



## 2013 BOARD OF DIRECTORS MEETINGS

Administrative and Foundation offices  
4220 Edison Lakes Parkway, Suite 200, Room E  
Wednesdays, 7:30 a.m.

<u>Date</u>	<u>Topic of Focus</u>
February 20	Year in Review Election of new members and officers Board Self-Evaluation
April 17	Review of Audit New members' first meeting
June 19	Annual Professional Advisory Group report Review of Personnel Policies Manual (every other year) Review of Bylaws (as needed; at least every three years)
August 21	Foundation Update Strategic Plan update
October 23	Quality Assurance Performance Improvement updates
December 18	Budget for 2014

111 Sunnybrook Court  
South Bend, Indiana 46637  
(574) 243-3100  
Fax: (574) 243-3134

112 South Center St, Suite C  
Plymouth, Indiana 46563  
(574) 935-4511  
Fax: (574) 935-4589

22579 Old US 20 East  
Elkhart, Indiana 46516  
(574) 264-3321  
Fax: (574) 264-5892

Life Transition Center  
215 Red Coach Drive  
Mishawaka, Indiana 46545  
(574) 255-1064  
Fax: (574) 255-1452

# CHAPTER FOUR

## AVERAGE DAILY CENSUS CHARTS

**Center for Hospice Care**  
**2012 YTD Average Daily Census (ADC)**

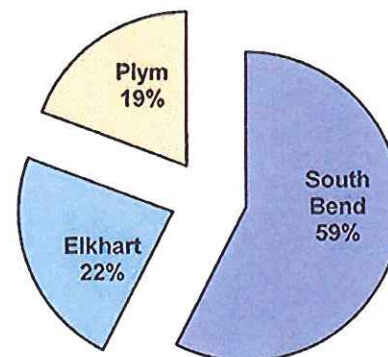
(includes Hospice House and Home Health)

	<u>All</u>	<u>South Bend</u>	<u>Elkhart</u>	<u>Plymouth</u>
J	355	196	84	74
F	365	207	85	72
M	344	202	75	67
A	336	204	72	60
M	339	207	72	60
J	341	207	70	63
J	343	208	73	61
A	341	207	71	62
S	312	195	66	62
O				
N				
D				

2012 YTD Totals	3076	1833	668	581
2012 YTD ADC	342	204	74	65
2011 YTD ADC	327	193	74	59
YTD Change 2011 to 2012	15	11	0	6
YTD % Change 2011 to 2012	4.5%	5.5%	0.0%	9.4%

