Accreditation Manual
for Volunteer Hospice Client Services

August 2012

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It’s a great process - so grateful to HPCO for initiating this and to the Working Group for their efforts. As I’m working on this process here, what it is doing is validating the importance to all staff and Board to following consistent criteria and procedures, as well as focusing attention on quality control of our services. It is literally ``standardizing` how we do business, makes everyone pay attention to how we do things, ensuring we do them equitably with each client and that all staff are doing them the same way, makes our record keeping and documentation more professional and consistent, helps us ensure confidentiality, informed consent, plans of care, etc.

Also, it is helping me to raise the bar at our organization - I can say to staff - we are a professional organization, we will aspire to be the best at what we do, and this is how we are going to ensure that and measure it. With accreditation, we can say: this is how we will operate our organization and this is how we are going to know that we are doing that well."

Table of Contents

Acknowledgments

How we treat those who are dying in our community reflects who we are as a society.

All Ontarians have the right to die with dignity,
to have access to physical, psychological, bereavement and spiritual care,
and to be granted the respect consistent with other phases of life.

Charter for End of Life Care in Ontario (2004)

Enabling consistent, integrated and compassionate care is a shared goal of the Hospice Association of Ontario (HPCO) and its members. We recognize that the application of standards and accreditation provide a framework for consistency of quality care.

In the spirit of hospice, a group of hospices not only agreed to dedicate considerable volunteer time, thought and passion to develop this Manual, they ventured on a journey. Their journey began long before this Manual was written and it was a journey of determination, exploration and persistence. We would like to extend our gratitude to those hospices that understood the need for Standards, Policies and Procedures, Targets and Indicators and finally, an Accreditation process. Their vision has helped shape and ensures that the highest quality of care is provided to those people who are suffering from a terminal illness and to their loved ones.

We would also like to extend a sincere thank you to the members of the Accreditation Implementation Workgroup for sharing their time, effort and expertise with us. Most importantly, we would like to thank them for sharing their vision, generosity of spirit and unwavering commitment to the wellbeing of those who are dying and their families:

- Alliance Hospice, Annalise Stenekes, Chair[1]
- Hospice Association of Ontario, Denise Larocque
- Hospice Association of Ontario, Tara Addis*
- Hospice Huntsville, Elaine Rose
- Hospice of Peel, Geraldine Aguiar
- Huron Hospice Volunteer Service, Shirley Dinsmore and Yvonne Kitchen
- Sudbury Regional Palliative Care Association, Maryann Lepage*

This project, and several before it that provided the foundation for this work, would not have been possible without the support of the Ontario Trillium Foundation (OTF). On behalf of the hospice palliative care sector in Ontario, we would like to thank the OTF for its support of this movement. Our gratitude also extends to the Weston Foundation, who saw merit in this project and so generously provided funding for it.

A special and heartfelt thanks goes also to Mary Davies. Mary has kindly shared her considerable talents to help us with this project – from facilitation to provoking thought, her significant contributions are most greatly appreciated.

* left the Working Group during the project

[1] Annalise was on leave from the Alliance Hospice for the latter portion of this project.

About the Manual

The Manual is intended to help guide you through the HPCO Volunteer Hospice Client Service Accreditation Process by offering helpful hints, tools and samples to increase efficiencies, decrease duplication and ease administration.

The Manual is divided into easy to use sections specific to the content you are seeking. The Manual includes the following sections:

- Section 1: Getting Started
- Section 2: Quality Dimensions, Standards, Criteria, Policies and Procedures[2]
- Section 3: Sample tools/documents broken into three basic categories:
- Section 4: A Workbook to Accreditation
- Glossary of Terms
- Appendices
- References
- Additional Resources

Section 1 includes information on building the case for accreditation; the rationale; the proposed process and steps for implementation; and lessons learned by those hospices that have already completed accreditation.

Within **Section 2**, we have included a summary of the five Quality Dimensions, the Standards, their related Criteria and Policies. The Policies in this Section *are not intended to be a comprehensive set of policies with accompanying procedures* (so-called "turnkey" policies) for hospice members of HPCO. They are intended to translate the five Quality Dimensions identified in the HPCO *Client Service Standards for the Volunteer Hospice Visiting Service*[3] into key policies that are required for the service to:

- Meet HPCO's *Client Service Standards for Ontario's Volunteer Hospice Visiting Service*
- Comply with fiduciary duty and statute imposed risks
- Let the public know what services are being provided
- Look carefully at what is being done and its impact on people.

These key policies do not necessarily reflect each standard or criterion that supports the five quality dimensions. Rather, they provide a framework to support the ongoing policy development of member Hospices.

To prevent this Handbook from being cumbersome in size, the Procedures which accompany the Policies are not included here but can be referred to in HPCO *Policies and Procedures Manual*, 2001.

In **Section 3 of** this document, we have included Tools and Sample Documents organized around three main areas:

[2] MOHLTC revised the name to Volunteer Hospice Service and updated the definition effective April 1, 2006.
[3] ibid

1. Administration
2. Client Care/Case Management
3. Volunteer Management

It is not essential that each hospice use these tools and documents but it is essential that relevant content from each of the tools/documents be collected. For easy reference, we have indicated on each tool/document the relevant Standards that each addresses.

Introduction

What is Hospice Palliative Care?

The Canadian Hospice Palliative Care Association (CHPCA) document *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice* defines the aim of hospice palliative care as relieving suffering and improving the quality of living and dying, while striving to help individuals and families to:

- Address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears
- Prepare for and manage self-determined life closure and the dying process
- Cope with loss and grief during the illness and bereavement.[4]

Values and Guiding Principles for Hospice Palliative Care

CHPCA identifies the following values:

- The intrinsic value of each person as an autonomous and unique individual.
- The value of life, the natural process of death, and the fact that both provide opportunities for personal growth and self-actualization.
- The need to address patients' and families' suffering, expectations, needs, hopes and fears.
- Care is only provided when the patient and/or family is prepared to accept it.
- Care is guided by quality of life as defined by the individual.
- Caregivers enter into a therapeutic relationship with patients and families based on dignity and integrity.
- A unified response to suffering strengthens communities[5]

CHPCA also lists the following principles to guide all aspects of hospice palliative care:

- Patient/family focused
- High quality
- Safe and effective
- Accessible
- Adequate resources
- Collaborative
- Knowledge-based
- Advocacy-based
- Research-based [6]

[4] Ferris, FD; Balfour, HM; Bowen, K; Farley J: Hardwick W; Lamontagne C; Lundy M; Syme A; and, West P. *A Model to Guide Hospice Palliative Care.* Ottawa, ON: Canadian Hospice Palliative Care Association, 2002, p.17.
[5] Ibid, p. 19.
[6] Ibid, p. 19-20.

Background

Expectations of Agencies

It is the expectation that agencies which are members of HPCO will strive to meet all the minimum standards and criteria which are stated in HPCO's *Client Service Standards for the Volunteer Hospice Visiting Service.* Please note there are currently plans to review and revise the 1999 Standards document.

Revised Definition of Volunteer Hospice Services

The Ministry of Health and Long Term Care revised the name of the Volunteer Hospice Visiting Service to Volunteer Hospice Services (VHS) in order to "better clarify the service definition and ensure consistency in the way the VHS is delivered across the province".[7]

According to the Home Care and Community Support Branch of the MOHLTC Memorandum, the revised policy of Volunteer Hospice Services, effective April 1, 2006, is as follows:

- *The Volunteer Hospice Service (code 08D) is a support service where volunteers are recruited, trained, matched with clients and supervised to provide emotional, social and spiritual support to those who are living with a life-threatening or terminal illness and their families[8]. Volunteers may also provide respite and bereavement[9] support.*
- *The primary target of bereavement support is caregivers of clients who were receiving hospice services. This service is not professional grief counseling.*
- *Generally, the client will be matched with one volunteer. More than one volunteer may be provided where a volunteer is required to stay with a client for long periods of time, and on occasion for 24-hour periods. The hospice volunteer supplements the support of family. In some instances, the volunteer may be the only source of support for the client.*
- *A volunteer may follow a client in various settings (i.e. not restricted to home setting). The volunteers may also provide the support in a group setting (e.g. day program).*
- *The Ministry will only fund administrative costs related to volunteer coordination and volunteer expenses (i.e., no paid professional staff visits that are not related to supporting volunteers).*
- *The **unit of service** is one hour of direct contact with the client, caregiver, family member whether in person or by telephone.*
- *The **number served** is based on the client and/or family unit (e.g., if six family members were involved in one hospice care case, the number served would be one).*

The revised policy will replace the current 08D in the *Planning, Funding and Accountability Policies and Procedures Manual for Long-Term Care Services (*Appendix B, p. 9). Please also note, the overlying statement on page 1 of Appendix B continues to apply for all service definitions under the Long-Term

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[7] MOHLTC. *Questions and Answers, Revised Policy Regarding Volunteer Hospice Service (PFA Code 08D)*, April 2006.

[8] According to *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice,* "family" are: "those closest to the patient in knowledge, care and affection (including biological; family of acquisition (related by marriage/contract); family of choice and friends). The patient defines who will be involved in his/her care and/or present at the bedside."

[9] According to *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice,* March, 2002, bereavement is defined as: "the state of having suffered the death of someone significant".

Care Community Services, which states:

Services include the assessment of need, the determination of eligibility, the coordination of services and the direct provision of service to the client. The provision of information and referral is considered to be part of the assessment of need, the determination of eligibility and the intake process of an agency which provides long-term care community services[10].

This new definition expanded the ability of hospices to receive government funding for volunteer hospice services, delivered in places other than the home (hospital, for example) as well as for bereavement services.

One of the basics of volunteer hospice care is that it supplements, not supplants, the care provided by paid workers. This idea also comes through in the idea of paid workers/professionals visit in order to provide a procedure while hospice volunteers are there to provide non-physical support to the client and to their family.

When the Standards were being developed, the idea of "compassionate response" was also developed. This meant that if volunteers faced a situation that called for a physical care response (i.e. changing a diaper or helping someone to the washroom or responding to the need to be turned over) and a paid worker or a family member were not there, a volunteer could – if they chose – provide this service as a compassionate response to the immediate need of another human being.

Thus, hospices needed to provide standards of care for these potential responses, and hospices needed to train their volunteers how to do them should their volunteers choose to provide them when other assistance was not immediately available.

It is important that providing physical care not be deemed as an integral part of the volunteer's responsibility and that neither government nor the family believe it is a part of the services that hospices provide.

[10] Memorandum from Vida Vaitonis Director Home Care and Community Support Branch, April 2006.

Summary of the Client Service Standards for the Volunteer Hospice Service[11]

Quality Dimensions and Service Delivery Standards

Client service standards relate to aspects of the service which directly affect the quality of the care provided to the client/caregiver. The standards have been grouped according to the following quality dimensions:[12]

Quality Dimension:	***Accessibility***
Standard 1.1	The hospice has an ongoing process for informing the public and other service providers of its service.
Standard 1.2	The hospice provides services based upon the client's/caregiver's needs and the parameters of the service.*
Standard 1.3	The hospice has eligibility criteria which are consistent with the philosophy of hospice palliative care.[13]
Standard 1.4	Admission to the Volunteer Hospice Visiting Service is dependent upon an assessment and approval by the service.*
Quality Dimension:	***Client Perspective***
Standard 2.1	An individualized assessment is completed to determine the client's/ caregiver's specific needs.*
Standard 2.2	Clients and caregivers are respected as individuals and involved as appropriate in all aspects of their individual program plans as developed by a qualified coordinator at the Volunteer Hospice Visiting Service.*
Quality Dimension:	***Safety***
Standard 3.1	A qualified coordinator conducts ongoing intensive screening of all volunteers who visit clients/caregivers.*
Standard 3.2	The hospice has a process for informing volunteers of their roles and limitations.
Standard 3.3	The hospice has a process for optimizing the matches between the clients/caregivers and volunteers.
Standard 3.4	The hospice has a process for ongoing support/supervision of the volunteers.*
Standard 3.5	The hospice has a risk management process.
Standard 3.6	The service has a records management process.
Standard 3.7	The hospice has a process to maintain confidentiality of information.

