Mandatory Annual Education for Hospice Volunteers

Hospice Volunteer Coordinator
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Hours: Monday- Friday,
8:00 a.m. to 4:30 p.m.
First, let me express my gratitude for the comfort you provide to members of our community. Hospice is an integral part of Augusta Health.

Each year, we ask our employees and volunteers to review important material covering Augusta Health policies, compliance, and safety information as part of the Joint Commission on Accreditation of Healthcare Organizations annual requirement. It is our responsibility to give you the information and your responsibility to review this packet and acknowledge that you understand the information with the “sign-off” sheet at the end of this packet.

1. Review this Self-Study document.
2. Print out the “Verification Checklist”, review and complete.
3. Drop off or mail your completed Verification Checklist to the Volunteer Coordinator at the hospice office.
4. Contact the Hospice Volunteer Office at (540) 332-4904 if you have any questions or concerns.

Lori Showalter

Lori Showalter, Volunteer Coordinator
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OUR MISSION, VISION, AND VALUES

Our Mission is to promote the health and well-being of our community through access to excellent care. We are a non-profit, independent health system with community leadership. The members of our Community Board of Directors are your neighbors. Profits remain local and are reinvested back into the community.

Our Vision is to be a vibrant, independent, community-based healthcare system that is the first choice for patients, physicians, and employees. We accomplish this by providing a satisfying experience for patients, a collaborative relationship among health professionals, and clinical excellence.

The Augusta Health Values are Patient and Community Centeredness, Professionalism, Excellence, and Teamwork…or just remember P-P-E-T. Our success is dependent on each of us and our collective ability to demonstrate and live our values. Every employee and volunteer can make an important first and lasting impression on our patients, family, and community by practicing our values every day.

THE JOINT COMMISSION

Because Augusta Health receives Medicare funding, we must be accredited by The Joint Commission (TJC). The Joint Commission evaluates and accredits nearly 21,000 health care organizations and programs in the United States. Determined by The Joint Commission, the National Patient Safety Goals are standards to which all accredited organizations must comply:

- Identify patients correctly by name and date of birth*
- Use medicines safely*
- Prevent infection*
- Prevent mistakes in surgery
- Improve staff communication*
- Use alarms safely
- Identify patient safety risks*

(Those that apply to patients in the home are noted with a *.)
COMPLIANCE

Augusta Health is dedicated to providing the highest quality medical care to patients and to improving the overall health of the community.

Our Compliance Program ensures that we all are committed to the prevention and detection of violations of the laws, regulations and standards, protects our patients' rights, and shows that we try to “do the right thing.”

If you observe or suspect misconduct or a violation of a compliance policy, you can report the action by any of the following methods:

- Use the chain of command.
- Contact the Chief Compliance Officer, Scott Jones at 540.245.7455 or djones2@augustahealth.com
- Use the anonymous compliance hotlines. Call 1.855.298.5598 or visit http://www.augustahealth.ethicspoint.com

HIPAA AND PHI

Every patient has the right to privacy and confidentiality and Augusta Health is committed to protecting the privacy of our patients’ health information. It is your responsibility to keep our patients’ information safe and confidential. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that prohibits hospital representatives from disclosing confidential information. HIPAA recognizes the importance and value of this commitment and makes it a legal responsibility of healthcare professionals. HIPAA also establishes national standards for the privacy and security of individually-identifiable health information, also known as Protected Health Information (PHI).

PHI identifies a person, or is a reasonable basis to believe that it can be used to identify a person (i.e., name, address, date of birth, MR number) and relates to the person’s healthcare (past, present, or future). PHI is defined as information that is created, collected, or maintained by Augusta Health in any form or medium, whether it is oral, written, or electronic.

How can we protect patient privacy and confidentiality? Access to PHI is for patient care or legitimate work needs only. Ask yourself, “Do I need this information to perform my job?” or “Does the person with whom I am about to share this info need to have it for patient care or to do their job?”