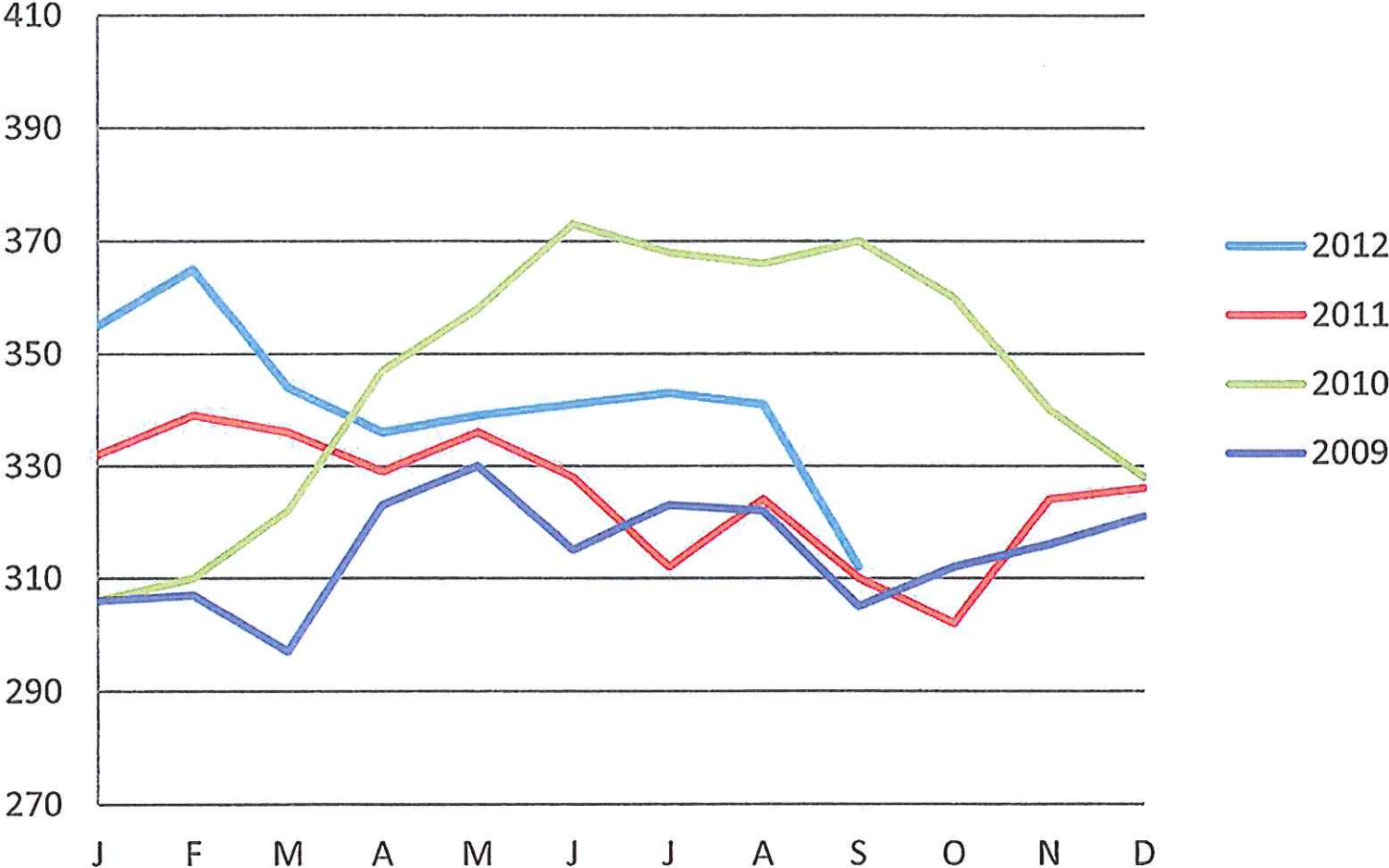
**2012 YTD ADC by Branch**

South Bend	59.6%
Elkhart	21.7%
Plymouth	18.9%