[11] This is the revised name for the Volunteer Hospice Visiting Service (which is the name on the 1999 Standards document). HPCO intends to review and revise these standards.

[12] Except for competence, these are some of the dimensions of quality adapted from the Ministry of Health's Provincial Requirements for the Request for Proposal Process for the Provision of In-Home Services, Supplies and Equipment. May 1996 which sources Donabedian, A. The role of outcomes in quality assessment and assurance. Quality Review Bulletin 1992: 18 (ii), 356-60 and Macdonald, M. and Boulianne, R. Governance for quality, getting to the heart of it. Healthcare Management Forum 1995, 8 (iii), 46

[13] HPCO will review any changes in the long term care legislation, regulations or policy for their applicability.

Quality Dimension:	***Competence***
Standard 4.1	The hospice has a process for the ongoing education/training of the volunteers who provide hospice palliative care to clients.*
Quality Dimension:	***Continuity***
Standard 5.1	The Volunteer Hospice Visiting Service provides the client and caregiver with a consistent volunteer/volunteer care team members in order to promote continuity of care.
Standard 5.2	The hospice is committed to working collaboratively with other agencies/individuals serving the client/caregiver.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

SECTION 1

Getting Started

Building the Case: Purpose and Rationale Summary

Purpose:

The goal of the Hospice Association of Ontario's Volunteer Hospice Client Service Accreditation Program is to ensure the delivery of consistent, high quality volunteer hospice service throughout Ontario.

Accreditation is an efficient and effective means of continuous learning and improvement – a provincial benchmark for Ontario hospices. The program is intended to assist each HPCO member in their quality improvement efforts as they relate to volunteer hospice client services.

Rationale: Why Standards and Accreditation?

Provincial standards and accreditation enable hospices to assess and evaluate their competence, service delivery, accessibility, safety and continuity of care.
In today's highly scrutinized and rapidly transforming health care environment, accountability and transparency are vital. Implementing standards is a timely solution to many emergent issues, especially as we face the growing demand for hospice palliative care.

Standards:

- Answer a system-wide need for more integrated, quality home and community care in a time of medical professional shortages
- Acknowledge Ontarians' desire to remain in the comfort of their own homes at the end of life - the trend towards community care and away from institutional care
- Illustrate changing social patterns and the need to support informal caregivers
- Demonstrate accountability and transparency
- Reflect an organizational commitment to continuous learning and improvement
- Respond to the needs of a vulnerable population and increased incidence of life-threatening illness.

The implementation of standards and accreditation is becoming an imperative for the legitimacy of hospice volunteers who care for vulnerable individuals, often on a one-to-one basis.

Benefits: Accreditation is a Value-added Proposition

Initiating the use of HPCO standards and achieving Level l and ll Accreditation provides a number of benefits for your hospice and your clients including:

- Provides opportunity to celebrate and validate your efforts and contributions
- Provides opportunity for continuous learning and quality improvement
- Legitimizes the role and contribution of the hospice, the volunteer and the movement with key stakeholders such as medical professionals, community members, funders and government
- Ensures consistent delivery of services and practices which are essential for clients and their families
- Galvanizes and recognizes the team (including Board members, staff and volunteers)
- Objectifies the process
- Provides unification and alignment of effort and messages
- Facilitates knowledge exchange and improved risk-management
  Focuses on client-centred support with increased organizational confidence

Additional benefits mentioned by participants in HPCO's accreditation workshops included:

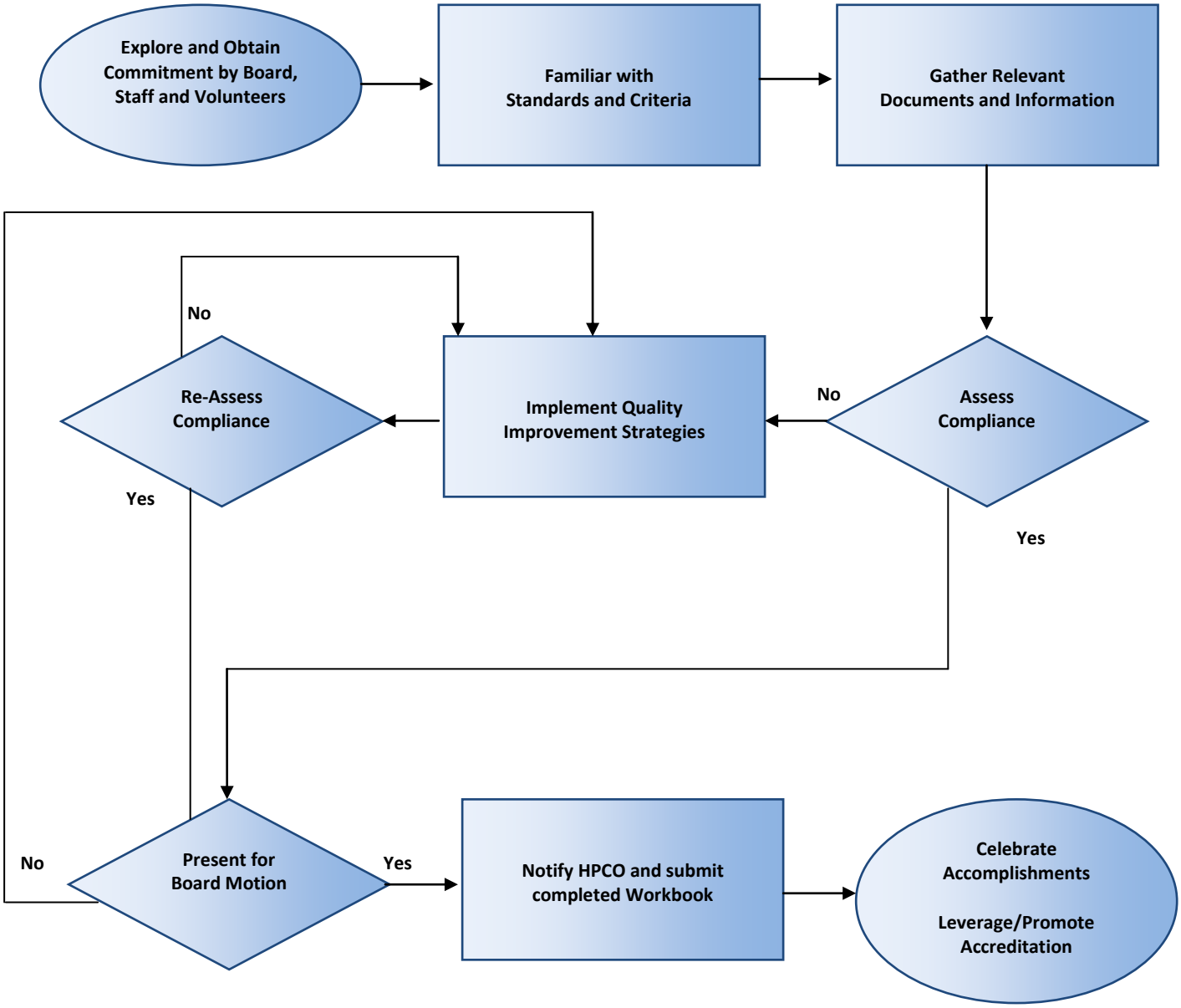
- Fairness of service throughout the province
- Accountability - minimum expectations for the clients
- Monitoring tools/benchmark for practice
- An assistance in strategic planning for the hospice
- An assistance with funders, government
- A staff morale-booster

Prerequisites to HPCO's Accreditation Process

Your Hospice must have:

1. A Board of Directors
2. An effective governance process (e.g. roles and responsibilities, Board policies and procedures)
3. Policies and procedures in place for Hospice Volunteer Service that are at a minimum consistent and as complete as the Hospice Association of Ontario*, Policies and Procedures Manual,* 2001
4. A person with knowledge of and experience with continuous quality improvement processes
5. The Hospice Volunteer Service has been in operation for at least one year

Towards Accreditation
The Process Level I



HPCO's Accreditation Process - Level I

Implementing the Process - The Steps

The Team

To ensure breadth of experience and expertise, accredited hospices recommend recruiting an internal, cross-functional working team that includes representation from client services, volunteer coordination and organizational leadership and governance.

Below are recommended steps to provide some direction in helping you move through the accreditation process and to provide you with some general guidelines on what activities you will need to undertake. Please note that these are guidelines only and may/can be impacted by a multitude of variables.

Towards Accreditation - Level I

The Steps:

1. Explore and Obtain Commitment by Board, Staff and Volunteers
   Staff, volunteers and Board discuss the need, benefits and opportunities associated with accreditation.

   - Review your hospice's mission, vision and values to ensure alignment with accreditation.
   - Explore the rationale for why you should pursue accreditation and what value it would have for your hospice.
   - Consider the pros and the cons of implementing the process.
   - Explore and develop commitment.

2. Familiarize with Standards and Criteria
   The team familiarizes itself with the accreditation process.

   - Select a lead project coordinator/champion (most responsible person for implementation).
   - Share HPCO material with the team members (e.g. standards, indicators and targets, Accreditation Manual).
   - Review and familiarize selves with the process.

3. Gather Relevant Information and Documents
   Project coordinator collects pertinent information and documents (e.g. policies, procedures, volunteer and client files etc.).

   - Gather and begin to coordinate necessary materials (i.e. hospice policies and standards of practice, sample volunteer and client files).
   - Organize the information and documents for easy review and discussion by other team members.
   - Review existing hospice practices, policies and procedures.

4. Assess Compliance
   Assess compliance with each standard and criterion, identify and record compliance, gaps, barriers and strategies for improvement (if applicable) using the Accreditation Workbook .

   - Gather the team for a first pass of a strategic review of compliance with the HPCO Quality Dimensions, Standards and Criteria.
   - Discuss each standard and criterion as a team – identifying and noting areas of compliance
   - Compare current practice/tools and forms with the HPCO standards and sample tools.
   - Record gaps and areas of non-compliance along with strategies for quality improvement (if applicable), estimated timing and selection of who is responsible for implementing any improvements.

5. Implement Quality Improvements (if required)
   Team members implement strategies to close the gaps and ensure compliance.

   - Identify a work plan for each identified gap/project.
   - Develop new policies and procedures as necessary using HPCO's policies and procedures as a reference.
   - Create new tools and communication materials as necessary (refer to samples in the HPCO Manual to get you started).
   - Modify existing practices as required.
   - Communicate with team and key stakeholders identified enhancements and implementation of new practices.

6. Re-Assess Compliance (if required)
   Review progress to date and record compliance / gaps / innovations.

   - Re-gather the team for a second pass of a strategic review of compliance with the HPCO Quality Dimensions, Standards and Criteria.
   - Discuss each pending standard and criterion as a team – identifying and noting areas of compliance.
   - Record gaps, possible innovations and areas of non-compliance along with strategies for quality improvement, estimated timing and selection of who is responsible for implementing the improvements (if there remain areas of non-compliance, repeating the implementation cycle once again is warranted).

7. Present for Board Motion
   Present results to the Board.

   - Present completed HPCO Workbook with key outcomes to the Board of Directors.
   - Pass a motion to approve application for HPCO Level One Accreditation.

8. Notify HPCO and Submit Completed Workbook
   Inform HPCO through written correspondence from Board Chair of compliance and Accreditation completion and include completed HPCO Workbook.

9. Celebrate Accomplishments
   Communicate and celebrate this accomplishment with staff, volunteers and stakeholders.

10. Leverage and Promote Accreditation
    Communicate compliance with membership, stakeholders and community

    - Leverage compliance with accreditation model with health and social sector peers, stakeholders, donors and key decision-makers.