To assist with privacy and confidentiality, be sure to review all computer awareness policies and training assigned to you. All users are assigned a unique user ID for log-in purposes; no one can have the same user name. Your user access to patient information is limited to the minimum amount of info needed for your job and is consistently reviewed for inappropriate use. Do not share your password with anyone; protection of your password is your responsibility. If you need to walk away from your computer, be sure to suspend or lock the computer before leaving the work area.
PATIENT RIGHTS AND RESPONSIBILITIES

Be aware of your patient’s rights and responsibilities. Patients have a right to:

- Respect and dignity. To be treated with courtesy, consideration, respect, and assured to the right of privacy.
- Respect of their property by our staff. Our staff members are not allowed to accept personal gifts.
- Privacy and security and be free from mental and physical abuse and property exploitation.
- Have information provided in a clear, understandable manner.
- Voice grievances and complaints related to Hospice services without fear of reprisal or termination of services.

DISABILITY AWARENESS

People with disabilities face many barriers at provider sites, such as architectural barriers, inaccessible exam tables and weight scales, lack of interpreters and inflexible office procedures. Ensure that physical, communication, and programmatic barriers do not inhibit participants with disabilities from obtaining all covered items and services.

Talk with the hospice team if you observe any disabilities that interfere with the patient’s care.

MORE ON PATIENT CONFIDENTIALITY

When emailing the Volunteer Coordinator office, be sure to limit the use of PHI (patient name and info), as many email domains (Gmail, yahoo, etc.) are unsecured sites. Refer to them as “your patient” or use initials only.

Do not discuss with your family or friends or post on social media (Facebook, Twitter, etc.) any patient information, even if you believe that the patient would not mind.

There may be times that you see and/or hear patient information during your normal work duties. Do not repeat any of this information. Remember, just because you hear it or see it, does not make it ok to repeat it or share it.

Keep all patient information and forms out of sight at home and in your car. Store them in a folder or manila envelope marked “confidential”.

DISCLOSING INFO TO PATIENT’S FAMILY AND FRIENDS

If family and/or friends are present, ask the patient for his/her permission to discuss their care in the presence of others. A patient may request to be a confidential patient. If so, do not give out any information to anyone who may ask about the patient.

Once admitted, inpatients may request a 4 digit code that they can give to family members or friends who may call to request information about their condition. If the caller has the patient’s authorization code, it is an indication that the patient has approved the caller to receive information regarding their care.
RECOGNIZING AND REPORTING SUSPECTED PATIENT ABUSE AND NEGLECT

Whether you are a staff member, student, contract worker, or volunteer, it is your responsibility to take the appropriate actions to ensure the safety and well-being of our patients at all times. This includes your awareness of the signs of potential abuse or neglect and reporting any suspected patient abuse or neglect to your supervisor.

What is abuse? Abuse is when the individual has been subjected to a non-accidental infliction or injury by a relative, caregiver or adult household member. Some examples would be physical, emotional, psychological, sexual abuse or financial exploitation. Abuse occurs in all age groups and the injuries may not be visible or match the situation. Often, the abuser may have been abused or learned the behavior as a way to cope or control.

What is neglect? Neglect is when a caregiver fails to provide medical or physical care, proper nutrition or satisfactory hygiene to their patient.

Under Virginia law, all healthcare workers are required to report any suspected case of abuse. Such persons are protected from civil and criminal liability.

Trust your gut...report any suspected abuse or neglect to your volunteer coordinator or the nurse or social worker caring for the patient. The healthcare professional will report the abuse or neglect to the proper authorities. A hospice Social Worker is also available as a resource should you have any questions.

TOBACCO USE POLICY

As part of our community health emphasis, our campus is a Tobacco Free environment. This includes all of our facilities, on and off of our main campus. We ask that all Hospice volunteers follow the tobacco use policies while working with their patients. It is important for our home patients to be free of tobacco-related smells brought in on the clothing of our staff and volunteers.