All	100%



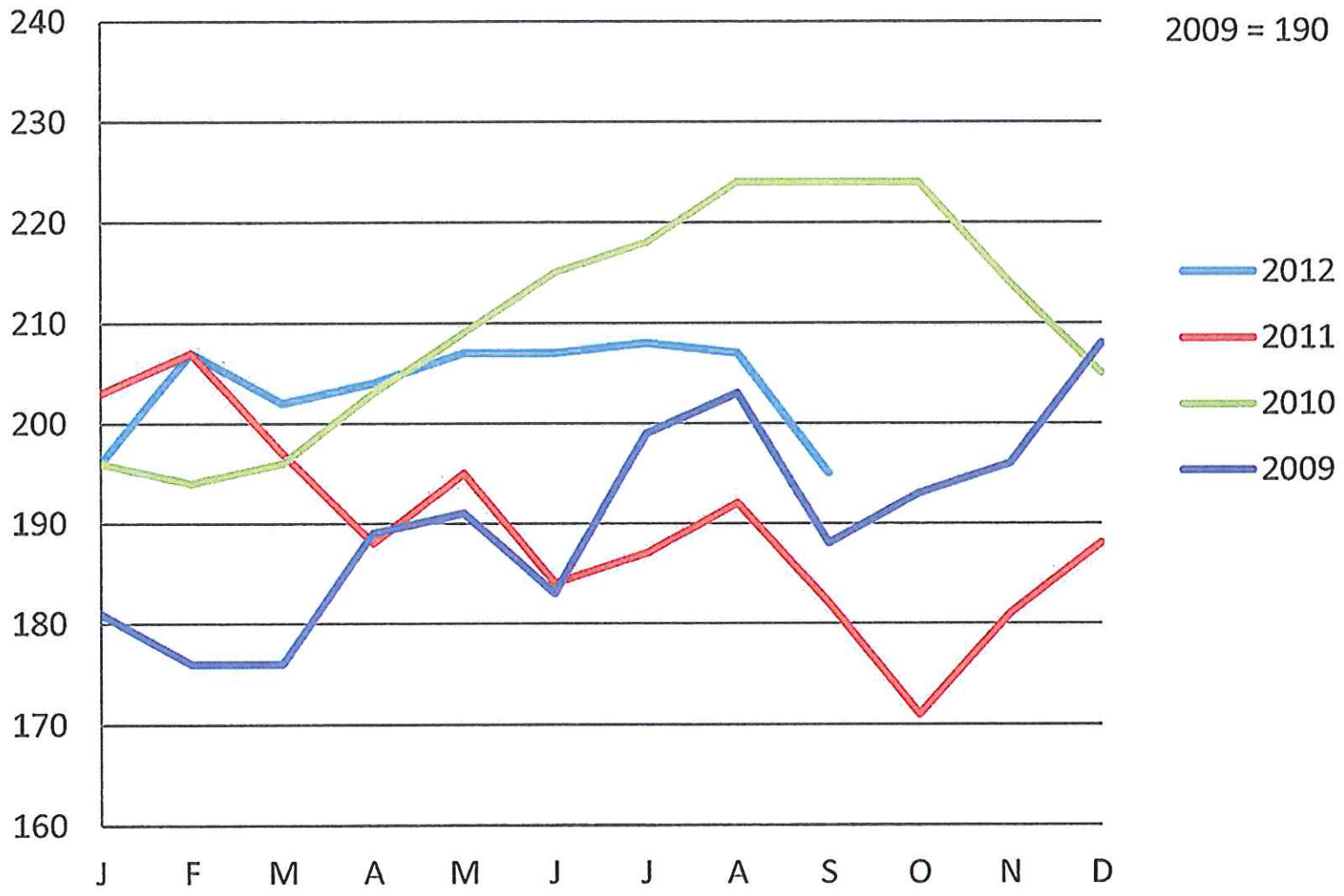
# Center for Hospice Care Total Average Daily Census (ADC)