Level I Accreditation Timeframe

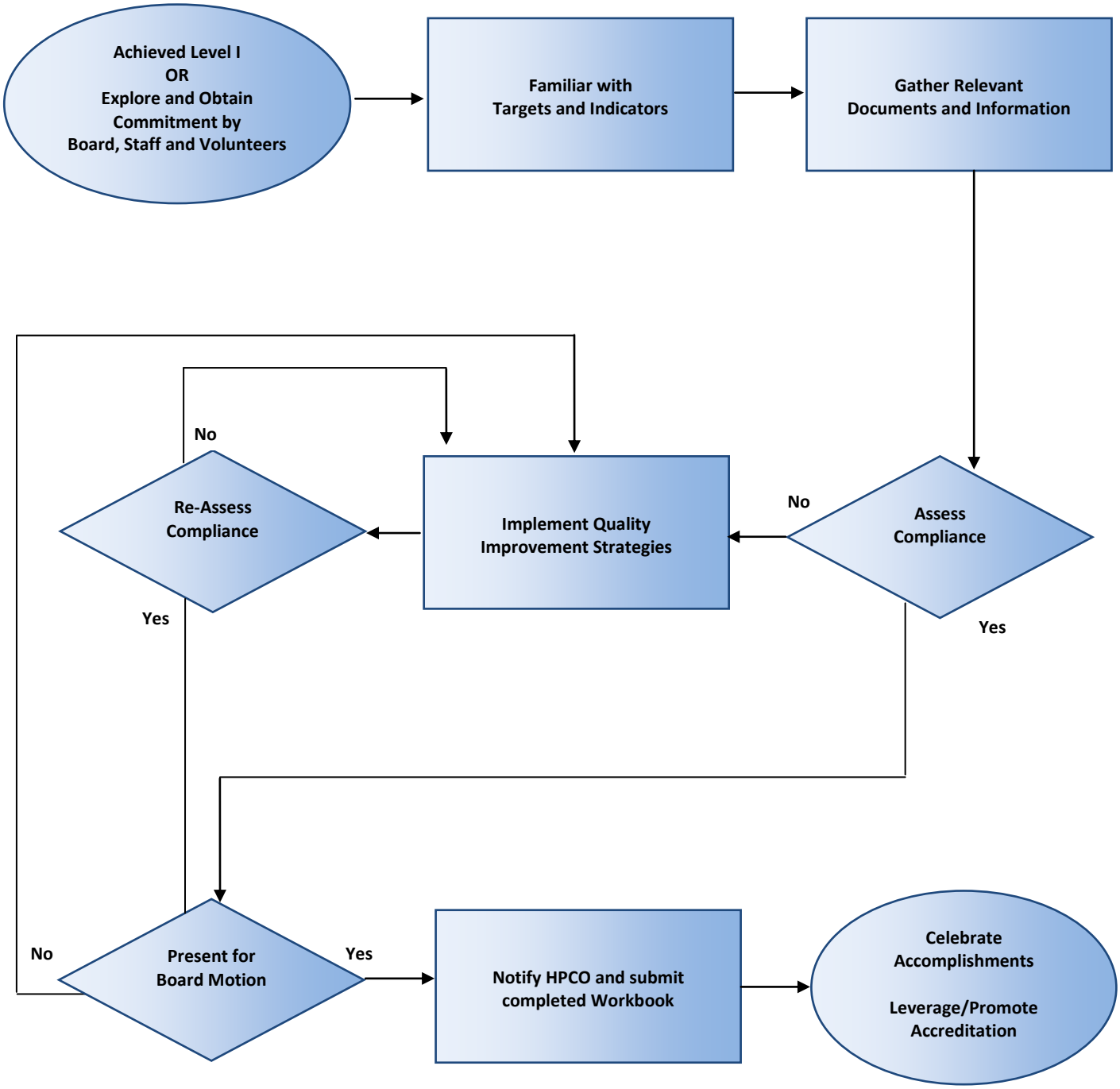
The amount of time to complete the Accreditation process is estimated to be 3 to 4 weeks for a full time person or ½ day a week for six months – this does not include team meetings. This of course is dependent upon systems being in place. However, there are many factors that can impact the length of time to completion so be prepared to be flexible but persistent in your efforts.

Remember that this will be a learning experience and there may be some unexpected outcomes. The Accreditation process is not just an administrative process but should be a method to help you improve and enhance the work you do – ultimately resulting in better care for your clients and family members.

Timelines for Obtaining Level II Accreditation

A hospice is expected to obtain Level II within 2 years of achieving Level I. However, HPCO will consider exceptions (e.g. person leading accreditation process has left the hospice). If an exception is made, the hospice will have an extension of one year – so the time for moving from Level l to Level ll will be no longer than three years. Reapplication for Level I can only occur once.

Towards Accreditation
The Process Level II



HPCO's Accreditation Process - Level II

1. Achieved HPCO Level I Accreditation
   or
2. Explore and obtain commitment by board, staff and volunteers to achieve Level I and II at same time
3. Familiarize with indicators and targets
4. Gather relevant information and documents
5. Assess compliance
6. Implement quality improvements strategies (if required)
7. Re-assess compliance (if required)
8. Present for Board Motion
9. Notify HPCO and submitting completed HPCO Workbook
10. Celebrate accomplishments
11. Leverage and promote accreditation

Level II Accreditation

This accreditation certificate will indicate that the hospice has completed a self-evaluation using the indicators and targets and has identified both service improvement and best practice. HPCO will issue an *Accreditation Certificate, Level ll* upon submission of a statement of self-evaluation approved by the Board of Directors of the submitting hospice and their completed HPCO Accreditation Workbook.

Level II Accreditation Timeframe

It is estimated to take 1 to 2 weeks full time or ½ day a week for 1 to 2 months. Once again, Level ll is not just an administrative process but should provide your organization with meaningful information to help you provide quality service within your community.

Time for Recertification

Level II Accreditation is valid for two years. Again, HPCO will consider exceptions (e.g. person leading accreditation process has left the hospice) for exemption from this time frame. If an exception is made, the hospice will have an extension of one year – so the time for recertification of Level ll will be no longer than three years.

Continued certification will be based on evidence of service improvement as identified in previous submissions. Part of the process for Level II is to assess compliance and implement quality improvement strategies as required and follow up with another reassessment prior to presenting to the Board.

When reapplying to HPCO for Level II Accreditation, the hospices must submit a new completed HPCO Workbook indicating improvements implemented since original Level II HPCO Workbook submission. The hospice should also include in the Workbook comments on factors that have affected the hospice from achieving a target and quality improvement strategies to achieve it. This way, HPCO can identify common factors that are affecting achievement of targets and identify if some of the targets should be changed.

Challenges and Strategies: Lessons Learned

The cornerstone of the HPCO Accreditation Model is the sharing of experiences and knowledge gained through thoughtful dialogue and hands-on experience. We are fortunate to be able to learn from the experiences of hospice members who have completed Level l and Level ll Accreditation.

Challenges

Challenges identified by HPCO Workshop participants included:

- Time (for Level I estimated to be 3 to 4 weeks for a full time person or ½ day a week for six months – this does not include team meetings. Level II is estimated to take 1 to 2 weeks full time or ½ day a week for 1 to 2 months. This is dependent upon systems being in place).
- Finding a staff or volunteer interested in taking the lead role.
- Finding a team willing to be involved.
- Collecting the data.
- Having appropriate administrative processes in place.

Strategies to Address Challenges

Some "words of wisdom" and "helpful hints" from our experts in the field for the purposes of peer to peer coaching include:

1. Recruit a champion (e.g. student, volunteer or staff person) who is passionate and sees the value of accreditation. This person will have the overall responsibility to:

    a. identify what needs to be done
    b. establish timelines
    c. identify who is responsible for various activities
    d. have the overall knowledge of what is happening in the process

2. A cross-functional, cross-organizational team is a key to success and a source of collaboration and interdependence. Recruit a cross-section of disciplines (administration, volunteer management and case management) and representation from staff, volunteers and Board to participate.

a. consider a member with organizational memory
b. perhaps add a member with accreditation experience
c. is interested in the accreditation process

3. Build the case for accreditation and facilitate a mutual understanding of why it is important considering the need, benefit, risk and opportunity together. *An opportunity to unite the team around a common objective.*

4. Take some time up-front to familiarize yourself with the standards and plan how you will tackle the project. Have copies of HPCO's standards, indicators and targets and policies and procedures.

5. Adopt a collaborative, cyclical approach: reviewing the standards as a team on first pass, identifying areas of compliance and gaps and then seeking additional input.
6. Note strategies for improvement and enhancement as you move through the process, it will evolve as you go.

7. Plan ahead, begin surveys for Level II when conducting Level I.

8. Try to stay on top of it and review policies, procedures and standards of practice bi-annually to remain current and connected.

9. Incorporate standards of practice within your strategic review of organizational mission, vision, values and principles.

SECTION 2

Quality Dimensions, Standards, Criteria and Policies

The following Section provides a synopsis of HPCO's Quality Dimensions, related Standards and Criteria and Policies which support them. For ease of reference, these have been collated from various already-existing documents so that your need to refer to a multitude of documents is reduced. However, to prevent this Handbook from being cumbersome in size, the Procedures which accompany the Policies are not included here but can be referred to in HPCO Policies and Procedures Manual, 2001.

The policies that follow in this document are not intended to be a comprehensive set of policies and procedures (so-called "turnkey" policies) for Hospice members of HPCO. They are intended to translate the five quality dimensions identified in the HPCO Client Service Standards for the Volunteer Hospice Visiting Service, 1999. These key policies do not necessarily reflect each standard or criterion that supports the five quality dimensions. Rather, they provide a framework to support the ongoing policy development of member Hospices. For complete information please refer to HPCO's Client Service Standards for the Volunteer Hospice Visiting Service, 1999 and Policies and Procedures Manual, 2001.

1. Quality Dimension: Accessibility

The community being knowledgeable about the service and the service being accessible to all major groups within the community.

Standard 1.1 The hospice has an ongoing process for informing the public and other service providers of its service.

Criteria A.
The information includes:

- how to access the service
- the types of supports provided
- who provides the service
- who needs the service
- availability of the service
- catchment area
- any specialty services.

Criteria B.
A variety of mechanisms which can be used, include:

- pamphlets
- information sessions e.g. with Cancer Support Groups, HIV/AIDS, ALS etc.
- meetings with physicians, Community Care Access Centres etc.
- radio/television/newspaper and education fairs
- partnerships with health organizations (e.g. hospitals)
- other e.g. advertising.

Criteria C.
The material and programs are sensitive to the needs of specific ethnocultural groups and special needs groups in the community.

Mechanisms are used to continuously identify areas for improving the process e.g. need for earlier referrals.

Standard 1.2 **The hospice provides services based upon the client's/caregiver's needs and the parameters of the service.***

Criteria A.
Hospice palliative care is available in a variety of settings (e.g. home, hospital, long term care facility).

Criteria B.
Bereavement support, if available, is either a component of the hospice program or by referral to an appropriate agency/individual.

Criteria C.
The service days and hours are flexible to meet the needs of the clients.

Criteria D.
The service is initiated in a timely manner.

A mechanism is in place to monitor and evaluate the service demands and timeliness of service.

Note: Primary caregiver is defined as the person who provides the majority of care to the client such as a family member, friend, or neighbour. The person does not include paid staff and hospice volunteers.

Primary caregivers to be surveyed between three and six months after client died.

Standard 1.3 **The hospice has eligibility criteria which are consistent with the philosophy of hospice palliative care.**[14]

Criteria A.
Persons eligible for the service should include those:

- living with life threatening or terminal illnesses and their families/caregivers.
- living within the geographic boundaries of the hospice agency.

Criteria B.
Persons who do not meet the eligibility criteria are referred to the appropriate service(s).

[14] The Hospice Palliative Care of Ontario will review any changes in long-term care legislation, regulations or policy for their applicability.

Standard 1.4 **Admission to the Volunteer Hospice Visiting Service is dependent upon an assessment and approval by the service.***

Criteria A.
A qualified coordinator at the service determines the individual's eligibility for the service.*

Criteria B.
Criteria for priority of service delivery is based on the individual's and caregiver's needs and applied to any existing waiting list.*

Criteria C.
Prioritization may be developed in collaboration with other agencies.

Criteria D.
If hospice is unable to serve a high need client, the hospice will refer the client to an appropriate service.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

Policies and Procedures - Quality Dimension: Accessibility

Policy Topic – Diversity Compliance

Purpose:
To adopt a policy to ensure that Hospice Name provides a volunteer hospice visiting services that is accessible to all major groups within the community and is sensitive to the needs of specific ethno cultural and special needs groups within the community.