The Tobacco Free policy relates to all tobacco products, which include but are not limited to, smoking (e.g. cigarettes, pipes, cigars, cigarillos, electronic cigarettes, etc.) and/or using smokeless tobacco (e.g. snuff, snus, chew, spit, pellets, strips etc.) For employees and volunteers, contact Employee Health for nicotine replacement and smoking cessation alternatives.

DIVERSITY

Simply put, diversity is allowing and respecting differences until the differences don’t make a difference anymore. At Augusta Health, diversity refers to the differences we recognize in ourselves and in others. Do all that you can do to promote an environment of respect and acceptance to the various beliefs and ideas of your co-workers and patients.

WORKPLACE VIOLENCE

Augusta Health is committed to promoting a safe work environment and has a zero tolerance policy for workplace violence, including co-worker to co-worker violence. This includes bullying, harassment, intimidation, belittling, gossip, inappropriate or aggressive behaviors, teasing, ignoring, cursing or shouting. Augusta Health has a “no-retaliation” policy for those employees who report such incidents in good faith. Report every violent incident, no matter how trivial it may seem.
WHAT TO DO WHEN VIOLENCE OCCURS

If a situation occurs in the home that is dangerous or likely to become dangerous, you should leave immediately, call the Hospice office and if necessary, 911. *Report every violent incident, no matter how trivial it may seem.*

WARNING SIGNS THAT VIOLENCE MAY OCCUR

You should always be aware of the risk of violent behavior and know how to identify signs of potential violence. Respond quickly and appropriately to possible danger signs:

- Staring
- Flushing face
- Rapid breathing
- Pacing
- Tense or anxious posture
- Regularly shifting body position
- Challenging authority
- Shouting, using profanity

EMERGENCY OPERATIONS PLAN (EOP)

An emergency can be as simple as a snowstorm, or as complex as an earthquake. The Emergency Operations Plan (EOP) provides specific guidelines for staff to follow in the event of an emergency. The EOP defines a team of individuals who can assess damage and make informed decisions about how to handle the immediate situation while arranging for experts to deal with any long-term consequences of the incident. A copy of the EOP is located in each department. The Hospice office will provide info to you if the plan is implemented.

EMERGENCY CODES

Special emergency codes are in use inside the hospital or Medical Office Building (MOB). Volunteers should be familiar with the internal code names in the event that you or your patient is in the hospital for care or in the MOB for an appointment. If you are inside of the hospital or the MOB, you should call 2222 and announce the code word with exact location of the emergency. The switchboard will announce the code over the intercom and the appropriate teams will be activated. If you are elsewhere on the Augusta Health campus or at an off-site location (i.e. clinics), you should call 911.

**Code Blue:** A patient or visitor needs a physician immediately

**Stroke Alert:** Patient with possible acute stroke

**STEMI Alert:** Patient with possible acute MI (heart attack)

**Code Black:** Bomb threat

**Code Silver:** Active shooter or hostage situation

**Code Orange:** Hazardous material spill

**Code Pink:** Infant abduction

**Code Adam:** Missing or abducted child

**Code Yellow:** Missing adult

**Code Green:** Potentially violent situation, usually with a patient but could be a visitor or staff member

**Code Purple:** Disaster/Mass Casualty event (external or internal)

**Code Grey:** Tornado (announced as warning or alert)

**Code Brown:** Building evacuation (partial or total)

**Code Red:** Fire
FIRE SAFETY

Remember these key acronyms in the event of a fire:

**R**escue those in immediate danger. Stay calm and give clear, exact directions. Stay low during rescue to avoid smoke.

**A**larm- Don’t hesitate to sound the alarm with any suspicion of fire. Call 911 and give exact location of fire. Don’t yell “fire”. Hang up last.

**C**ontain smoke and fire; close the doors, windows, and vertical openings such as elevators or chutes. Stuff wet towels under doors to keep smoke out. Clear walkways.

