



Direct Care Volunteer Training Manual

PENINSULA OFFICE 66 Bovet Road, Suite 100, San Mateo, CA 94402

SOUTH BAY OFFICE 1688 Willow Street, Suite A-2, San Jose, CA 95125

650.554.1000 | Nurse available 24 hours/day

www.MissionHospice.org

Direct Care Volunteer Training Manual

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POLST	Back pocket



it's about life

***“We thought hospice meant she was going to die.
Now, I realize it means she’s living with more
people caring for her.”***

– Kay, patient family member

Welcome!

We’re so happy to have you as part of the Mission Hospice family. Please feel free to contact me at any time with questions, concerns, or ideas.

Craig Schroeder, Director of Volunteer Services

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Mission Hospice offices

Peninsula office

66 Bovet Road, Suite 100, San Mateo, CA 94402

650.554.1000 (nurse on call 24/hours a day)

South Bay office

1688 Willow Street, Suite A-2, San Jose, CA 95125

408.554.2434 (nurse on call 24/hours a day)

Volunteer web portal

Log in to our Volunteer Resources Portal to find all kinds of information for our Direct Care Volunteers, including forms, competency training materials, volunteer training videos, and continuing education.

Volunteer portal:

www.MissionHospice.org/volunteer/volunteer-resources

Login: **mhvolunteer** / password: **compassion**

Competency training and quizzes (must NOT be logged in for these):

www.missionhospice.org/volunteer/competency-training-materials/



Job Description: Direct Care Volunteer

Background

Mission Hospice provides professional, compassionate end-of-life care, bereavement support, and education for the San Francisco Peninsula and South Bay community. Working as a team, specially trained nurses, doctors, Social Workers, Spiritual Counselors, and volunteers address the physical, emotional, and spiritual needs of patients and families.

We tailor a care plan especially for each patient, with sensitivities to cultural, spiritual, and personal preferences. Our continuum of care allows patients (and, importantly, their families) to remain with the same support team throughout their journey.

We are dedicated to helping people throughout the challenges of a terminal diagnosis. Donations from the community support our exceptional care and educational programs and help us serve people regardless of their medical coverage or ability to pay.

Volunteer role

Our Direct Care Volunteers provide important emotional and social support to our patients and their families. Whether it's reading a book, running an errand, taking a short walk, or listening to stories about grandchildren and days of old, your time will make a very special difference in the lives of your patients and their families.

As a Direct Care Volunteer, you will

- Provide companionship
- Provide a calm, non-anxious presence
- Listen impartially and without judgment
- Help the patient with storytelling
- Identify activities that define quality of life
- Strengthen the patient's sense of being in control
- Share observations with staff regarding the patient's care plan
- Help the family by listening to them to understand their experience of losing a loved one
- Report the patient's pain level
- Report possible abuse and/or falls to the Director of Volunteer Services
- Help feed the patient
- Join the patient on outings

- Provide transportation to the patient
- Run errands
- Help with other tasks as assigned or needed

Qualifications

No experience is required. Volunteers must be emotionally and physically able to serve and be available to volunteer 4 hours/week (as needed). Your volunteer hours will be flexible, depending on the needs of your patient's family and your own schedule.

We ask that volunteers commit to a minimum of 12 months of service after completing training.

Direct Care Volunteers report to, and are annually evaluated by, the Director of Volunteer Services.

Our experienced volunteers offer mentoring and other support. We will never ask you to do anything that takes you out of your physical or emotional comfort zone.

Application process

- Complete a volunteer application.
- Have a confidential interview.
- Upon acceptance into the program, prospective volunteers must:
 - Provide required documentation (including Driver's License and proof of auto insurance)
 - Consent to criminal background check and TB screening
 - Provide proof of Covid vaccination and at least one booster shot.
 - Complete 26 hours of training

Training, continuing education, and evaluation

Mission Hospice provides volunteers with 26 hours of required training to prepare for visiting patients. Training is four Saturdays from 9:30 – 3, and two Thursdays from 6 – 8pm.

In addition, Continuing Education / Support Meetings are provided on the third Thursdays of each month. These are recommended but not required unless otherwise announced.

February 2023



Disclosure to Volunteer Applicant Regarding Procurement of a Consumer Report and/or Investigative Consumer Report and Authorization to Obtain Report

January 2018

In connection with your volunteer application, we may procure a consumer report and/or investigative consumer report (jointly referred to as Consumer Report), on you as part of the process of considering your candidacy as a volunteer and/or at any time during your time as a volunteer with us. When we request a Consumer Report, it will be obtained from Sterling Volunteers (855)326-1860, Fort Collins, CO, sterlingvolunteers.com.