ADC  
 YTD 2012 = 342  
 2011 = 325  
 2010 = 346  
 2009 = 315



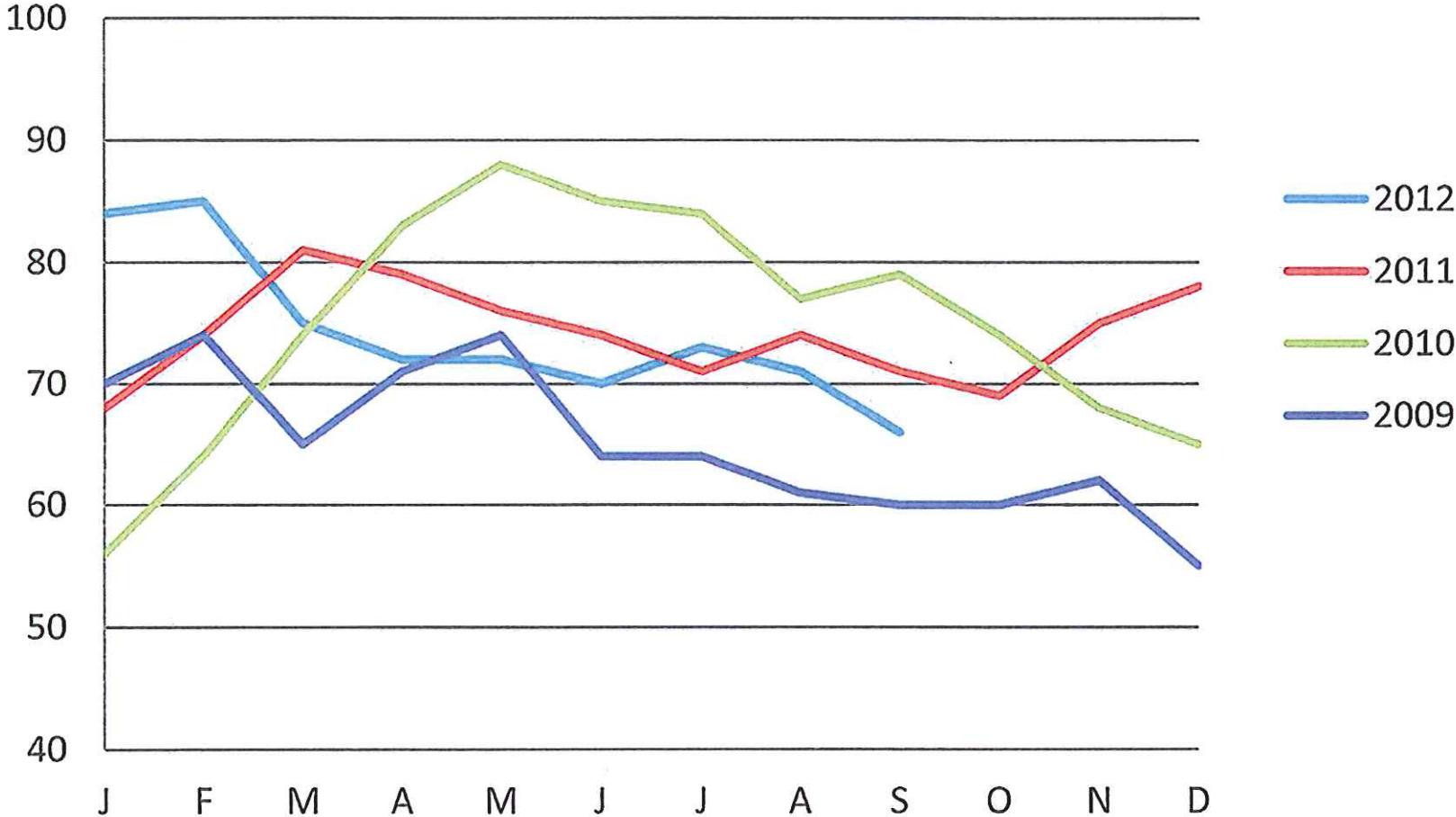
# South Bend Average Daily Census

ADC  
YTD 2012 = 204  
2011 = 190  
2010 = 211  
2009 = 190



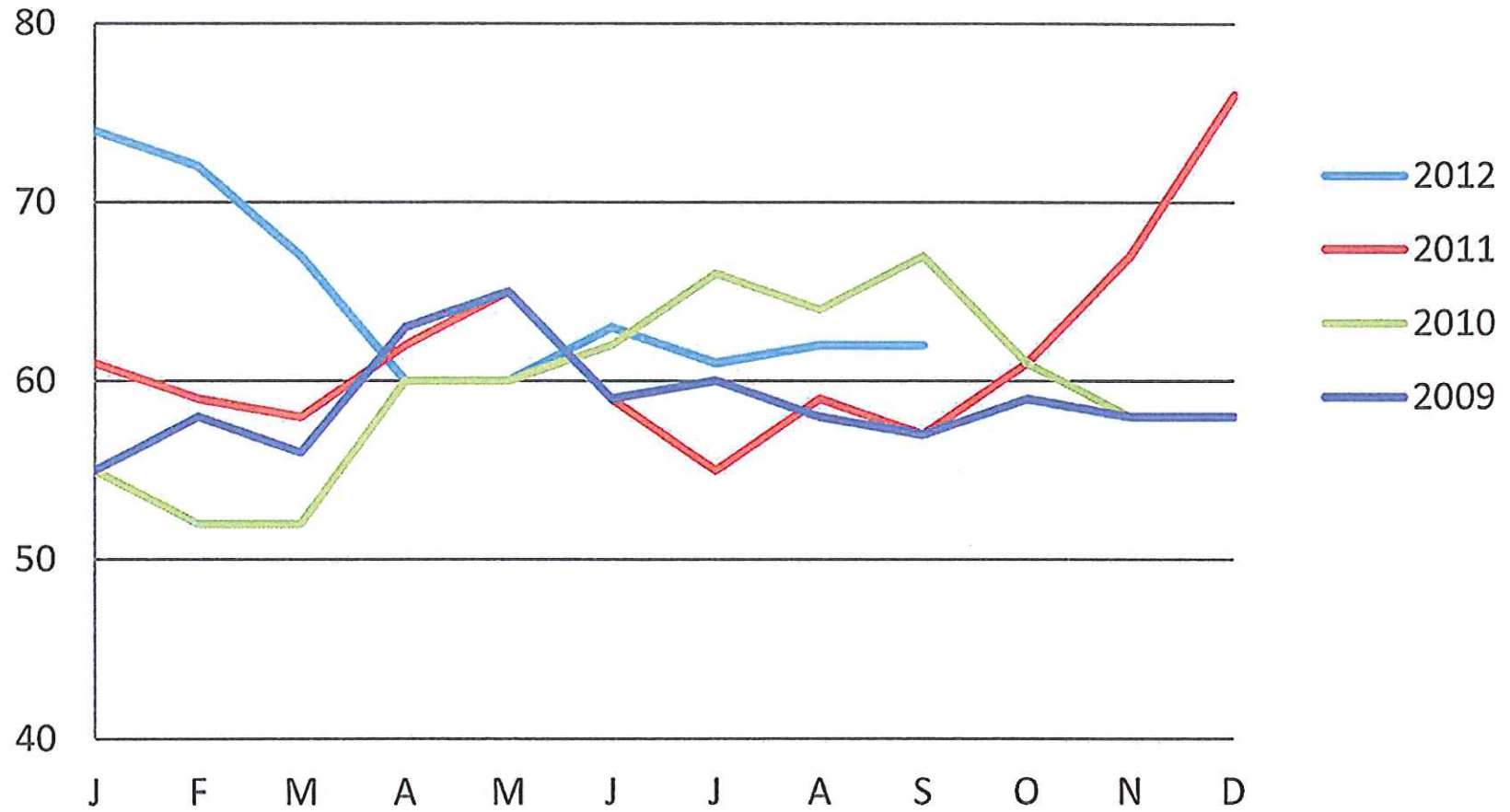
# Elkhart Average Daily Census

ADC  
 YTD 2012 = 74  
 2011 = 74  
 2010 = 75  
 2009 = 65



# Plymouth Average Daily Census

ADC  
YTD 2012 = 65  
2011 = 62  
2010 = 60  
2009 = 59



# CHAPTER FIVE POLICIES



Center for Hospice Care  
**COMMUNICATION BARRIERS**

Section: Patient Care Policies

Category: Hospice

Page: 1 of 1

REGULATION: 42 CFR Part 418.52 – Patient’s Rights

PURPOSE: To provide a mechanism for communication with patients who possess communications barriers.

POLICY: Sensory Impaired patients are covered in the policy entitled, "Services to Sensory Impaired Terminally Ill Persons" in the Patient Care Policies.

When other communication barriers exist, such as non-English speaking patients, patients with expressive aphasia, and patients with limited formal education, Agency utilizes the following mechanism:

**For *non-English speaking patients*:**

Use a staff person or volunteer who speaks the primary language.

Investigate the use of translators from another resource (e.g., local hospitals) through which Agency has an agreement when deemed appropriate for a situation.

Call ~~AT&T~~ Language Line Services (1-800-874-9426~~996-8808~~), which provides over-the-phone interpretation from English to 140 languages, 7 days a week, 24 hours a day. **For emergencies dial 1-800-523-1786.**

- ~~• Identify your organization as the Center for Hospice Care, regardless of the county/office you’re from.~~
- Provide Client ID #: 221113** ~~Follow the instructions for use on the Quick Reference Guide.~~
- Identify language needed.
- ~~• You must have your client ID number before AT&T will complete your call.~~
- ~~• Identify your personal code (your name).~~

If no telephone is available in the home setting and telephone translation services are necessary, the Agency employee shall use the cellular telephone supplied by the Agency for these services.

The use of family members and/or significant others for translation purposes should be used only when there is no other resource available.

The Agency will maintain brochures for non-English speaking patients in languages for which translation is available.

For patients with expressive aphasia or patients with limited formal education, the Agency shall use appropriate family members or its contracted speech therapist.

Effective Date: 12/95  
Reviewed Date: 08/11

Revised Date: 09/12/09/08

Board Approved: 09/16/08  
Signature Date: 09/16/08

Signature:



Center for Hospice Care  
**VOLUNTEER ASSIGNMENTS**

Section: Patient Care Policies    Category: Hospice    Page: 1 of 1

REGULATION: 42 CFR Part 418.78 – Volunteers

PURPOSE: Hospice volunteers are assigned in a timely and appropriate manner.