**E**xtinguish the fire or evacuate the patient. If the fire is small and confined, you may be able to extinguish or smother it. Be sure to maintain your safety while doing this.

To use a portable fire extinguisher, remember PASS.

**P**ull the pin between the handles of the extinguisher.

**A**im the nozzle at the base of the fire.

**S**queeze the handles together.

**S**weep from side to side.

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ELECTRICAL SAFETY

Protect yourself and your patients by incorporating simple electrical safety guidelines:

- Use childproof caps/plugs where children may be found.
- Plugs and sockets should fit firmly, requiring some force for insertion and removal. Always grasp the plug to remove it from the socket.
- All electrical devices should be properly grounded. Never use “cheaters” which convert 3-prong plugs into 2-pronged plugs.
- Check cords frequently for fraying or other defects, especially where the cord attaches to the equipment.
- Label and report all damaged cords immediately. Avoid using extension cords and never overload them.
- Keep cords out of the way of traffic to avoid tripping.

In the event of electrical shock, don’t touch the person with your hands. Break the circuit, such as pulling the plug, turning off power, or use non-conductive material (wood) to separate the victim from the flow of electricity. Check for breathing and circulation. Administer first aid until help arrives.
HAZARDOUS MATERIALS

Many chemicals can cause injury or death due to fire or explosion. Certain chemicals can cause serious disabling illnesses. Always read the product labels and Safety Data Sheets (SDS) provided by the material manufacturer. Learn how to handle hazardous materials safely.

Practice safe work habits and use appropriate Personal Protective Equipment (PPE) when handling hazardous materials. Store and transport chemicals according to safety rules. If you are exposed, call hospice to report the exposure. Be sure to ask your volunteer coordinator if you have any questions about hazardous materials.

BACK SAFETY

Moving a patient is very different than moving an object, as most patients weigh more than the maximum allowed for a “safe lift” established by the National Institute for Occupational Safety and Health (NIOSH). When the back is used properly, you can reduce your chances of injury and pain. Proper posture and body mechanics are absolutely crucial to the success of any workplace improvements.

Remember, use large muscles for lifting and holding; smaller muscles for manipulative and repetitive movements. Keep joints in a neutral position and keep work close to your body. When standing, keep your knees flexed, maintain good posture, wear comfortable shoes, and use a foot rest when standing for long periods of time. Practice the principles of safe lifting:

• Know your limits. Test the load and get help when needed. Ask for assistance when pulling someone up in bed or turning a patient.

• Stay close to the work, keeping feet apart. Let your legs do the work. Bend at the hips and knees. Lift with your legs, not your back.

• Keep your head up and back aligned. Maintain 3 natural curves.

• Pivot with your feet; avoid twisting at the waist.

• Breathe.

• Push or pull rather than lift when possible.

• Never try to catch a falling object.

• Use the tools available to help you lift. Use patient equipment, such as a lift or sliding board whenever available.

If you are injured, perform any necessary first aid and report the incident within 8 hours of the occurrence to the Volunteer Coordinator. If after hours or if you get no response from the Volunteer Coordinator, the volunteer should call the main hospice number to report the occurrence. The appropriate staff person will then assist the volunteer in filling out the Employee Occurrence Form. Our Workers’ Compensation Protocol requires you to use the facilities within the Emergency Department or Employee Health; you cannot use your Personal Care Physician (PCP).
**OCCURRENCE REPORTING FOR VOLUNTEER EVENT**

An occurrence is any event that happens which is not within the normal work routine. This includes all injuries and accidents where there is potential for injury, exposure to hazardous substances or infectious diseases. The volunteer, on the day of the injury and before leaving the hospital/patient home, should report the occurrence to the Hospice Volunteer Coordinator. All occurrences must be reported within 8 hours. If after hours or if you get no response from the Volunteer Coordinator, the volunteer should call the main hospice number to report the occurrence. Depending on the occurrence, the volunteer may be asked to follow up with Employee Health. The Volunteer Coordinator will assist the volunteer in filling out an occurrence report and will forward it to the appropriate persons. In the event of a severe or life-threatening injury or illness, the volunteer should report directly to the emergency department.