Policy Definition:
The Long Term Care Act, Part iii, 3 (1) – Bill of Rights* was established to ensure the individual rights of persons receiving community services are fully respected. This Bill of Rights governs all existing and future policies and procedures of Hospice Name.

Hospice Name actively pursues opportunities to develop partnerships, consultations and programs with providers of hospice palliative care that represent the major groups within the community.

Hospice Name actively works with representatives of the diverse communities it serves to ensure that its material and services are sensitive to the needs and preferences identified by these various groups (ethnic, spiritual, linguistic, familial and cultural factors);

Policy Topic – Spokesperson Accountability

Purpose:
To define the role of hospice volunteers when representing Hospice Name to the community.

Policy Definition:
Volunteers are authorized to act as representatives of Hospice Name as indicated within their volunteer job descriptions and only to the extent of such written specifications.

Prior to any action or statement that might significantly affect or obligate Hospice Name, volunteers must consult with and seek approval from appropriate supervisory staff. These actions may include, but are not limited to:

- Public statements to the press
- Coalition or lobbying efforts with other organizations
- Agreements involving contractual or financial obligations

Policy Topic - Community Awareness

Purpose:
To define a mechanism to increase the awareness of hospice palliative care services and needs within the diverse communities in the area served by Hospice Name and to work collaboratively with other providers of the continuum of hospice palliative care services.

Policy Definition:
In order to increase awareness of hospice palliative care needs and services within the diverse communities served by the volunteer hospice visiting service, Hospice Name uses regular representation to and consultation with:

- Major groups within the diverse communities (e.g. ethnic, religious, cultural)
- Community Care Access Centre
- Community-based health care providers and support agencies
- Municipal, provincial and federal elected representatives
- Organizations of which it is a member
- Cancer Care Ontario Regional planning network

Policy Topic - Scope of Services

Purpose:
To define the scope of services provided by Hospice Name so that the Board, staff, volunteers and the community at large will understand what Hospice Name is able and willing to do.

Policy Definition:
Based on the availability of resources, Hospice Name must provide to clients who have met the program criteria, the following services in a variety of settings:

- Hospice visiting volunteers
- Grief and bereavement support or referral to another agency

(Note: the hospice may list any other services – day hospice, spiritual care, etc.)

Policy Topic - Eligibility for Service

Purpose:
To define a mechanism by which ineligible persons referred to Hospice Name will be directed to the appropriate service provider available within the community in a timely fashion.

Policy Definition:
The HPCO Program Standards state "persons eligible for service" should include:

- Persons living with life threatening or terminal illness and their families/care givers
- Persons living within the geographic boundaries of the hospice"

All other referrals, including referral of high need clients that the hospice is unable to serve, must be contacted within two working days and re-directed to the appropriate service provider available within the community that is sensitive to and responds to the person's needs and preferences, including preferences based on Ethnic, spiritual, linguistic, familial and cultural factors.

Note: Hospices that provide bereavement services and/or other services in addition to in-home volunteer visiting should identify eligibility criteria to be added to the Policy Definition.

Policy Topic - Waiting Lists

Purpose:
To define a mechanism for Hospice Name to manage a wait list for service delivery.

Policy Definition:
Wait lists are an established practice for the allocation of limited resources. These lists also provide organizations with important information regarding gaps in and duplication of services to support the planning process of an organization.

The hospice must develop an open process regarding its management of any wait list for service delivery.

Hospice Name shall:

- Place clients and caregivers on a wait list on a first come first served basis.
- Use criteria for priority of service to assess client and caregiver needs on an ongoing basis.
- Inform clients and caregivers in writing of the procedures for wait list management.

2. Quality Dimension: Client Perspective

Clients and caregivers being involved in the decision making concerning their care and being satisfied with the care they received.

Standard 2.1 An individualized assessment is completed to determine the client's/ caregiver's specific needs.*

Criteria A.
If an assessment has previously been completed, the qualified coordinator will gather with the authorization of the client, the following information from the appropriate members of the interdisciplinary team.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

If no prior assessment has been completed or some information is missing, the qualified coordinator will assess the following as necessary:[15]

i. Personal Information:

- applicant identification (e.g. name, birth date, address, telephone number)
- principal caregiver
- alternate/other caregiver
- next of kin (address, phone number, relationship to client)
- emergency contact (e.g. family, nursing, case manager)
- substitute decision maker
- languages spoken
- cultural background
- spiritual advisor
- living arrangements: type of accommodation, others in the home,
- pets
- personal interests/hobbies and work experience
- family physician/specialist
- client's/caregivers' instructions in case of emergency
- client's/caregivers' plans at time of death (e.g. do not resuscitate orders)
- client's knowledge of diagnosis and prognosis
- funeral plans (if considered appropriate at the time of assessment)
- may include:
    - health card number
    - preference for male or female volunteer

ii. Services Information:

- other services requested for the client (e.g. Meals on Wheels)
- other services provided to the client
- services provided by the caregiver
- services requested by the caregiver
- services provided to the caregiver

[15] After the common Assessment Tool is in use province-wide, it is anticipated that hospices will not re-collect information that has been collected by the Community Care Access Centre unless there is a reason to believe that changes have occurred or that another aspect needs to be considered.

iii. Status of the Individual:

Physical:
- diagnosis/basic medical history and communicable diseases
- allergies
- medications
- pain and symptom management (e.g. breathing)
- elimination
- skin
- vision
- hearing
- personal needs

Nutritional/feeding:
- mouth
- feeding
- Swallowing
- special diet and/or likes and dislikes

Rest/Sleep:
- resting/sleeping routines

Mobility:
- mobility aids
- assistance required
- level of Orientation i.e. mental status

Emotional

Other Serious Illnesses in Family

History of Loss

iv. Respite needs of caregiver(s)

v. Any other concerns the client/caregiver may have

Standard 2.2 **Clients and caregivers are respected as individuals and involved as appropriate in all aspects of their individual program plans as developed by a qualified coordinator at the Volunteer Hospice Visiting Service.***

Criteria A.
The individual program plan is:

- based on the assessment information and in keeping with the statement of client rights[16], is developed with the client or substitute decision-maker and takes into account their expectations and preferences.

- a plan of action which reflects and builds upon the individual's strengths and abilities.
- based upon the systematic and ongoing assessment of the client.

Criteria B.
The Volunteer Hospice Visiting Service has a format for recording individual program plans.*

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

[16] Part III of the Long Term Care Act states what rights must be respected and promoted.

Criteria C.
The individual program plan is reviewed in consultation with the client as defined by the specific Volunteer Hospice Visiting Service or when there is a significant change in a client's status.*

Criteria D.
The individual program plan outlines the type(s) of support to be provided or not provided by the volunteer to the client/caregiver:

- Social
- Physical
- emotional
- spiritual
- nutritional
- rest
- mobility
- information
- household (e.g. walking the dog)
- bereavement follow-up where available.

Criteria E.
The individual program plan outlines the client/caregiver responsibilities.

Criteria F.
The individual program plan as developed by the Volunteer Hospice Visiting Service forms part of the overall plan of service for the client.*

Policies - Quality Dimension: Client Perspective

Policy Topic - Service Agreement

Purpose:
To develop a mechanism that ensures that the client and family caregivers and Hospice Name all agree to the plan of services to be provided and the terms under which it will be provided.

Policy Definition:
Each client requires a personalized plan of care as defined in HPCO's Standards. This plan of care is part of a service agreement between the hospice and the client and family caregivers. In addition to describing the services that the hospice will provide and the responsibilities of the client and family caregivers, this service agreement must also identify:

- Its term (how long services will be provided)
- How changes will be made to the provision of services
- How the service may be ended by either the client/caregiver or the hospice prior to the end of the term

The hospice and the client/family caregivers (i.e. whoever is receiving services) will both sign this agreement.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

Policy Topic: Complaints

Purpose:
To provide a mechanism for clients and family caregivers to initiate complaints about the service received from Hospice Name in accordance with the Long Term Care Act.

Policy Definition:
In order to receive and process complaints about the services, Hospice Name must establish a procedure that addresses complaints made to it by a person about any of the following matters:

- A decision by the hospice that a person is not eligible for its services
- A decision by the hospice to exclude a particular service from the plan of care
- Termination of service
- The quality of services provided
- Violation of a person's rights set out in the Bill of Rights, subsection 3(1)

And must inform clients and caregivers in writing of the procedures for initiating complaints.

(The above Policies apply to both Standards 2.1 and 2.2 of the Quality Dimension Client Perspective.)

3. Quality Dimension: Safety

The service to the client/caregiver being provided in a "safe" manner.

Standard 3.1 **A qualified coordinator conducts ongoing intensive screening of all volunteers who visit clients/caregivers.***

Criteria A.
Interviews include determining each volunteer's :

- skills/qualifications
- reasons for volunteering
- expectations from assignment
- availability
- suitability for the specific position
- commitment.*

Criteria B.
The selection process consists of a number of steps including:

- application form is completed.
- interview is conducted.
- references are checked.*
- observations are made during the training program.
- health screening is completed as required under Public Hospitals Act for those hospices that provide support in hospitals or LTC facilities.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

Criteria C.
Each volunteer must submit a current (i.e. dated no earlier than the date of the volunteer's interview with the qualified coordinator) police records check report, which the volunteer should seek from the police service in whose jurisdiction the volunteer currently resides. (If the person has moved in the last five years, the individual should identify this fact to the police service when applying for the police records check. In some regions, the police will make a request of other police services for information from local records).[17]

Criteria D.
The agency has a written policy which identifies the categories of offences (federal or provincial), outstanding charges or convictions which will disqualify the individual from serving as a volunteer in the agency, based on the identified occupational requirements of the position the volunteer is seeking. If the qualified coordinator is uncertain about the application of this policy, he or she will discuss its contents with the most senior person in the organization (or the Board, if the coordinator is the most senior person) who will make the final decision.

Criteria E.
The qualified coordinator fills in a form for each volunteer which includes:

- name of volunteer
- date
- date of police records check
- name of police department providing the records check
- volunteer's signature that the police records check relates to him/her
- statement that the police records check did not contain any information which would prohibit the volunteer from participating in the service according to the agency's current policies
- signature of qualified coordinator
- signature of individual
- date of signatures.[18]

Criteria F.
Screening is ongoing and includes regular monitoring, ongoing supervision/support and evaluation.*

Criteria G.
All steps are documented in each volunteer's record.*

Standard 3.2 **The hospice has a process for informing volunteers of their roles and limitations**.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

[17] Each police service determines what it will and will not include in a police records check, and how and to whom it will release police records check information, whether to the individual applicant or to the organization seeking the information.
[18] The Hospice agency should check with its local or regional police service, or the OPP where it provides regional police services, to understand what its police records check includes and does not include. (See Appendix A for further information)

Criteria A.
The agency has written policies and procedures known to the volunteers outlining:

- assistance with medications and medical equipment e.g. oxygen
- provision of transportation to clients
- prevention and reduction of risk
- response to emergency situations
- response to abuse/harassment
- acceptance of gifts or gratuities
- lines of communication e.g. who to contact, when and what type of information to provide
- report of unusual incidents (e.g. theft, client fall)
- conflict of interest
- do not resuscitate orders
- extent of physical care e.g. emptying urine bag
- response to an unexpected change in the client's condition or an unexpected death of a client.

Standard 3.3 **The hospice has a process for optimizing the matches between the clients/caregivers and volunteers**.

Criteria A.
A qualified coordinator matches each client/caregiver with an appropriate volunteer.

Criteria B.
Matches consider the following:

- language
- cultural background
- specific needs of the client
- preferences of the client and volunteer
- skills, abilities and experience of the volunteer
- specific interests of the volunteer and client
- volunteer's personal bereavement experience.

Criteria C.
The agency evaluates and changes the volunteer - client/caregiver match as required or requested by the volunteer and/or client/caregiver. The clients/caregivers and volunteers are informed of this procedure.