- POLICY:
1. A hospice team member provides the patient/caregiver with information regarding the services provided by volunteers. This information may be provided verbally or in writing.
  2. If the patient/caregiver is interested in having a volunteer, the team member completes a Volunteer Request and Plan of Care e-forms on the staff website. ~~that are given to the Volunteer Coordinator.~~
  3. Alternatively, the Volunteer Coordinators may initiate contact with the patient if, based on information gathered at the interdisciplinary team meeting, it appears likely the patient or caregivers could benefit from volunteer services. This is done in consultation with other members of the interdisciplinary team.
  4. Volunteer assignments are made by the Volunteer Coordinator in a timely manner based on patient/caregiver request and availability of volunteers.
  5. The Volunteer Coordinator describes the patient situation to an appropriate volunteer. The volunteer may either accept or ~~decline~~~~reject~~ the assignment.
  6. If the volunteer accepts the assignment, the Volunteer Coordinator provides the volunteer with the information needed to make contact with and provide services to the patient and his or her caregivers.
  7. The volunteer is informed the patient will be ~~reviewed~~~~discussed~~ every 14 days at interdisciplinary team meetings and is invited to attend if possible.
  8. Upon the death of a patient, the volunteer is notified as soon as possible by the Volunteer Coordinator or another designated staff member.

Effective Date: 11/08  
Reviewed Date: 08/11

Revised Date: 09/12

Board Approved: 11/05/08  
Signature Date: 11/05/08

**VOLUNTEERS – CONFIDENTIALITY**

REGULATION: 42 CFR Part 418.78 – Volunteers

PURPOSE: To address the importance of confidentiality and right of privacy of the Agency patient and family.

POLICY: Volunteers are expected to maintain confidentiality as per the Agency's Confidentiality Agreement. Each volunteer will sign the Confidentiality Agreement, **which is completed in Volunteer Training, and** a copy ~~of which~~ will be kept in ~~the~~at volunteer's file.

Center for Hospice Care  
**VOLUNTEERS – ORIENTATION, TRAINING, AND SUPERVISION**

Section: Patient Care Policies    Category: Hospice    Page: 1 of 2

REGULATION: 42 CFR Part 418.78 – Volunteers

PURPOSE: To provide appropriate orientation and training prior to placement as a volunteer.

POLICY: Volunteers will provide at least 5% of the total of both travel time and patient care hours of all paid employees and contract staff. Volunteers will be used in defined roles under supervision of a designated Agency employee after they have received proper orientation and training.

Plan for orientation and training:

- All individuals are interviewed before training for purposes of screening and to determine the volunteer's interests and skills.
- 
- Two reference checks are obtained, as well as a limited criminal history check on all potential volunteers.
- 
- Volunteers who have any opportunity for patient contact will have a signed statement from their physician that they are free from communicable disease and will comply with any Agency drug screening policies.
  
- **New patient care volunteers are required to have an initial two-step testing method of the Mantoux TB Test and an annual test thereafter. Office volunteers that provide services in buildings that have a Hospice House must also have an initial two-step Mantoux TB Test, followed by an annual TB Test.**
  
- A training program is prepared by the Volunteer **Recruitment** Coordinator and is presented ~~throughout at least three times per the year. or as otherwise determined necessary to train volunteers.~~ The program consists of, **but is not limited to:**
  1. ~~Patient Care Volunteers:~~
    - **Their duties and responsibilities**
    - **The persons to whom they report**
    - **The person(s) to contact if they need assistance and instructions regarding the performance of their duties and responsibilities**
    - **Hospice goals, services and philosophy**
    - **Confidentiality and protection of the patient's and family's rights**
    - **Family dynamics, coping mechanisms, and psychological issues surrounding terminal illness, death and bereavement**
    - **Procedures to be followed in an emergency, or following the death of the patient**
    - **Guidance related specifically to individual responsibilities**