**OCCURRENCE REPORTING FOR PATIENT EVENT**

If ever a patient falls or has any other type of occurrence in the presence of the volunteer, the volunteer must call the hospice office to report it. The appropriate staff person will assist the volunteer in filling out the Occurrence Report.

The Quality Care Control Report (pink) is the official form to be used for reporting hospice occurrences that involve patients, visitors, or volunteers. Contact the Volunteer Coordinator for further instructions if you were to witness an occurrence in a patient’s home. This form is available to employees via hard copy.

This report is protected from discovery by the attorney-client confidentiality privilege. This report is considered confidential and under no circumstances should the report, or copy of the report, be placed in the patient’s medical record. Reports should be completed by the volunteer who is knowledgeable of the event or occurrence (i.e. the witness) as close to the time of the occurrence as possible and no later than the end of the work day.

**WASTE MANAGEMENT**

Regulated Waste is liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious material. In-the-home dressings are not considered as regulated waste if the dressing contains the fluid.

If syringes and needles are present in the home, you should report any needles that are uncovered or incorrectly disposed. All used needles should be placed directly in a sharps container or hard container which will not allow penetration.

Be sure to handle any soiled items and/or equipment in a manner to prevent transfer of microorganisms. If you are confronted with blood because a patient has excessive bleeding, do not clean up the blood without using gloves. When cleaning spills containing broken glass or sharps, use heavy duty gloves and sweep up broken glass/sharp objects rather than using your hands.
EXPOSURE TO BLOOD OR BODY FLUIDS

For needle sticks and cuts, wash the wound with soap and water. Notify the Hospice office so that a “Needlestick Panel” can be obtained. For splashes to the eyes, nose or mouth, flush or irrigate with saline or sterile water and wash for 10 to 12 minutes. Notify the Hospice Volunteer Coordinator of the occurrence and complete the Occurrence Report forms. Notify Employee Health Services at ext. 4725 within 1 to 2 hours to ensure that you receive appropriate care. If an exposure occurs after 5:00pm, on a weekend day or a holiday, please follow this protocol:

- Call the nurse on-call and inform him/her of the occurrence. You will be instructed to pick up a “Needlestick Packet” from the supervisor’s office.
- Have your blood drawn through the lab (available to register 24/7). Use the phone in the lab to call back for assistance.
- The hospice nurse will send the source patient’s bloodwork to the lab as a “Needlestick Panel” STAT. The nursing supervisor will receive the source patient’s HIV result and will inform the exposed employee of the results. If the HIV results are positive, or if the exposure is considered “high risk”, the employee will be sent to the Emergency Department (ED) to be seen by the ED physician.
- As soon as you are able, call Employee Health Services at ext. 4725 to set up a post-occurrence appointment. The nursing supervisor will notify Employee Health of the occurrence, but you can page one of the Employee Health nurses for any questions or concerns you may have related to the exposure prior to your individual appointment.

INFECTION CONTROL

Hospice volunteers must be aware of general precautions to take when in the patient’s home. All contact with the patient should follow standard precautions to reduce the spread of infection.

Standard precautions require that you use personal protective equipment (PPE), such as gloves, eyewear, masks and gowns to prevent exposure to blood, body fluids, secretions, excretions, and contaminated items.

