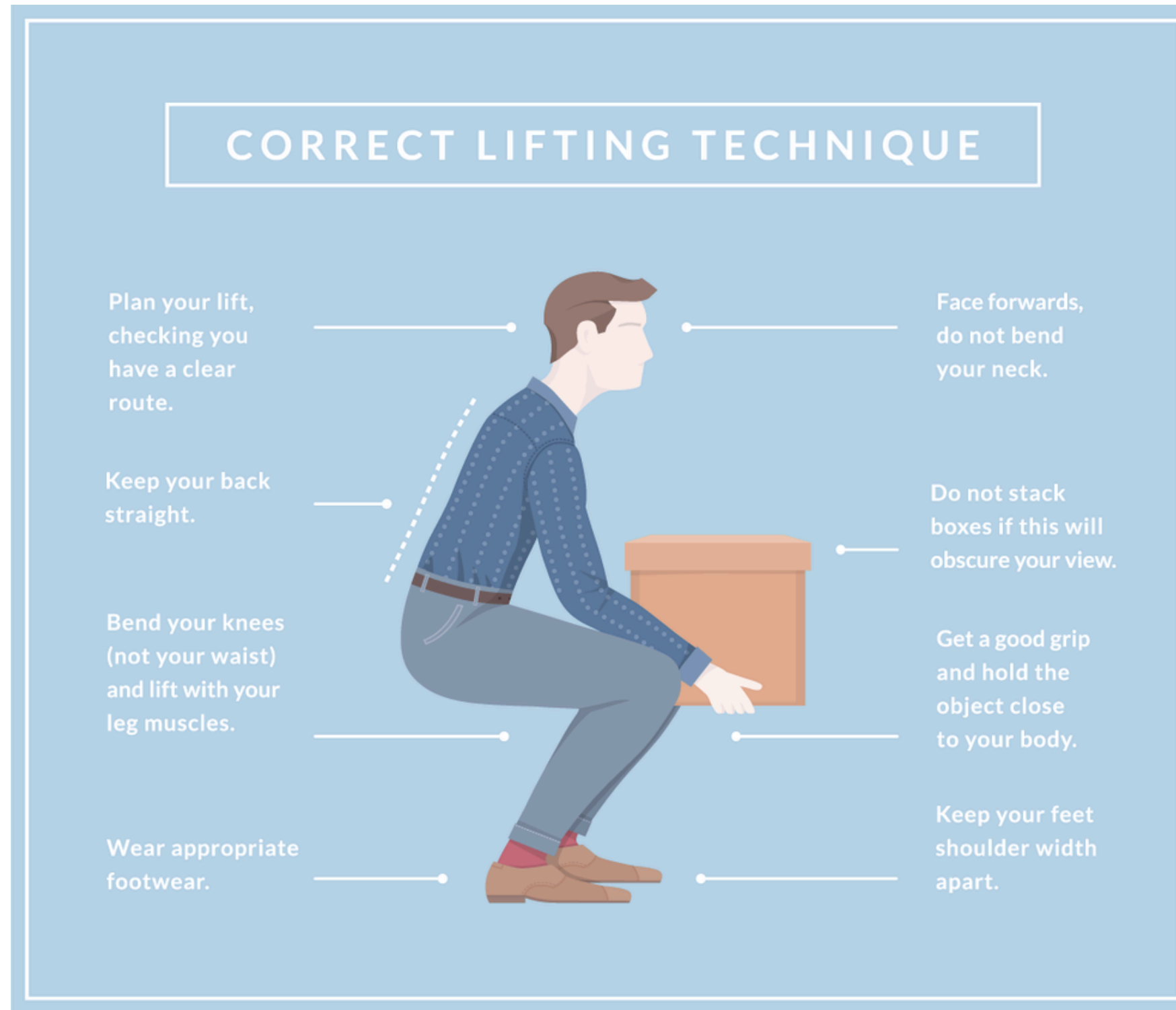
- Maysville Office: Evacuate to lower level of building using nearest stairway. DO NOT use elevator. All employees should move to NH Team area, Education Room, or basement restrooms.
- Mt. Orab Office: Close all the office doors and move into front bathrooms or the Marketing/Volunteer Office.
- Patient Homes: Verify location and operation of their smoke detector and discuss their evacuation plan.
- Inpatient Centers: Both the Maysville Care Center and the ACRMC Inpatient Center staff are trained in emergency procedures. Follow direction of staff.

# Earthquakes



- **DUCK** into a doorway if outside a building to protect yourself from falling bricks, glass, plaster, and other debris.
- Take **COVER** under a sturdy desk, table or other furniture. If that is not possible, seek cover against an interior wall and protect your head and neck with your arms.
- **HOLD** onto the desk or furniture and be prepared to move with it. Hold the position until the ground stops shaking and it is safe to move.

# Proper Lifting Techniques



- Take steps to prepare being sure your route is clear of tripping and slipping hazards
- Face forward
- Avoid twisting keeping your back straight
- Do not stack boxes if it obscures your view
- Bend your knees and lift with your legs
- Get a good grip and keep the load close to your body
- Keep your feet shoulder width apart to maintain balance.