Center for Hospice Care  
**VOLUNTEER - ORIENTATION, TRAINING, AND SUPERVISION**

Section: Patient Care Policies    Category: Hospice    Page: 2 of 2

~~2. Bereavement Volunteers:~~

- ~~• Individual training by Bereavement Coordinator designed to volunteer needs and background~~
- ~~• Hospice concept and philosophy~~
- ~~• Communication skills~~
- ~~• Grief cycle, female grief, male grief, children's grief~~
- ~~• Videos as a teaching tool~~

- ~~• 3. Office and Specialty Volunteers Hospice philosophy and concept of care~~
- ~~• Individual training by assigned staff as to the jobs they perform~~

~~4. Hospice House Volunteers~~

- ~~• Additional training by Hospice House staff or Volunteer Coordinator is received on all aspects of food preparations (see policies under Food Preparations: Chemical Storage, Dishwashing, Food Handler, Frozen Food Storage, Hair Restraints, Hand Washing, Leftovers, Non-food Storage, and Non-perishable Food Storage).~~

- Volunteers will receive and sign copies of their position description related to their specific volunteer duties and a copy of a Volunteer Policies Manual.
- An orientation check list will be completed by the volunteer for specific duties he/she may be asked to perform.
- The signed and dated orientation checklist will be maintained in the volunteer's record.
- Volunteers are directly supervised by the Volunteer Coordinator **at the office to which they are primarily assigned.** ~~or a staff person designated by the Coordinator of Volunteers, and is available to them for training concerns and needs related to specific tasks.~~
- Volunteers are evaluated annually.

Effective Date: 02/94  
Reviewed Date: 08/11

Revised Date: 09/12-06/12

Board Approved: 12/02/08  
Signature Date: 12/02/08

**VOLUNTEERS – PATIENT CARE DOCUMENTATION**

REGULATION: 42 CFR Part 418.78 – Volunteers

PURPOSE: All volunteers are required to provide timely, accurate and appropriate documentation of any patient-related contact.

- POLICY:
1. Hospice patient care volunteers use the Patient Care Volunteer Report/Time Sheet for documentation of any and all contact with hospice patients and their caregivers, including visits and telephone calls.
  2. Volunteers are required to keep a supply of forms available for their use.
  3. Upon completion of a patient/caregiver visit or phone contact, the volunteer completes the Patient Care Volunteer Report/Time Sheet and brings or mails the completed documentation to the Volunteer Coordinator.
  4. All volunteer documentation is submitted within **three days**~~one week~~ of the patient contact for incorporation into the patient's clinical record.
  5. The Volunteer Coordinator reads all Patient Care Volunteer Report/ Time Sheets and follows up with the volunteer or patient/caregiver as needed.

Effective Date: 11/08  
Reviewed Date: 08/11

Revised Date: 09/12

Board Approved: 11/05/08  
Signature Date: 11/05/08

**VOLUNTEERS – PERFORMANCE EVALUATION**

REGULATION: 42 CFR Part 418.78 – Volunteers

PURPOSE: The Volunteer Coordinator evaluates the performance of all volunteers who have completed its volunteer ~~training~~ ~~orientation~~ program and/or ~~orientation~~ ~~specific~~ ~~training to their~~ ~~in his/her~~ assigned area and are considered to have “active” volunteer status.

- POLICY:
1. Each active volunteer is evaluated annually in the following areas:
    - (a) Functioning in accordance with hospice policies and procedures
    - (b) Appropriate communication with:
      - (1) Patient/caregivers, if applicable
      - (2) Hospice Interdisciplinary Team members, if applicable
      - (3) Volunteer Coordinator
    - (c) Providing appropriate documentation in a timely fashion
    - (d) Participation in continuing education programs to develop/strengthen skills
    - (e) Maintaining confidentiality
    - (f) Performance of assignments as requested
  2. The evaluation is presented to the volunteer by the Volunteer Coordinator either in person, by telephone, or via mail.
    - a) If the volunteer does not return the signed evaluation, and documented attempts to obtain it are unsuccessful, a copy without the volunteer’s signature is placed in their file and the volunteer enters “inactive” status.

Center for Hospice Care  
**VOLUNTEER RECRUITMENT**

Section: Patient Care Policies      Category: Hospice      Page: 1 of 1

REGULATION: 42 CFR Part 418.78 – Volunteers

PURPOSE: CHC makes a consistent and concerted effort to recruit qualified, appropriate and competent ~~people~~~~men and women~~ willing to volunteer their services to the hospice program. Volunteers are selected regardless of race, color, national origin, ancestry, age, sex, religious creed, sexual orientation, or disability.