The Consumer Report may contain information about your character, general reputation, personal characteristics and mode of living. The report may include, but is not limited to, criminal and other public records and history; public court records; motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including government agencies and judicial records, former employers and educational institutions, and other sources.

Check this box if you would like to receive a free copy of any Consumer Report obtained by us.

The Federal Fair Credit Reporting Act (FCRA) and the California Investigative Consumer Reporting Agencies Act (ICRAA) give you specific rights in dealing with consumer reporting agencies. Attached are summaries of your rights under these laws.

Authorization

By your signature below, you authorize us to obtain a consumer report and/or an investigative consumer report for volunteer purposes as part of our pre-volunteer background investigation, and/or at any time during your time as a volunteer.

By signing below, you also authorize Mission Hospice & Home Care to obtain a driver's license report on an annual basis if you are serving as a Mission Hospice & Home Care volunteer.

Volunteer Applicant's Full Name: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of License: _____

Signature: _____ Date: _____

Attached: Summary of Your Rights Under the FCRA and ICRAA



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Volunteer Applicant's Full Name: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of License: _____

Signature: _____ Date: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

A Summary of Your Rights Under the California Investigative Consumer Reporting Agencies Act

The California Investigative Consumer Reporting Agencies Act (ICRA) provides you rights to review your files that are maintained by Consumer Reporting Agencies (CRAs). Following is a summary of your rights regarding these files:

- CRAs must provide requested files to you during normal business hours after reasonable notice by you.
- CRAs must make files available for your visual inspection either in person, or by certified mail upon receipt of a written request by you.
- CRAs must provide a summary of file information to you by telephone upon receipt of a written request by you. You will be responsible for any telephone charges relating to the call.
- You must provide CRAs proper identification before they release any files or information to you. Identification may be based on information from your driver's license, social security card, military identification card, or credit cards.
- You may obtain a copy of your file for a fee no more than the CRAs' actual copying costs.
- CRAs must provide you trained personnel to explain file information to you.
- CRAs must provide you written explanations of any coded information contained in your file.
- You will be permitted to be accompanied by one other person of your choosing when you inspect your file. CRAs may require you to give a written statement granting them permission to discuss your file in such person's presence.

Status **Active** PolicyStat ID **10947980**



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Last Revised 03/2020
Next Review 03/2023

Owner Wendy Goddard
Area Compliance

Confidentiality of Information

PURPOSE

To ensure that the patient's right to privacy is protected by following the policies and procedures regarding confidentiality and use and disclosure of protected health information (PHI), as necessary.

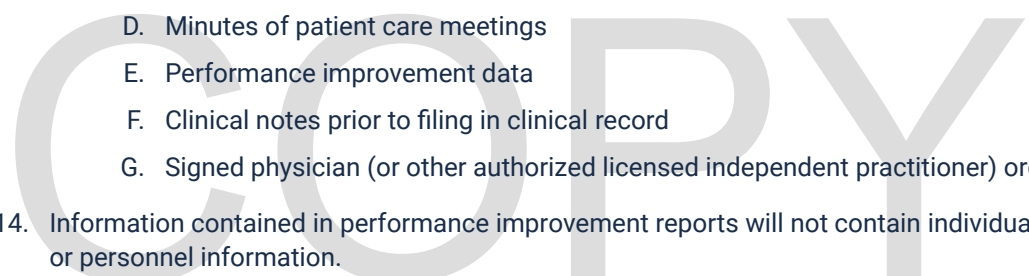
POLICY

Mission Hospice and Home Care and its personnel will maintain as confidential all patient-protected health information. Protected health information will be used and disclosed in accordance with the hospice organization's policies and procedures. (See "Uses and Disclosures of PHI" Policy No. 5-017.)

PROCEDURE

1. During the orientation process, this Confidentiality Policy will be reviewed by hospice personnel.
2. All hospice personnel will be required to sign a Confidentiality Agreement at the time of hire.
3. Hospice personnel will have access to the minimum necessary protected health information of patients needed to carry out their duties.
4. Use and disclosure of protected health information will be carried out according to accepted policies and procedures. (See "Uses and Disclosures of PHI" Policy No 5-017.)
5. Patients will not be discussed by clinical or nonclinical personnel outside of the context of professional conversation regarding those patients' conditions and care.
6. Comments and conversations relating to patients made by physicians, nurses, or other hospice personnel will be made in confidential settings. It will be standard, acceptable, and necessary practice to share information with other members of the care team. The decision to share information can be aided by considering the intent of the discussion.