- Wear gloves when touching any items soiled with blood, body fluids, secretions, or excretions
- Change gloves and clean hands between tasks, such as emptying trash cans or picking up tissues
- Remove all gloves promptly after completing the task for which you wore them and clean hands
- Use mask and eye shield during activities that are likely to generate splashes or sprays of blood or body fluids

When a hospice patient has a known infectious disease, volunteers will be instructed on what precautions to take and what PPE needs to be worn. Some types of isolation are airborne precautions, indirect and direct contact, and droplet or respiratory isolation. You can decrease the spread of infection by using common sense and practicing good hygiene.
**HAND HYGIENE**

Handwashing is the single most important precaution for preventing the spread of infection; the more you wash your hands, the less likely for your chance of infection. Hand cleaning keeps you from transferring contamination from your hands to other areas of your body or surfaces you may contact later.

You should cleanse your hands:

- Before entering a patient’s home
- When exiting a patient’s home
- Between patient visits
- After contact with a patient or anything in the immediate patient area
- When going from a dirty to a clean site on a patient
- Before putting on gloves and after removing gloves
- When hands are visibly soiled
- Before eating, drinking, or smoking
- Before applying make-up, handling contact lenses, or using the toilet
- After eating, drinking, smoking, coughing, sneezing, or using the toilet

Use liquid soap and rub vigorously for 30 seconds, using warm water and plenty of lather. Rub all areas of hands, especially knuckles, cuticles, both sides of fingers and clean under your nails. Remove rings or slide them up to clean underneath them. Rinse fingers pointing downward. Dry hands completely with clean paper towel or under hot air. Turn off faucet with a paper towel.

Patient and Eleventh Hour volunteers are supplied with a can of alcohol foam to keep in their vehicle. Do not use alcohol hand cleaners if the patient has C.diff infection resulting in severe diarrhea, as it will not kill the germ. You must use soap and water and dry with paper towels.

All patient care volunteers must wash their hands or use the alcohol foam in front of the patient prior to touching them, even if it’s just shaking hands.

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**TUBERCULOSIS**

Tuberculosis (TB) is an airborne disease; one must breathe it in to get the pulmonary disease. We are in a low risk area, with an average of 1 confirmed case every 2 to 3 years. Generally, we have more instances that are “rule outs” than actual cases.

If your patient has an undiagnosed pulmonary illness and has a fever, night sweats, weight loss, or bloody sputum, contact the RN Care Manager if you have any questions. It is extremely unlikely that you will be assigned to this patient.
Age-Specific Developmentally Appropriate Care

Infant (0-12 months)

Psychosocial Stage: Trust vs. Mistrust. Major task is to acquire a sense of trust. Needs include: basic physical needs, nurturing, and an opportunity to explore environment. An infant whose needs are not always met or who becomes frustrated with the caregiver grows mistrustful and insecure.

Common or Major Fears: Separation, strangers.

Cognitive Stage: Sensorimotor (0-2 yrs.) Learning occurs by the use of their senses. Sensorimotor thought begins with simple reflexes in the first few months and ends with primitive symbolic thinking. Object permanence is a major cognitive task; understand that objects and events continue to exist when they cannot be seen, heard or touched.

Physical and General Characteristics: Infancy is a period of rapid growth. Regains birth weight by 3 weeks, doubles by 5 months, and triples by 12 months. Large body surface area compared to weight predisposes infants to fluid and heat loss and increases risk of hypothermia. Difference in head, neck, chest, and airways put infants at risk for airway obstruction.

Vital Signs: BP: 87-105/53-66 HR: 100-160 RR: 30-60

Toddler (1-3 years)

Psychosocial Stage: Autonomy vs. Shame and Doubt. Strives to control body functions; learns to do things unassisted; helps to develop sense of autonomy. Differentiates self from others. If toddler can’t perform self-care independently, exploration is prohibited or efforts ridiculed, developing a sense of shame and doubt.

Common or Major Fears: Separation, loss of control, altered rituals, pain.

Cognitive Stage: Sensorimotor same as infant stage. Pre-operational (2-6 yrs.) Forms mental representations of objects and action patterns. Thought is egocentric-unable to distinguish between own perspective and that of someone else.