POLICY: 1. The ~~Volunteer Department, in conjunction with the Marketing and Access Department, maintains a list of potential sources for volunteers that is updated on a regular basis.~~ Volunteer Recruitment Coordinator is responsible for the recruitment of new volunteers throughout the Agency's service area, identifies recruitment opportunities and follows through with a plan of action. Volunteers are recruited for the following opportunities:

- a) Level One:
  - Office Volunteers
  - Bereavement Volunteers
  - Tuck-In Callers
  - Community Relations / Fund Raising Volunteers
- b) Level Two:
  - Extended Care Facility Volunteers
  - Specialty Areas Volunteers
  - 11<sup>th</sup> Hour Volunteers
  - Complementary Comfort Care (CAM) Volunteers
- c) Level Three:
  - Patient Care Volunteers
  - Hospice House Volunteers

2. Prior to a scheduled volunteer training program, ~~a mailing is sent to resources announcing the program and requesting assistance with posting announcements of the training. In addition,~~ press releases are sent to various area publications ~~and/or other venues~~ either by mail ~~or~~, e-mail, ~~or facsimile.~~

3. All staff members are aware of their roles in the recruitment of volunteers and ~~to actively seek to promote the Agency's volunteer opportunities~~ as they speak formally and informally to family members, friends, ~~places of worship~~~~church~~ and community groups. ~~they actively seek to promote the Agency's volunteer opportunities.~~

4. Family members and other caregivers of the hospice's patients are encouraged to wait at least a year after the patient's death before serving as a ~~patient~~~~direct~~ care volunteer.

5. All efforts to recruit hospice volunteers are documented and maintained by the Volunteer ~~Recruitment~~ Coordinators.

Effective Date: 11/08  
Reviewed Date: 08/11

Revised Date: 09/12~~06~~06

Board Approved: 06/20/06  
Signature Date: 06/20/06



**VOLUNTEERS – RETENTION, SUPPORT AND EDUCATION**

REGULATION: 42 CFR Part 418.78 – Volunteers

PURPOSE: In order to retain qualified, competent volunteers, CHC provides on-going support and continuing education opportunities.

- POLICY:
1. Support is provided to hospice volunteers through:
    - (a) A formal Volunteer Recognition event held annually
    - (b) Regular and consistent contact with the Volunteer Coordinator and other members of hospice's Interdisciplinary Team
    - (c) Attendance at Interdisciplinary Team meetings, when possible
    - (d) ~~Volunteer newsletter (Gazette) published six times a year.~~
  2. Continuing education opportunities for volunteers include:
    - (a) Specialized in-services on topics relevant to volunteers
    - (b) Annual volunteer in-service day

Effective Date: 11/08

Revised Date: 09/12

Board Approved: 11/05/08

Reviewed Date: 08/11

Signature Date: 11/05/08

REGULATION: 42 CFR Part 418.78 – Volunteers

PURPOSE: To ensure the highest quality of volunteers available, volunteers for CHC are screened for appropriateness and are asked to complete a volunteer application and provide two (2) references.

- POLICY:
1. When an applicant for a hospice volunteer position inquires regarding the volunteer training program, the Volunteer **Recruitment** Coordinator conducts a ~~brief~~ phone interview to determine interest and appropriateness.
  2. If appropriate, based on the telephone screening, the applicant is scheduled for an in-person interview. The applicant is either given, completed on the CHC website, or mailed a Volunteer Application **and information packet**.
  3. Once an applicant has been screened and accepted, he or she is invited to attend the next available volunteer training program. If a training program is not scheduled for the near future, the volunteer may, at the discretion of the Volunteer **Recruitment** Coordinator, participate in an individualized training program.
  4. The Volunteer **Recruitment** Coordinator **or designee** obtains two (~~2~~) references for individuals who apply for volunteer positions at hospice.
  5. A criminal background check is obtained on the applicant during the volunteer training program.

Effective Date: 11/08  
Reviewed Date: 08/11

Revised Date: 09/12

Board Approved: 11/05/08  
Signature Date: 11/05/08