7. An agreement and consent for services form will be signed by the patient upon admission.
8. Valid authorizations for use and disclosure of information will be obtained, as required. (See "Authorizations for Use or Disclosure of PHI" Policy No. 5-018.)
9. Copies of clinical records, or excerpts of same, cannot be removed from hospice except by subpoena, where statutory law requires it, or on written authorization of hospice. This confidential information will only be mailed in an envelope designated "confidential."
10. Patients will be allowed access to their protected health information. (See "[Patient Requests for Access to PHI](#)" Policy No 5-022.)
11. The organization respects the safety and security of patients and their property.
12. All clinical records will be kept in a locked cabinet/room when not being utilized. The Clinical Supervisor/Nursing Supervisor or designee will be responsible for the key. No unauthorized individual will be allowed access to clinical records.
13. The following patient information will be secured after business hours:
 - A. Clinical records
 - B. Field clinical records
 - C. Patient intake information
 - D. Minutes of patient care meetings
 - E. Performance improvement data
 - F. Clinical notes prior to filing in clinical record
 - G. Signed physician (or other authorized licensed independent practitioner) orders
14. Information contained in performance improvement reports will not contain individual patient or personnel information.
15. Mission Hospice and Home Care will apply appropriate sanctions against any hospice personnel who fail to comply with its privacy policies and procedures.



Approval Signatures

Step Description	Approver	Date
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Confidentiality of Information Agreement

Name _____

Email _____

Position

- Employee
- Contractor/vendor
- Volunteer
- Intern

- I have reviewed the “Confidentiality of Information” policy and understand that I have a legal and ethical responsibility to maintain the confidentiality, privacy, and security of information pertaining to any patient or family serviced by Mission Hospice & Home Care.
- I agree to comply with this policy in all of my daily work activities.
- I agree to immediately report any privacy or confidentiality violations to my supervisor or to the Chief Compliance Officer.

Signature _____ Date _____

Patient privacy: HIPAA basics

The **Health Insurance Portability and Accountability Act** of 1996 (**HIPAA**) is a series of national standards that health care organizations must have in place to safeguard the privacy and security of patients' health data, in all forms. It defines and covers **protected health information (PHI)**, which includes any demographic individually identifiable information that can be used to identify a patient, such as name, address, phone number, and facial photos.

Every health care provider, regardless of size, who electronically transmits any health information is considered to be a **covered entity (CE)** and must comply with HIPAA policies.

HIPAA has two main parts. **HIPAA Privacy Rule** sets national standards for the privacy, integrity, and availability of PHI. The rule outlines safeguards that must be in place to ensure that PHI is kept private. The Rule also establishes guidelines for patients' rights to access their medical records, in addition to uses, disclosures, and authorizations that CEs must have in place. The Privacy Rule applies to all forms of PHI – electronic, written, or oral.

The **HIPAA Security Rule** sets national standards for maintaining the security of PHI through a series of technical, physical, and administrative safeguards.

HIPAA protects all information about patient care, including:

- All information in a patient's medical record
- Conversations the health care provider has about the patient's care or treatment
- Information about the patient in the insurer's and provider's computer systems
- Billing information and most other patient information kept by covered entities

What is the responsibility of the covered entity?

- The covered entity must have safeguards to protect patients' PHI.
- The covered entity must reasonably limit uses and disclosures.
- The covered entity must ensure that their contractors appropriately safeguard PHI.
- The covered entity must have procedures in place to limit who can view and access PHI.
- The covered entity must implement training programs for employees, volunteers, and interns about protecting PHI.

Who can look at or receive a patient's PHI?

Health information is protected in a way that does not interfere with patient health care.

It can be used or shared:

- For patient treatment and care coordination
- To pay health care providers for patient health care and to help run CE businesses
- With relatives, friends, or others patient identifies who are involved with patient's health care or health care bills, unless the patient objects
- To make sure health care providers give quality care
- To make required reports to the police (for example, if abuse is suspected)

Unless specifically allowed by HIPAA, Private Health Information (PHI) cannot be used or shared without the patient's written permission. Without patient authorization, covered entities generally cannot:

- Give PHI to the patient's employer
- Use or share PHI for marketing or advertising purposes
- Share private notes about patient's health care

What rights do patients have over their PHI?