# Violence Prevention

Take Preventative  
Measures

- Be prepared for “what if” situations
- Be aware of the warning signs of violence
- Be aware of weapons brought into the workplace
- Take threats seriously
- Alert supervisor if any of the above have occurred

# De-escalation Techniques

## Your Actions

- Remain Calm - A purposeful demonstration of calmness and composure can assist with de-escalation
- Change The Setting - If possible, remove people from the area. This involves parties that may worsen the conflict
- Respect Personal Space - Maintain a safe distance and avoid touching the other person
- Listen - Give your full attention, nod, ask questions, avoid changing the subject or interrupting
- Emphasize - Present genuine concerns and a willingness to understand without judging

## Body Language

- Keep a relaxed and alert stance off to the side of the person
- Keep your hands down, open and visible at all times
- Use slow, deliberate movements
- Maintain a neutral and attentive facial expression

# Protect Yourself

When dealing with a potentially violent or aggressive patient:

- Have an escape strategy
- Avoid being trapped in a small room or area
- Remove yourself from the situation if you feel unsafe

# Communication

## Communication Skills

As a hospice volunteer, communication is central to your role. Your goal is to develop the skills, perspective and energy to accept 100% of the responsibility for communication understanding what the other person is saying to you and for ensuring the other person understands what you are saying.

# Core Principles

- Compassion First - Listen and speak from a place of empathy and respect.
- Presence Over Perfection - Silence, attentive listening, and being “with” someone can mean more than finding the right words.
- Respect Dignity - Address patients and families by their preferred name or title, and honor cultural and personal values.

# Active Listening

- Give full attention - Maintain gentle eye contact, put away distractions, and face the speaker.
- Reflect and clarify - Repeat back key points (“it sounds like you’re feeling...”) to ensure understanding.
- Validate feelings - Acknowledge emotions without trying to “fix” them (“That sounds really difficult”).

# Cultural Competency

## What Is Culture?

Culture includes a person's racial classification and national origin, religious affiliation, language, gender/sexual orientation, disability, age, political orientation, socioeconomic or occupational status, and geographic location.

# Cultural Factors

- Country of Origin - How long a person has lived here may affect their views toward health
- Preferred Language - In their own language, they understand care better
- Communication Style - Non-verbal and verbal styles may differ. For example, culture may affect how or whether a patient expresses pain
- Views of Health - The patient may see an illness as having a supernatural cause, such as punishment for sins, or needing a traditional cure, such as herbal remedy or a specific diet
- Views about birth and death
- Ties to another country or part of the U.S.
- Family and Community Relationships - A patient may expect certain people to be involved in his care
- Religion - A patient's religion may affect his consent to treatment, schedule of care or room arrangement (because of certain prayer practices), and birth and death practices
- Food Preferences - Religious, healing, and other cultural practices all can affect what foods a patient may eat or avoid

## Avoid Cultural Stereotypes

- Differences exist among members of the same cultural group
- Cultures change over time
- Climate, war, etc. in another country may have affected an immigrant's health
- Learn the patient's views about health
- Learn the accepted ways to show respect
- Ask about privacy concerns, such as being touched or unclothed
- Respect privacy as much as possible
- Build trust - a patient may need time to feel comfortable discussing a problem or undergoing a procedure
- Consider the patient's cultural beliefs and values when developing the plan of care

# Cultural Sensitivity Guidelines

- Determine the level of fluency in English and arrange for an interpreter if needed
- Ask how the patient prefers to be addressed
- Allow patient to choose seating for comfortable personal space and eye contact
- Avoid body language that may be offensive or misunderstood
- Avoid slang, technical words, and complex sentences
- Use open-ended questions, or questions phrased in several ways to obtain information
- Determine the patient's reading ability before using written manuals
- Ask, "What else can I or our team do to help you?"

# Death and Dying

## Death

Death is the experience when the body completes its natural process of shutting down, and when the “spirit” completes its natural process of reconciling and finishing.

# Five Stages Of Dying

Based on Dr. Elizabeth Kubler-Ross's five stages of dying.

## Stages of Dying

Denial  
Anger  
Bargaining  
Depression  
Acceptance

This model is one of many. You may see all or none of the "stages" and the patient/family may skip or regress through time. Use this information as a guide for interpreting situations.

# Common Signs Death Is Near

- Withdrawal
- Restlessness/Agitation
- Weakness
- Changes in pain
- Changes in sleep patterns
- Lack of interest in food or water

# Patient's Death

The death of a hospice patient should be a peaceful and unhurried time. If you think death has occurred, call the hospice nurse. The nurse will come to the home, call the funeral home and doctor, and assist in any way possible. If the family wants to help in preparing the body by bathing and dressing, that may be done. After the death of the patient, the family is referred by the hospice team to bereavement care.

# Spiritual Care

People are spiritual. Spirituality is often a natural struggle when one deals with death. Hospice of Hope is holistic (we deal with the whole person) and interdisciplinary (all “disciplines” are involved in a patient’s care).

## Spiritual Caregivers

- Chaplain
- Volunteer Chaplain
- Spiritual Support Volunteers

# Patient/Family Requests

- Pray with the patient and family
- Read sacred writings
- Sing hymns or spiritual songs with the patient and family
- Participate in religious rituals (if you are comfortable doing so)
- Discuss the patient's feelings about God and the afterlife
- Take the patient to a religious service, if able

# Grief & Loss

## Grief Defined

The process of experiencing the psychological, behavioral, social, and physical reaction to the perception of loss.

# Anticipatory Grief

- A phenomenon or process emerging from an awareness of the impending loss of a loved one, and requiring the balance of simultaneously holding onto, letting go of, and drawing closer to the dying patient.
- A process of normal mourning that occurs in anticipation of death and its consequences.

# As a Volunteer You Can

- Support the relationships between the dying person and the family by encouraging open communication to the extent the family style allows.
- Support family members' unique identities and capabilities in differentiating their own needs from the dying patient.
- Assist/support family members to cooperatively assume new roles.
- Encourage family members in expressing grief and support their coping abilities.
- Assist family members in understanding the course of illness and patient care giving needs.

# Bereavement Support

## Hospice Bereavement Department Can Help

Individual grief counseling

Letters of support

Grief education

Specialized support groups

Community education programs

Holiday programs

Telephone contacts

# Thank You For Volunteering!

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Complete the 10-question test which will be emailed to the volunteer coordinator.