- Negativism-saying 'no'
- Ritualism- relying on routines
- Defiance- refusing to follow commands
- Dawdling- responding slowly with excuses

Pre-Schooler (3-5 years)

Psychosocial Stage: Initiative vs. Guilt. Uses initiative to gain a sense of accomplishment by completing such tasks such as dressing unassisted. Defines the boundaries of self, much of activity is ‘anti’ and demonstrative. Develops guilt (inward anger) when initiatives are blocked or failed.

Common or Major Fears: Bodily injury, loss of control, unknown, dark, being left alone.

Cognitive Stage: Pre-operational (2-6 yrs.) Egocentrism.

- Centration- ability to think of one concept at a time.
- Magical thinking- beliefs that thoughts are powerful/cause events to occur. Inanimate objects can be lifelike.
- Transducive Reasoning—belief that events occur at the same time have cause/effect relationship.

Physical and General Characteristics: Walk up/down stairs, stand and hop on one foot, jumps and runs. Bladder control more reliable. Throws ball, rides tricycle/bicycle. Develops social behavior, begins to share. Likes continuous contact with security objects. Difficulty distinguishing between reality and fantasy. Thinks of death as reversible.


School Age (5-12 years)


Common or Major Fears: Bodily injury, loss of control, death, not being able to live up to expectation of important others.

Cognitive Stage: Pre-operational stage same as preschooler. Concrete Operational (7-11 yrs.) Develops logical thinking/ ability to perform operation on concrete objects:

- Conservation- certain properties of an object remain the same despite changes in other properties of that object.
- Classification- ability to group objects based on shared characteristics.
- Combination- can manipulate numbers /learn basic math.

Physical and General Characteristics: Climbs, skips and hops well. Very active physically. Activities serve to refine motor skills.

Adolescent (12-18 years)

Psychosocial Stage: Identity vs. Role Confusion. Develops identity by defining the self favorably in relation to others. Role confusion occurs if adolescent has continued conflicts with family and society over current role and anticipated future role.

Common or Major Fears: Loss of control, altered body image, separation from peer group.


Possible Adverse Effects of Hospitalization: Fluctuating participation in own care due to dependence vs. independence. Concern about illness/procedure/surgery affecting appearance. Fewer opportunities to be part of peer group. Preoccupation with bodily functions due to anxiety about illness. Relationship with parents/healthcare providers may become hostile. Fears about functioning in school/on job. May experience sense of isolation, resents loss of control.

Young Adult (19-45 years)

Psychosocial Stage: Intimacy vs. Isolation. Seeks companionship, love and intimacy with another person, or can become isolated from others. Searching for/finding place in society. Initiating career, finding mate, developing relationships, marriage, establishing a family/parenting. Begins to express concerns about health. Achievement oriented; working up career ladder. Moves from dependency to responsibility, responsible for children and aging parents.

Cognitive Stage: Mental abilities reach peak in 20s: reasoning, creative imagination, information recall, and verbal skills.

Physical and General Characteristics: Growth of skeletal systems until age 30. Skin begins to lose moisture. Muscular efficiency peak between 20-30 yrs. GI system decreases secretions after age 30. Some loss in hearing, especially high tones.

Possible Adverse Effects of Hospitalization: Anticipation of harm (actual or perceived). Anxiety for unknown. Fear of known threat. Threats to physical self-image, such as change in appearance, pain. Threats to
psychosocial self-image: change in role of provider, becoming dependent vs. independent, powerless/loss of control.

Middle Adult (45-60 years)

Psychosocial Stage: Generativity vs. Stagnation. Strives to be productive, performing meaningful work, or become stagnant and inactive. Future oriented vs. self-absorbed. Working up career ladder. Empty nest syndrome (positive/negative.) Adjustment to changes in body image. Mid-life crisis; measuring accomplishments vs. goals.

Cognitive Stage: Mood swings, decreased short term memory or recall, reevaluation of current lifestyle and value system, synthesis of new information is decreased, decrease in mental performance speed.