Standard 3.4 **The hospice has a process for ongoing support/supervision of the volunteers.***

Criteria A.
The agency has written policies and procedures which address the support and ongoing supervision of volunteers, including:

- an experienced volunteer or an appropriate paid staff person with the hospice service being available to accompany each volunteer: on the first visit and at the request of the volunteer for any visit where there is a need.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

- the volunteers having access to appropriate support while on duty for the hospice after regular office hours.
- the volunteers having access to regular support regarding their role with the hospice. The format includes: one-on-one support with an appropriate paid staff/volunteer, volunteer support meetings and access to professionals related to the field of hospice as deemed necessary.
- a designated, qualified paid staff/volunteer being directly responsible for the ongoing supervision of the volunteer.

Ongoing supervision includes, at a minimum monthly contact with the client/caregiver and the volunteer(s) assigned, which provides for evaluation of the volunteer. If the volunteer-client contact is sporadic (i.e. once a month or less), then ongoing supervision is bimonthly.

Standard 3.5 The hospice has a risk management process.

Criteria A.
The agency has a mechanism for:*

- identifying and describing areas of potential risk (e.g. with people, services and settings)
- assessing the severity of the risk and likelihood of its occurrence
- assessing the level of risk versus the value of the service to the client.

Criteria B.
The process identifies the risk the agency is willing to accept and/or needs to eliminate, change, transfer to another agency and/or insure.*

Criteria C.
The agency has written policies and procedures to:

- assist in the identification, prevention and reduction of risk[19]
- inform clients, paid staff and volunteers of potential risks
- handle emergency situations
- deal with unusual incidents
- address issues related to client, volunteer and/or paid staff abuse/harassment.*

Standard 3.6 The service has a records management process.

Criteria A.
Each client has a record. It includes:

- the individual's assessment
- the individual's program plan
- relevant information from visits e.g. client's major concerns

1
* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.
2

[19] Categories of risk as outlined in The Screening Handbook include abuse (physical, emotional, psychological, sexual), bodily harm, personal injury, property damage, financial loss, loss of reputation/goodwill.

- consent for release of information
- hospice visiting hours per month, identified by the volunteer.[20]

Criteria B.
Each volunteer has a record.[21] It includes:
- application form
- training received
- results of ongoing screening process
- signed confidentiality form
- performance reviews
- hours of service.

Standard 3.7 The hospice has a process to maintain confidentiality of information.

Criteria A.
The agency has documentation of each client's consent for release of information. The client is informed of what the release of information entails.*

Criteria B.
All paid staff and volunteers are educated on the need for confidentiality and sign a statement of confidentiality form.*

Criteria C.
The agency has written policies and procedures concerning confidentiality of information which includes:*
- privacy of information for volunteers, paid staff and clients
- a secure storage system
- accessibility to the information
- removal, use and release of information
- retention period for inactive records[22]
- storage of records if the agency closes
- approval of, supervision of, and method for destruction of documents
- sharing of information
- penalty for breaching confidentiality e.g. reprimand, dismissal.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

[20] The rationale for this criteria is that the information will be helpful for data management, potential funders and accountability (including legal).
[21] For effective human resource management including the retrieval of information, there should be a record for each volunteer. It is also helpful to an agency which currently might have a small number of volunteers to begin with individual volunteer records as the number of volunteers may grow.
[22] The length of time client records should be kept still needs to be clarified by the Ministry of Health. Currently hospitals keep patient records for ten years and home care for 20 years.

Policies - Quality Dimension: Safety

Policy Topic: Screening

Purpose:
To provide a mechanism for Hospice Name to reduce the potential risk resulting from activities provided by in-home hospice visiting volunteers.

Policy Definition:
Hospice Name must employ a screening process for volunteers that includes: an application, initial interview, health check, police reference check, reference checks, training and orientation, a post training interview and ongoing supervision when completing assignments with clients/caregivers.

Applicants must be informed of the screening process in writing. During this process applicants are encouraged to discuss any concerns or ask any questions that they may have regarding volunteering with Hospice Name.

(The above Policy applies to both Standards 3.1 F and 3.1 G of Quality Dimension 3: Safety.)

Policy Topic: Medications

The following Policy relates to Standard/Criterion: 3.2 A: The agency has written policies and procedures known to the volunteers outlining assistance with medications and medical equipment.

Purpose:
To define the role of Hospice Name volunteers in providing assistance with medications and medical equipment.

Policy Definition:
The Regulated Health Professions Act (RHPA) governs and regulates the practice of 22 health professions in Ontario. Additionally, there are profession specific Acts which contain scope of practice statements describing what the profession does and which of the 13 controlled acts identified in the RHPA is within the scope of practice of a profession. Each of these 13 controlled acts carries a level of risk, responsibility and accountability.

There are specific exceptions identified in the RHPA. However, these exceptions do not include the administering of medication.

Volunteers must not perform professional services for which certification or licensing is required. Accordingly, volunteers may not:

- Pour, count, prepare, dispense (deal out in portions) or manage (change dosage, size, amount, frequency) prescription or non-prescription drugs or homeopathic remedies prescribed by a complementary practitioner but may assist in providing comfort measures following required training and evaluation.

Policy Topic: Transportation

The following Policy relates to Standard/Criterion: 3.2 A: The agency has written policies and procedures known to the volunteers outlining provision of transportation to clients

Purpose:
To provide a mechanism for Hospice Name to provide transportation to its clients and family caregivers.

Policy Definition:
Before a volunteer can transport clients and/or family caregivers, Hospice Name must have documented proof that the volunteer has:

- A valid driver's permit
- Valid insurance coverage for the vehicle which will be used
- Signed a statement indicating that there are no outstanding Highway Traffic Act offenses which would prohibit the volunteer from driving a motor vehicle

This information must be updated annually in the volunteer's record.

The following policy relates to Standard/Criterion: 3.2 A: The agency has written policies and procedures known to the volunteers outlining prevention and reduction of risk.

Policy Topic: Volunteer Safety

Purpose:
To identify the responsibilities of Hospice Name in assuring the safety of volunteers.

Policy Definition:
When visiting clients, Hospice Name volunteers must do so with a complete understanding of their role and responsibilities as outlined in the written policies and procedures and training materials presented to them.

The hospice has a responsibility to assure that volunteers must:

- Not be placed in a position for which they are not fully qualified or for which the hospice cannot provide adequate training
- Be fully and honestly informed of expectations and responsibilities of their position along with any risk or liability the position may entail
- Be made to feel comfortable in declining a suggested placement or in requesting changes or accommodations to the position expectations at any point in their involvement
- Not be required to compromise their own safety as part of their duties
- Be able to refuse to enter premises or deal with clients if they feel conditions are unsafe
- Be included in the general liability insurance coverage of the hospice.

The following Policy relates to Standard/Criterion: 3.2 A The agency has written policies and procedures known to the volunteers outlining response to emergency situations

Policy Topic: Medical Emergency

Purpose:
To identify the role of volunteers when they are faced with a medical emergency.

Policy Definition:
Volunteers are part of a larger team of family, friends and professionals that provides care and support to clients and their families. Volunteers do not replace the family as primary care persons and are not expected to intervene personally in a medical emergency unless statute or professional regulations require their intervention.

In the event that a client or family caregiver seeks emergency medical services:
The volunteer must follow the instructions of the client or family caregiver, including calling "911" if requested to do so.

In the event that the volunteer is alone with the client, and the client begins to hemorrhage, choke, suffer injuries from a fall or if there is a significant sudden, unexpected change in the client's condition:
The volunteer must seek emergency medical help immediately (call "911") and contact the caregiver.

The following Policy relates to Standard/Criterion: 3.2 A: The agency has written policies and procedures known to the volunteers outlining response to abuse/harassment.

Policy Topic: Suspected Harassment

Purpose:
To provide a mechanism for clients, family caregivers and/or volunteers to initiate complaints about suspected harassment.

Policy Definition:
In order to receive and process complaints about suspected harassment, Hospice Name must establish a procedure that addresses complaints made to it by a person about any of the following matters:

- Name-calling
- Offensive jokes
- Unwanted sexual advances or invitations
- Ogling
- Sexually suggestive comments
- Persistent and unwanted requests for dates
- Unwanted touching
- Distribution or production of denigrating or degrading pictures or cartoons
- Harassing letters
- Harassing telephone calls or visits
- Threats of retaliation if a person refuses sexual advances or make a complaint
- Engaging in threatening behaviour toward another person

And shall inform clients, caregivers and volunteers in writing of the procedures for initiating complaints.

The following two Policies relate to Standard/Criterion: 3.2 A: The agency has written policies and procedures known to the volunteers outlining response to abuse/harassment

Policy Topic: Suspected Abuse

Purpose:
To provide a mechanism for clients, family caregivers and/or volunteers to initiate complaints about suspected abuse.

Policy Definition:
In order to receive and process complaints about suspected abuse, Hospice Name must establish a procedure that addresses complaints made to it by a person about any inappropriate action that causes, or is likely to cause, a person physical, psychological or emotional harm, financial or material loss.

Hospice Name must inform clients, caregivers and volunteers in writing of the procedures for initiating complaints.

Policy Topic: Suspected Child Abuse

Purpose:
To provide a mechanism for volunteers who, in the course of their duties, have reason to suspect that a child is, or may be, at risk of abuse (emotional, physical or sexual) to initiate a complaint.

Policy Definition:
In order to receive and process complaints about suspected child abuse, Hospice Name volunteers must, in accordance with the Child and Family Services Act (RSO 1990 as amended), Section 72, report such suspicions immediately to the Children's Aid Society.

Hospice Name must inform volunteers in writing of the procedures for initiating complaints.

The following Policy relates to Standard/Criterion: 3.2 A: The agency has written policies and procedures known to the volunteers outlining acceptance of gifts or gratuities.

Policy Topic: Gifts and Gratuities

Purpose:
To define the terms under which a volunteer may accept a gift or gratuity from a client or family caregiver.

Policy Definition:
Close relationships can develop between client/caregiver and the volunteer. Occasionally, clients/caregivers will express their feelings through the offer of a gift or gratuity.

Volunteers may accept only gifts that are:

- Consumable (e.g. food, drink)
- Plants

(If you can't eat it, drink it or water it, don't accept it!)

Volunteers must not accept gratuities, i.e. gifts of monetary or financial value.

Quality Dimension: Competence

The volunteers having the appropriate knowledge and skill level to provide the hospice palliative care.

Standard 4.1 The hospice has a process for the ongoing education/training of the volunteers who provide hospice palliative care to clients.*

Criteria A.
Volunteers are actively involved in determining their education/training needs and how best to address them.*

Criteria B.
A variety of education/training techniques are used.*

Criteria C.
Education/training occurs in comfortable settings with trainers experienced in the topic area and in working with volunteers.*

Criteria D.
The training program for the volunteers consists of a minimum of 30 hours of instruction as outlined in the HPCO Visiting Volunteer Training Curriculum.[23] It includes the following modules:

- Introduction to Hospice Care and its Philosophy
- Communication
- Emotional and Psychological Issues of Death and Dying
- Spiritual Issues of Death and Dying
- The Family
- Illness Specific Information
- Infection Control
- Pain and Symptom Management, Practical Comfort Measures
- The Challenges of Eating
- Body Mechanics, Assists and other Skills
- Recognizing the Signs of Death, Providing Care
- Grief and Bereavement
- Ethical Issues in Hospice Care
- The Responsibilities of the Volunteer
- Care for the Volunteer Caregiver

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

[23] The modules reflect the information collected at HPCO Regional Consultations in April 1997.

In addition, training must include:

- hospice's policies and procedures (e.g. confidentiality, roles and limitations of the volunteer)

It may include:

- continuous quality improvement
- services available in the community.

Criteria E.
It is mandatory that all volunteers have completed the HPCO modules.

Criteria F.
All volunteers receive a training manual containing course materials and other relevant hospice information.

Criteria G.
The agency may liaise with other community agencies to provide joint education days.

Criteria H.
The volunteers have access to up-to-date resources within the agency.

Criteria I.
The agency promotes and provides to the volunteers continuous educational opportunities.

Criteria J.
Evaluation by volunteers of their education/training is incorporated in improving future education/training sessions.*

Criteria K.
Volunteers who have completed the introductory training sessions are encouraged to attend any specific ones again as required to refresh their skills/knowledge.