Health insurers and providers who are covered entities must comply with a patient's right to:

- Ask to see and get a copy of their health records
- Have corrections made to their health information
- Receive a notice describing how their PHI may be used and shared
- Decide whether to give permission to share PHI for certain purposes, such as marketing
- Get a report on when and why their PHI was shared for certain purposes

If a patient believes their rights are being denied or their PHI isn't protected, they have the right to file complaints with the provider or with the federal government.



Health Insurance Portability and Accountability Act (HIPAA) Confidentiality Agreement

Name _____

Title _____

Email _____

Position

- Employee
- Contractor/vendor
- Volunteer
- Intern

- I understand that I have a legal and ethical responsibility to comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA).
- I will maintain the confidentiality, privacy, and security of Mission Hospice & Home Care patients and families.
- I also agree not to disclose any confidential information about the organization.

Signature _____ Date _____



Auto Insurance Acknowledgement

Mission Hospice & Home Care requires volunteers who drive as part of their work with the agency to maintain auto insurance that meets the minimum requirements of the State of California. Mission Hospice & Home Care does not provide insurance.

By signing this form, I acknowledge this responsibility, declare that I will maintain the auto insurance policy listed below, and that I will notify Mission Hospice if my insurance provider changes.

Volunteer name: _____

Auto insurance provider: _____

Policy number: _____

Signature: _____

Date: _____

Conflicts of Interest

Employees (contract and direct) and volunteers have a duty of loyalty to Mission Hospice & Home Care and should always act in the best interest of Mission Hospice & Home Care. Moreover, employees and volunteers are expected to use good judgment, to adhere to high ethical standards, and to avoid situations that create an actual or potential conflict between their personal interests and the legitimate business interests of Mission Hospice & Home Care.

A conflict of interest exists when the employee's or volunteer's loyalties or actions are divided between Mission Hospice & Home Care's interests and those of another, such as a competitor, supplier, contractor or patient. Both the fact and the appearance of a conflict of interest should be avoided. Employees and volunteers who are unsure as to whether a certain transaction, activity, or relationship constitutes a conflict of interest should discuss it with their immediate supervisor or the Director of Compliance & Education for clarification. Any exceptions to this policy must be approved in writing by the Chief Executive Officer.

While it is not feasible to describe all possible conflicts of interest that could develop, some of the more common conflicts that employees should avoid include the following:

1. Involvement in another hospice program such as in an owning, managing, operating, or consulting capacity.
2. Employment by or volunteering with a hospice in Mission Hospice & Home Care's service area. Exceptions may be made for nurses, social workers, volunteers and chaplains with prior written approval by their immediate supervisor or director and compliance.
3. Having a direct or indirect ownership or financial interest in any entity that services hospice patients such as:
 - Durable medical equipment
 - Medical supplies
 - Laboratory
 - Pharmacy
 - Any other business association that services hospice patients with which the employee or volunteer has a personal or financial involvement.
4. Making business referrals to patients and their family members that involve personal or business associates such as:
 - Attorneys
 - Private duty or hired caregivers
 - Funeral homes or mortuaries
 - Any other business association with which the employee has a personal or financial involvement.
5. Performing work or rendering services for any contractor, association of contractors, a current or previous patient or other organizations with which Mission Hospice & Home Care does, has done, business or which seek to do business with Mission Hospice & Home Care. This includes

accepting current or former agency patients or their family members as customers/clients of any kind for an employee's own business (e.g., private duty, counseling/therapy),

6. Receiving any monies, gifts or other compensation for referring a business or individual to a hospice patient or family member for the provision of services.
7. Using Mission Hospice & Home Care property or labor for personal use.
8. Using Mission Hospice & Home Care's proprietary or confidential information for personal gain or to the detriment of Mission Hospice & Home Care.
9. Developing a personal relationship with a subordinate employee of Mission Hospice & Home Care or with an employee of a competitor, supplier, or patient that might interfere with the exercise of impartial judgment in decisions affecting Mission Hospice & Home Care, any employee of Mission Hospice & Home Care or any patient.

Any employee or volunteer who becomes aware of a potential or actual conflict of interest must promptly disclose it to his or her immediate supervisor or director, and compliance.

Failure to adhere to this policy including failure to disclose any conflicts or to seek an exception, may result in disciplinary action, up to and including termination of employment.

Printed Name _____ Date _____

Signature _____

Staff member Job Title _____

Volunteer