Physical and General Characteristics: Slowing of reflexes; muscles and joints respond more slowly; decreased muscle strength and mass; endurance declines. Visual changes, noticeable loss of hearing and taste. More prolonged response to stress. Bone mass begins to decrease, loss of skeletal height; calcium loss especially after menopause. Loss of skin elasticity; dry skin; wrinkles.

Older Adult (Greater than 60 years)

Psychosocial Stage: Integrity vs. Despair. Integrity results when person derives satisfaction from an evaluation of life; disappointment with life and lack of opportunities to alter past bring despair. Coping with life adjustments can be biggest challenge. Changes are perceived as losses. Psychosocial changes can include: role/status, financial situation, loss of others, reduced autonomy and self-determination, loss of health, depression/isolation.

Interventions for psychosocial changes: introduce yourself to patient, ask patient how they would like to be addressed, teach stress reduction strategies, encourage social interactions, make arrangements for support of religious practices, and provide comfort, physical contact, and frequent interventions.

Common or Major Fears: Loneliness, becoming a burden to loved ones, pain.

Cognitive Stage: General slowing of a person’s response to sensory stimuli. Long-term memory can be slowed, especially if info is not used or needed on daily basis. Decreased attention span, difficulty hearing, or difficulty reading.

**Teaching:** Allow extra time to absorb written or verbal material. Emphasize application of knowledge and experience instead of learning lots of new info. Use visual methods that are meaningful. Use large print. Speak slowly, deliberately, distinctly while facing patient. Present factual and straightforward info. Encourage use of organizational aids.

**Congratulations!**

You have completed the “Mandatory Annual Education for Hospice Volunteers” packet. Remember, this is just one part of your annual requirements. Here are the next steps you should look to complete with the guidance of the Volunteer Coordinator:

→ Remember to drop off or mail your completed Verification Checklist (next page) to the Volunteer Coordinator at the hospice office.

→ Complete annual competencies requirement.

→ Revisit this packet often to answer any of your questions.

→ Contact Employee Health at 332-4725 to schedule your annual health update if you haven’t completed it for this year.

→ Complete the Safe Driving training module if you drive on behalf of Hospice. This includes any patient care volunteer, marketing volunteer, or any other volunteer who must drive to perform their duties.

→ Complete the Patient Care Skills class every three (3) years if you are a patient care volunteer. Check with Hospice if unsure of your due date.
Verification Checklist

I, the undersigned, acknowledge that I have received the Mandatory Annual Education for Hospice Volunteers Self-Study document and have independently reviewed the information. I understand that if I have any questions or concerns about the material, I should ask the Volunteer Coordinator for clarification.

Topics Covered:

→ Our Mission, Vision, and Values
→ The Joint Commission, Compliance, and HIPAA/PHI
→ Patient Confidentiality, Disclosing Info to Patient’s Family and Friends, and Patient Rights and Responsibilities
→ Disability Awareness
→ Recognizing and Reporting Suspected Patient Abuse and Neglect
→ Tobacco Use Policy
→ Diversity
→ Workplace Violence and Warning Signs of Violence
→ Emergency Operations Plan and Emergency Codes
→ Fire Safety, Electrical Safety, and Hazardous Materials
→ Back Safety
→ Occurrence Reporting For Volunteer Events and Patient Events
→ Waste Management
→ Exposure to Blood and Bodily Fluids
→ Infection Control, Isolation Precautions, and Tuberculosis
→ Hand Hygiene
→ Age-Specific Developmentally Appropriate Care

I also understand my responsibility in maintaining the privacy and security of the protected patient health information that I may come across while volunteering for Augusta Health.

Volunteer Signature: ________________________ Print Name: _________________________ Date: ____________

Please return this completed form to the Volunteer Coordinator.

Augusta Health Hospice, P.O. Box 215, Fishersville, VA 22939