Criteria L.
The volunteers' education and skill levels are current and appropriate for what they are doing (e.g. Universal/Standard Precautions).

Criteria M.
The hospice has a mechanism for identifying new training needs of experienced volunteers and developing educational modules to support the teaching required.

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

Policies - Quality Dimension: Competence

Policy Topic: Volunteer Competence

The following Policy relates to Standards 4.1.D and 4.1.E

Purpose:
To define a mechanism to provide volunteers with the knowledge and skill required to perform their assigned duties.

Policy Definition:
Before being assigned to a hospice client/caregiver, volunteers must:

- Complete all sessions of the 30 hour HPCO Visiting Volunteer Training Curriculum or provide proof of completion of HPCO Visiting Volunteer Training at another HPCO member hospice.
- Receive orientation to the Hospice Name mission, policies and procedures and volunteer roles and responsibilities.
- Review and sign the volunteer confidentiality statement.

Quality Dimension: Continuity

The service being coordinated with other service providers.

Standard 5.1 **The Volunteer Hospice Visiting Service provides the client and caregiver with a consistent volunteer/volunteer care team members in order to promote continuity of care.**

Criteria A.
The volunteer/volunteer care team is developed to best balance the needs of the client/caregiver and the volunteers.

Standard 5.2 **The hospice is committed to working collaboratively with other agencies/individuals serving the client/caregiver.**

Criteria A.
The client's individual program plan lists the contact names and telephone numbers of other agencies/individuals who are providing service to the client/caregiver. These include:

- physician
- Community Care Access Centre
- minister/spiritual advisor
- visiting nurses, physiotherapists, occupational therapists, personal support workers, home help workers and other care team members
- friends.

Criteria B.
The hospice:

- obtains written permission from the client to contact and share relevant information with other service providers.

- notifies all other service providers of its involvement.
- initiates and/or participates as appropriate in interdisciplinary team conferences.

Criteria C.
The hospice works with other members of the interdisciplinary team to avoid duplication of services.

Criteria D.
The hospice works with other members of the interdisciplinary team (e.g. in-service training, improved communication) to ensure that appropriate agencies/services are notified prior to potential clients being discharged from the hospital.

Criteria E.
The hospice recognizes the importance of all members of the interdisciplinary team working towards and participating in the use of:

- a common assessment form
- a common release of information form
- a common plan of service
- agreed upon methods of communication among its members
- an information booklet kept with the client in which all members of the team, including the client and family make notes and comments.

Criteria F.
The hospice evaluates with the other members of the interdisciplinary team the effectiveness of the team's collaborative approaches.

SECTION 3

Accreditation Level l
Sample Tools and Documents

Introduction
The tools and documents contained in this Manual, while meeting HPCO's *Client Service Standards for the Volunteer Hospice Visiting Service*, 1999[24] are *samples only.* They are intended for reference purposes and as a sample of information that is required to meet the Standards. Each tool/document contains reference(s) to the Standard(s) that it relates to or meets. Hospices are free to adopt/ revise/enhance these materials as they see fit.

These materials are not intended to replace those that your Hospice has already developed but to provide some guidance to assist you in collecting the information that you will require for Accreditation. Hospices are under no obligation to use them as part of their accreditation process.

Administration:
- Policies and Procedures Checklist for *Client Service Standards for the Volunteer Hospice Visiting Service*[25]
- Administrative Audit Tool, Level ll Accreditation

Client Care/Case Management:
- Client Referral & Assessment Form
- Service Agreement & Consent to Release Information
- Individual Program Plan
- Client File Audit Tool, Level ll Accreditation
- Client File Checklist
- Caregiver Survey Letter
- Caregiver Survey
- Caregiver Survey Audit Tool, Level ll Accreditation

Volunteer Management:
- Client Volunteer Position Description
- Client Volunteer Application Form
- Volunteer Training Checklist
- Client Volunteer Monthly Report Form
- Volunteer File Checklist
- Volunteer Survey Letter
- Volunteer Survey
- Volunteer Service Agreement

[24] MOHLTC revised the name to Volunteer Hospice Service and updated the definition, effective April 1, 2006.
[25] ibid

Administration:

- Policies and Procedures Checklist for *Client Service Standards for the Volunteer Hospice Visiting Service*
- Administrative Audit Tool Level ll Accreditation

Policies and Procedures Checklist for Client Service Standards for the Volunteer Hospice Visiting Service[26]

To be compliant with HPCO ***Client Service Standards for the Volunteer Hospice Visiting Service***, Hospices must have Policies and Procedures for their Volunteer Hospice Service.

The following checklist is an easy-to-use tool to ensure consistency and compliance with the HPCO Standards. For a complete listing of Policies and Procedures including specific procedures that identify organizational responsibilities, please see HAO's *Policies and Procedures Manual, 2001*.

Policies and Procedures:

A. Quality Dimension 1: Accessibility

- Diversity Compliance
- Spokesperson Accountability
- Community Awareness
- Scope of Services
- Eligibility for Service
- Waiting Lists

B. Quality Dimension 2: Client Perspective

- Service Agreement
- Complaints

C. Quality Dimension 3: Safety

- Screening of Volunteers and Clients
- Medication Administration
- Transportation
- Volunteer Safety
- Medical Emergency
- Suspected Harassment
- Suspected Abuse
- Suspected Child Abuse
- Gifts and Gratuities
- Unusual Incidents
- Conflict of Interest
- Expected Death, Unexpected Death and Resuscitation
- Assistance with Physical Care
- Risk Management
- Consent for Release of Information
- Right to Privacy
- Storage of Confidential records
- Accessibility to Confidential Information
- Release of Information
- Record Retention

[26] MOHLTC revised the name to Volunteer Hospice Service and updated the definition, effective April 1, 2006.

- Destruction of Documents
- Breach of Confidentiality

D. Quality Dimension 4: Competence

- Volunteer Competence
- Continuing Education
- Competency following Leave of Absence

E. Quality Dimension 5: Continuity

- Rights Extended to Volunteer
- Community Collaboration

Note: A Hospice needs to have policies and procedures that are consistent with HPCO's. However, they do not need to be identical.

Accreditation Level II
Administrative Audit Tool

Indicator #	Indicator	Target	Tally Column	Calculation	Results
1	# of referrals	Annual increases, amount varies with hospice		Count number of referral	
2	% referrals by source (annual)	Referrals from at least three different sources (e.g. CCAC, hospital, physician, self-referral, previous clients/caregivers		Count of total referrals from each source annually	
3	% of clients by age group (annual)	Varies with individual hospice		#0 to 19 / Total number of clients x100 #20 to 49 / Total number of clients x100 #50 to 74 / Total number of clients x100 #75+ / Total number of clients x100	
3	% of clients by gender (annual)	Varies with individual hospice		# of females / Total number of clients x100	
3	% by geographic area[27] (annual)	Varies with individual hospice		# by geographic area / Total number of clients x100	
3	% by diagnosis (annual)	Varies with individual hospice		#Cancer / Total number of clients x100 #AIDS / Total number of clients x100 #Circulatory System / Total number of clients x100 #Respiratory System / Total number of clients x100 #Other / Total number of clients x100	

[27] Geographic area refers to areas specified/identified by individual hospices.

Indicator #	Indicator	Target	Tally Column	Calculation	Results
3	% by language[28] (annual)	Varies with individual hospice		#English speaking x100 Total number of clients Calculate for each individual major language specific for your hospice (e.g. Chinese) #Other languages x100 Total number of clients	
13	% of reported unusual incidents involving clients as result of VHS[29]	0.1% unusual incidents (for six month period)		# of unusual incidents x100 Total number of direct client hrs *updated Oct. 07	
14	% of reported unusual incidents involving volunteers while they provide VHS	0.1% unusual incidents (for six month period)		# of unusual incidents x100 Total number of direct client hrs *updated Oct. 07	
17	# of validated complaints from clients/caregivers, other service providers concerning breach of confidentiality	0 (for six month period)		Count of validated complaints received in six month period	

[28] Language refers to primary/first language spoken at home.

[29] Unusual incident is defined as any event which can result in actual or potential harm to a client. Examples include injuries to clients; abuse of client; and breach of confidentiality.

Client Care/Case Management

- Client Referral & Assessment Form
- Service Agreement & Consent to Release Information
- Individual Program Plan
- Client File Checklist
- Client File Audit Tool, Level ll Accreditation
- Caregiver Survey Letter
- Caregiver Survey
- Caregiver Survey Audit Tool, Level ll Accreditation

Sample
Client Referral and Assessment Form

Date Initiated:
Completed by:
Client #:

Part 1: Client Information

Client Name ______________________________
Address ______________________________
Phone 1 ______________________ Phone 2 ______________________
Birth Date ______________ Age ____________ Gender ______________________
Health Card # ______________________________

Part 2: Referral Information

Name of referral source: ______________________________
Agency: ______________________________
Contact Information: ______________________________
Referral Date: ______________________________
Hospice First Contact Date: ______________________________
Assessment Date: ______________________________
Discharge Date: ______________________________
Reason for Discharge: ______________________________

Part 3: Personal Contacts

Please mark appropriate description for each contact (check all that apply):

☐ *POA (Personal Care)* ☐ *POA (Finance)* ☐ *Primary Caregiver* ☐ *Next of Kin* ☐ *Other*
Name: ______________________ Relationship: ______________
Address: ______________________________
Phone: H______________________W______________ C______________
Email: ______________________________

☐ *POA (Personal Care)* ☐ *POA (Finance)* ☐ *Primary Caregiver* ☐ *Next of Kin* ☐ *Other*
Name: ______________________ Relationship: ______________
Address: ______________________________
Phone: H______________________W______________ C______________
Email: ______________________________

☐ *POA (Personal Care)* ☐ *POA (Finance)* ☐ *Primary Caregiver* ☐ *Next of Kin* ☐ *Other*
Name: ______________________ Relationship: ______________
Address: ______________________________
Phone: H______________________W______________ C______________
Email: ______________________________

Part 4: Service Provider Contacts

Family Physician
Name: _____ Organization: _____
Phone 1: _____ Phone 2: _____

Specialist(s)
Name: _____ Specialty: _____
Phone 1: _____ Phone 2: _____

Nursing
Name: _____ Agency: _____
Phone 1: _____ Phone 2: _____

CCAC
Name: _____ Agency: _____
Phone 1: _____ Phone 2: _____

Other
Name: _____ Agency: _____
Phone 1: _____ Phone 2: _____

Part 5: Background Information

Type of Accommodation: ☐ House ☐ Apartment ☐ Other
Others in Household: _____
Pets: ☐ None ☐ Cat ☐ Dog ☐ Bird ☐ Fish ☐ Other
Smoking in Household: ☐ No ☐ Yes ☐ Sometimes
Ethno-cultural Background: _____
Languages Spoken: _____
Interests & Hobbies: _____
Employment/volunteer/educational experience (background information): _____
_____
_____
Additional Comments: _____
_____
_____

Part 6: Emotional needs

Emotional issues (family history, loss history): _____
Major stressors: _____
Coping strategies: _____
Caregiver respite needs: _____
Other family/friends respite needs: _____

Part 7: Spiritual needs

Religious or spiritual needs (e.g. pastoral visits, last rites, etc) as identified by the client:

_____

_____

Spiritual leader/advisor contact info
Name: _____
Phone: _____
Name of institution: _____
Available for home visits? ☐ Yes ☐ No

Interest in receiving spiritual support from Hospice? ☐ Yes ☐ No ☐ Not discussed

Part 8: Personal Care & Functional Assessment

****Please note that any information gathered for this section is to be used only within the parameters of the volunteer role.***

Diagnosis: _____ Prognosis: _____
Is client aware of their diagnosis? ☐ Yes ☐ No
Is client aware of their prognosis? ☐ Yes ☐ No
Does client take any medications? ☐ Yes ☐ No
Additional information: _____

_____

_____

Ambulation:
Mobility: ☐ Full function ☐ Limited Function ☐ Bedbound
Aids: ☐ Cane ☐ Walker ☐ Hoyer Lift ☐ Wheelchair
Assistance Required: ☐ On level ground ☐ To get up/sit down in chair
☐ To get up/lie down in bed ☐ To get to/use washroom
☐ To get up/down stairs

Cognitive Function:
Level of Orientation: ☐ Unimpaired ☐ Forgetful ☐ Disoriented ☐ Confused ☐ Dementia
Impact on ADL: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Nutrition:
☐ Appetite Normal ☐ Appetite diminished ☐ Difficulty swallowing ☐ Feeding tube
☐ Needs assistance with eating ☐ Needs assistance with meal preparation
Food Allergies: _____
Uses Supplements: _____

Sleep:
☐ Sleeps most of the night ☐ Sleeps during the day
☐ Has difficulty sleeping ☐ Uses a hospital bed: _____

Toileting

☐ Commode ☐ Bed pan ☐ Catheter ☐ Diapers ☐ Full assistance/Total care

Additional information

Speech: ☐ Communicates with difficulty

Vision: ☐ Glasses ☐ Blind: _____

Hearing: ☐ Partial ☐ Full ☐ Hearing Aid

☐ Hears on Left side ☐ Hears on Right side

Limbs: ☐ Impaired: Right Arm/Left Arm/Right Leg/Left Leg

☐ Amputation ☐ Prosthesis

Skin: ☐ Incisions: _____ ☐ Rashes: _____

☐ Burn: _____ ☐ Open wounds: _____

History of substance use: ☐ Alcohol ☐ Drugs (Type: _____)

Infection control: ☐ Gloves ☐ Masks ☐ Communicable Disease: _____

Diabetes: ☐ No ☐ Insulin dependent ☐ Other: _____

Allergies: _____

Symptoms/equipment needs (check all that apply):

☐ Pain ☐ Fatigue ☐ Drowsiness ☐ Depression ☐ Anxiety

☐ Ostomy ☐ Dialysis ☐ Vomiting ☐ Diarrhea ☐ Constipation

☐ Oxygen ☐ Ventilator ☐ Bi-pap ☐ Trach ☐ Seizures

☐ Shortness of Breath ☐ Transfusions

Are any of these symptoms uncontrolled and in need of medical attention? ☐ Yes ☐ No

Part 9: Advanced Planning and Client Wishes

CPR/DNR: _____

Advanced Medical Directive (Living Will): _____

Preferred location of death: _____

Power of Attorney: Personal Care _____ Finance_____

PCU: _____Applications submitted to: _____

Will: _____

Funeral Arrangements: _____

_____

Emergency Procedures: _____

_____

Emergency contact:

Name: _____

Phone 1: _____

Phone 2: _____

Relationship to client: _____

Part 10: Services

Services requested from the Hospice by client: _____

Services requested from the Hospice by caregiver: _____

Volunteer preference: ☐ Male ☐ Female ☐ No preference

Preferred visit times (select all that apply):

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Overnight							

Services requested from other organizations by client: _____
Services being provided by other organizations to client: _____
Services being provided by the caregiver(s): _____
Services requested from other organizations by caregiver: _____
Services being provided by other organizations to caregiver: _____

Schedule of other services in place for client and caregiver:
(N=nursing, PSW=personal support worker, F= family or friend, O=other)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Overnight							

Part 11: Comments and/or Concerns

Client: _____
Caregiver: _____
Hospice representative: _____
Translating requirements: _____

Form completed on: _____
(date)

Form completed by: _____
(name)

Relevant Standards and Criteria:
Standard 2.1, Criterion A

Sample
Client Service Agreement/Consent for Release of Information

Client Name: _____
Client Number: _____

I consent to receiving services from (enter Hospice name). I understand that the Hospice will keep a copy of this Service Agreement/Consent for Release of Information in my record.

I agree to collaborate with the staff from (enter Hospice name) to determine what type of support and which services I will receive (my individual program plan). I understand that my individual program plan will be reviewed periodically.

I have been informed of the wait list procedures at (enter Hospice name). I understand that if (enter Hospice name) is not able to provide services for me, the staff will attempt to refer me to another agency.

I will accept (enter Hospice name) volunteers in my home to support me and/or my caregivers if I request this service and it becomes available. I understand that I have the right to request a different volunteer if I deem necessary.

I understand that Hospice volunteers are screened and trained to provide compassionate, emotional, social, and spiritual support. This is in accordance with the Ministry of Health definition of a Hospice volunteer.

I give consent to (enter Hospice name), and the parties noted below, to exchange written or verbal information regarding my care. I understand that information sharing between these parties, and between (enter Hospice name) personnel, shall be for the sole purpose of providing quality service to meet my needs and the needs of my caregivers. I understand that I have the right to withdraw this consent at any time.

☐ Hospital(s): _____
☐ CCAC(s): _____
☐ Physician 1: _____
☐ Physician 2: _____
☐ Nursing Agency: _____
☐ Other Agencies (PSW, OT, PT, Social Work, etc.): _____
☐ Chaplain/Spiritual Care provider involved in my care: _____
☐ Hospice staff & volunteers: _____

I am aware that (enter Hospice name) Case Managers are available to discuss advanced care planning when I consider it appropriate. (Enter Hospice name) staff and volunteers will do their best to honour my wishes.

I understand that:

- Enter Hospice name) staff and volunteers are unable to determine the nature of medical emergencies or provide treatment
- If (enter Hospice name) staff or volunteers are alone with me and I experience a medical emergency, 911 will be called.

I have made it known to the Hospice that:

☐ I have a written Do Not Resuscitate (DNR) order in place, dated: _____

☐ I do not have a DNR order.

Waiver

I understand and accept the conditions noted above and I hereby release for myself, my heirs, executors, administrators, successors and assigns, and waive and forever discharge (enter Hospice name), the employees, volunteers and board of directors of (enter Hospice name) from all claims, demands, damages, costs, expense, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property of any nature or kind, howsoever caused, arising out of or in any way connected with the provision of service by (enter Hospice name).

_____ _____

Client or Power of Attorney for Personal Care Date

_____ _____

For (Enter Hospice name) Date

Relevant Standards and Criteria:

Standard 2.1, Standard 2.2, Standard 3.6

Sample
Individual Program Plan for the Volunteer Hospice Service

The Individual Program Plan reflects the expectations, preferences, strengths and abilities of the client and family, and is based on the systematic and ongoing assessment of the client. This plan is to be reviewed in consultation with the client at a specific interval (as defined by the individual Hospice) or when there is a significant change in the client's status. This plan forms part of the overall plan of care (in conjunction with other service providers) and should be shared with other service providers with the permission of the client or Substitute Decision Maker (SDM). A copy of the original plan will be kept in the client's record, along with each subsequent updated version.

Client Name or Number: _____ Date: _____

Support to be provided/not to be provided

Social: _____
Physical*: _____
Emotional: _____
Spiritual: _____
Nutritional*: _____
Rest: _____
Mobility*: _____
Household: _____
Bereavement follow-up where available: _____
Client/Caregiver responsibilities: _____
_____
_____

Relevant Standards and Criteria:
Standard 2.2, Criteria A - F

* The new definition expanded the ability of hospices to receive government funding for volunteer hospice services, delivered in places other than the home (hospital, for example) as well as for bereavement services.

One of the basics of volunteer hospice care is that it supplements, not supplants, the care provided by paid workers. This idea also comes through in the idea of paid workers/professionals visit in order to provide a procedure while hospice volunteers are there to provide non-physical support to the client and to their family.

When the Standards were being developed, the idea of "compassionate response" was also developed. This meant that if volunteers faced a situation that called for a physical care response (i.e. changing a diaper or helping someone to the washroom or responding to the need to be turned over) and a paid worker or a family member were not there, a volunteer could – if they chose – provide this service as a compassionate response to the immediate need of another human being.

Thus, hospices needed to provide standards of care for these potential responses, and hospices needed to train their volunteers how to do them should their volunteers choose to provide them when other assistance was not immediately available.

It is important that providing physical care not be deemed as an integral part of the volunteer's responsibility and that neither government nor the family believe it is a part of the services that hospices provide.

Client – Case File Checklist for Volunteer Hospice Service

Client Name or Number: _____

Form Name	Completed
Client Register (this is to ensure the client is registered and given a number)	
Client Referral	
Client Assessment	
Palliative Care Service Agreement	
Consent for Release of Information	
Client Program Plan	
Volunteer Assignment	
Client Care Notes	
Schedule of Care (if applicable)	
Client Summary Report	

Relevant Standards and Criteria:
Some in Standard 3.6, Criterion A

Accreditation Level II
DRAFT Client File Audit Tool

Indicator #	Indicator[30]	Target	Tally Column	Calculation	Results
4	# of days before initial contact	80% receive contact within 2 working days		# of clients contacted within 2 working days / 50 x100	
7	% of client records with documented individualized assessment	100% of records with documented individualized assessment		# of client records with individualized assessments / 50 x100	
15	% of clients with client records	100% exist		# of client records which exist / 50 x100	
15	% of clients with key information (assessment, program plan, consent for release of info, relevant visit info, emergency contact numbers)	100% contain information		# of client records which contain key information / 50 x100	
19	% of clients with same volunteer/volunteer care team	80% of clients have the same volunteer/volunteer care team		# of clients with same volunteer /volunteer care team / 50 x100	

[30] Audit a minimum of 50 client records (or 50% of the total depending which is the smaller number).

DRAFT Caregiver Survey Letter for Volunteer Hospice Service

Note: Primary caregivers are to be surveyed between three and six months after the client has died (as outlined in HPCO's Indicators and Targets).

[Date]

Dear Caregiver:

We need your input!

In order to improve our Volunteer Hospice Service, we would like to know what you think about the service you and your loved one received. Your responses are confidential. Although you may have been involved with a number of services from [Name of Hospice], please respond only for the **Volunteer Hospice Service.**

This letter is intended for caregivers who recently lost a loved one. If you received it incorrectly, please accept our sincerest apologies.

We would appreciate if you would take about 10 minutes to complete the enclosed survey and return it in the enclosed postage paid envelope by [date is two weeks after they would receive it in the mail].

Please feel free to contact [name of person at the Hospice and telephone number] if you have any questions about the survey or you wish to discuss any of your concerns or suggestions.

Thank you in advance for completing the survey. Your responses are crucial in helping us provide quality Volunteer Hospice Services.

Sincerely yours,

[name of Executive Director]
[name of Hospice]

Sample
Caregiver Satisfaction Survey for Volunteer Hospice Service

Thank you for taking the time to complete this questionnaire. Your response are **completely anonymous**; no name is necessary. Please **check** the answer that best applies to each question. If there is a question you are not comfortable answering, please leave it blank. Please return the completed survey in the enclosed postage paid envelope by (insert date).

Although your loved one may have received a number of services from (name of hospice), please provide your responses for the **Volunteer Hospice Service only.**

1. How long did your loved one receive support from (insert hospice name)?

   ☐ Less than a month
   ☐ 1 – 6 months
   ☐ 7– 12 months
   ☐ Greater than a year

2. How involved were you in deciding the service (e.g. emotional support, relief from caregiving, referral information, and advocacy) your loved one received from the Volunteer Hospice Service?

   ☐ Very Uninvolved ☐ Uninvolved ☐ Involved ☐ Very Involved

3. How satisfied were you with the Volunteer Hospice Service support that your **loved one** received from (insert hospice name)?

   ☐ Very Satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied
   ☐ Dissatisfied ☐ Very Dissatisfied ☐ Not Applicable

   Please comment:

   _____
   _____
   _____

4. How satisfied were you with the Volunteer Hospice Service that **you** received from (insert hospice name)?

   ☐ Very Satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied
   ☐ Dissatisfied ☐ Very Dissatisfied ☐ Not Applicable

   Please comment:

   _____
   _____
   _____

5. How satisfied were you with how quickly (insert hospice name) initiated service for you?

☐ Very Satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied ☐ Very Dissatisfied ☐ Not Applicable

Please comment:

_____
_____
_____

6. How satisfied were you with the hospice staff and volunteer availability?

☐ Very Satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied ☐ Very Dissatisfied ☐ Not Applicable

Please comment:

_____
_____
_____

7. The staff and volunteers at (insert name of hospice) appeared to be adequately trained.

☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree
☐ Disagree ☐ Strongly Disagree

Please comment:

_____
_____
_____

8. What part(s) of the Volunteer Hospice Service were you most satisfied with?

_____
_____
_____

9. What part(s) of the Volunteer Hospice Service were you least satisfied with?

_____
_____
_____

10. Please provide any additional comments or suggestions for improvement to the Volunteer Hospice Service.

_____
_____
_____

11. What was your relationship as a caregiver to the person who was terminally ill?

☐ Spouse ☐ Parent ☐ Sister ☐ Brother ☐ Daughter
☐ Son ☐ Other Relative ☐ Friend/Neighbour
☐ Other: (Please Specify) _____

THANK YOU. Please return the survey in the postage paid envelope provided.

If you have any questions about the survey or would like more information about a particular question or issue, please contact (Hospice contact person and number).

Accreditation Level II
DRAFT Caregiver Survey Audit Tool[31], [32]

Indicator #	Indicator	Target	Tally Column	Calculation	Results
5	% of primary caregivers satisfied with service client received	90% satisfied and very satisfied		# satisfied and very satisfied / # of respondents x100	
6	% of primary caregivers satisfied with service client received	90% satisfied and very satisfied		# satisfied and very satisfied / # of respondents x100	
8	% of caregivers who report being involved in service received e.g. ▪ Emotional support ▪ Relief from caregiving ▪ Referral resource information ▪ Advocacy	80% report being involved and very involved in deciding service received		# reporting being involved and very involved in deciding service received / # of respondents x100	

[31] Survey questions have been developed by HPCO.

[32] Survey a minimum of 50 primary caregivers of deceased clients (or 50% of the total depending which is the smaller number).

Volunteer Management

- Client Volunteer Position Description
- Client Volunteer Application Form
- Client Volunteer Service Agreement
- Client Volunteer Training Checklist
- Client Volunteer Monthly Report Form
- Client Volunteer File Checklist
- Client Volunteer File Audit Tool Level ll Accreditation
- Client Volunteer Survey Letter
- Client Volunteer Survey
- Client Volunteer Service Agreement

Sample
Client Volunteer Position Description for Volunteer Hospice Service

POSITION: CLIENT VOLUNTEER

REPORTS TO: Supervisor of Volunteers

PRIMARY FUNCTION: To provide emotional, social and spiritual support to those who are living with a life-threatening or terminal illness and their families[33]. Volunteers may also provide respite and bereavement[34] support.[35]

QUALIFICATIONS:

A Client Volunteer is a non-paid person who:

- Is committed to the mission, vision and values of the organization.
- Meets the screening requirements of the agency.
- Has completed a minimum of 30 hours of Instruction as outlined in the HPCO Visiting Volunteer Training Curriculum or HPCO deemed equivalent.
- Understands the agency's policies and procedures.
- Is willing to participate as a member of the interdisciplinary team.
- Has the ability to work well independently and maintain appropriate boundaries.
- Has the ability to take direction and accept supervision.
- Is able to be accepting of individual reactions and values related to death and dying.
- Projects a warm, caring and empathetic attitude.
- Demonstrates good communication skills: non-judgemental, discreet and tactful.
- Will not impose beliefs/opinions on others.
- Has signed the Hospice's Volunteer Service Agreement: Roles, Policies and Confidentiality.
- Values and appreciates diversity.
- Has had no significant losses within the past 6 months and has resolved personal grief.
- Is willing to learn new skills and participate in on-going education/training and support sessions.
- Has a stable personal lifestyle and support system.

DUTIES & RESPONSIBILITIES:

- Makes a commitment of at least 3-4 hours per week for a one year period.
- Upholds the client's right to dignity and self-determination.
- Works as part of the Care Team. This includes communication with his/her supervisor.

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[33] According to A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice, "family" are: "those closest to the patient in knowledge, care and affection (including biological; family of acquisition (related by marriage/contract); family of choice and friends). The patient defines who will be involved in his/her care and/or present at the bedside".

[34] According to A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice, March, 2002, bereavement is defined as: "the state of having suffered the death of someone significant".

[35] Extracted from Ministry of Health and Long Term Care's revised policy of Volunteer Hospice Service effective April 1, 2006.

- Is punctual and reliable for all assignments, notifying the supervisor as soon as possible when unable to fulfil assignment due to vacation or sick leave.
- Supports the client within the volunteer's role (see primary function).
- Reports immediately any changes in the client's condition or any unusual incidents.
- Follows all policies and procedures.
- Attends monthly volunteer meetings.
- If providing transportation, notifies own insurance company of driving on volunteer basis and carries a minimum level of insurance as per MOHLTC policy.
- Submits monthly reports recording all contacts and visits with client/family which include the volunteer's observations and mileage travelled etc.
- Maintains monthly contact with the Hospice office.
- Maintains confidentiality.
- Asks for assistance if help or support or additional information is required.
- Complies with the fragrance-free and smoke-free environment policy.
- Participates in an evaluation process.
- Must submit health screening requirements prior to client contact.
- Must have completed a Police Records Check prior to client contact.
- Is an ambassador for *<insert the Hospice Name>.*

Relevant Standards and Criteria:
Primarily Standard 3.2 with some of criterion A and related to Standards 3.5; 3.7; 4.1

Sample
Client Volunteer Application Form - Volunteer Hospice Services

CONFIDENTIAL

Name: _____
Address: _____
City: _____ Postal Code: _____
Nearest Intersection: _____
Home # _____Work # _____Cell # _____
E-mail: _____

In Case of Emergency Contact:
Name: _____ Phone: _____
Relationship: _____

Volunteer Positions and Preferences

Are there other areas that you are interested in volunteering?

☐ Client Support ☐ Administrative Support ☐ Board of Directors
☐ Fund Development ☐ Fund Raising Events

Work Experience and Education

Have you volunteered in the past/or are you currently volunteering? ☐ Yes ☐ No
If YES, please elaborate (including organizations, type of positions and timeframes):

_____
_____
_____

Are you currently employed? ☐ Yes ☐ No
If YES, where are you currently employed and in what capacity.

_____
_____
_____

Please describe your education, skills and abilities that may be beneficial to our organization.

_____
_____
_____

What do you hope to get from your volunteer experience at *<Hospice Name>?*

_____
_____
_____

Language and Culture

Do you speak, write or read in any languages other than English? ☐ Yes ☐ No
Speak: _____ ☐ Write ☐ Read
Speak: _____ ☐ Write ☐ Read

What Cultures are you familiar with?

_____
_____
_____

Reason for Volunteering
Where did you hear about **(Hospice Name)**?

_____
_____
_____

Why would you like to volunteer for **(Hospice Name)**?

_____
_____
_____

Background information

Have you had experience with the terminally ill? ☐ Yes ☐ No
Have you had a person close to you die within the last year? ☐ Yes ☐ No

Briefly explain the significance of the loss:

_____
_____
_____

Do you have any physical or medical restrictions/conditions that may affect your function as a volunteer? ☐ Yes ☐ No
Do you have any allergies? ☐ Yes ☐ No

What do you feel are your greatest strengths?

_____
_____
_____

Briefly describe your personal support system?

_____
_____
_____

How would you handle situations where your views and opinions differ from those in authority?

Describe an experience where your views and opinions differed from those with a cultural, religious and/or educational background that differs from you?

Driving

Do you have a valid driver's license?	☐ Yes	☐ No
Do you have access to a vehicle?	☐ Yes	☐ No
Do you have up to date insurance coverage?	☐ Yes	☐ No
Do you have the minimum required insurance that includes 3rd party liability*	☐ Yes	☐ No
Are you willing to provide transportation to clients as part of your volunteering?	☐ Yes	☐ No

Please note that you may be required to provide a driving record (Driver's Abstract).

* at level as per MOHLTC policy

Hobbies and Leisure

What hobbies and interests do you have?

Do you have any pets?	☐ Yes	☐ No
If YES, what kind and how many?		
Do you smoke?	☐ Yes	☐ No
Does smoke bother you?	☐ Yes	☐ No

Availability

What is your availability?

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

How many hours a week can you volunteer?

_____

References

Please provide two references other than family.

1. Name: _____
   Phone: _____
   Nature of relationship: _____

2. Name: _____
   Phone: _____
   Nature of relationship: _____

I authorize investigation of all statements and references herein and release *<Insert Hospice Name>* and all others from liability in connection with same.

I also understand and verify that the information herein is complete and accurate and that untrue, misleading or omitted information herein may result in dismissal regarding the time of discovery by *<Insert Hospice Name>.*

In addition to reference checks, all volunteers working with clients will be required to show an up-to-date Police Records Check (a separate Form will be provided at the pre-training interview) and current health screening requirements.

ALL STATEMENTS BECOME PART OF ANY FUTURE VOLUNTEER PERSONNEL FILES AND WILL BE KEPT STRICTLY CONFIDENTIAL.

_____ _____

APPLICANT'S SIGNATURE DATE

Please bring your completed application form with you to your pre-training interview OR forward your completed application to:

<Insert Hospice Information>

INTERVIEW NOTES

Candidate: _____
Interviewer: _____
Date: _____

Relevant Standards and Criteria:
Standard 3.1 and criteria A-B and related to Standard 3.5 and Standard 3.6, criterion B.

Volunteer Service Agreement: Roles, Policies and Confidentiality

Roles and Policies

I, _____
(please print name)
have read, clearly understand and agree to abide by the position description for a
_____
volunteer and the Policies and Procedures provided to me by hospice staff.

I am aware that I am committing to the position of volunteer with (enter Hospice Name) for a period of one year, after which time, I will attend an annual evaluation with hospice staff.

Confidentiality

Volunteers of (enter Hospice Name) are responsible for protecting the security of all information that is obtained, heard or seen in the course of their work. All printed material and all information divulged verbally by staff concerning hospice clients, volunteers or donors is strictly confidential. This may include information relating to an individual's medical history, disease or treatment, financial position, home life or family situation, as well as their identity and address. I will use all information in a manner respectful to the principles of (enter Hospice Name).

I understand that violation of this Service Agreement could be a cause for reprimand and/or immediate dismissal, depending on the severity of the violation.

Volunteer Signature: _____ Date: _____

Volunteer Coordinator: _____ Date: _____

Sample
Volunteer Hospice Service – Client Volunteer Training Check List

Name of Candidate: _____
Address: _____
Phone: (H) _____ (W) _____
Email: _____

The training program for the Client Volunteers consists of a minimum of 30 hours of instruction as outlined in the HPCO Visiting Volunteer Training Curriculum or HPCO deemed equivalent. It includes the following modules:

Training Modules	Date
Introduction to Hospice Care and Philosophy	
Communication	
Emotional and Psychological Issues of Death and Dying	
Spiritual Issues of Death and Dying	
The Family	
Illness Specific Information	
Infection Prevention and Control	
Pain and Symptom Management	
Practical Comfort Measures	
The Challenges of Eating	
Body Mechanics, Assists and other Skills	
Recognizing the Signs of Death, Providing Care	
Grief and Bereavement	
Ethical Issues in Hospice Care	
The Responsibilities of the Client Volunteer	
Care for the Volunteer Caregiver	
Hospice Policies and Procedures	
All volunteers receive a training manual containing course materials and other relevant hospice information	
The agency promotes and provides to the volunteers continuous educational opportunities	

Note: The MOHLTC revised the policy of Volunteer Hospice Services (effective April 1, 2006). This new definition expanded the ability of hospices to receive government funding for volunteer hospice services, delivered in places other than the home (hospital, for example) as well as for bereavement services.

One of the basics of volunteer hospice care is that it supplements, not supplants, the care provided by paid workers. This idea also comes through in the idea of paid workers/professionals visit in order to provide a procedure while hospice volunteers are there to provide non-physical support to the client and to their family.

When the Standards were being developed, the idea of "compassionate response" was also developed. This meant that if volunteers faced a situation that called for a physical care response (i.e. changing a diaper or helping someone to the washroom or responding to the need to be turned over) and a paid worker or a family member were not there, a volunteer could – if they chose – provide this service as a compassionate response to the immediate need of another human being.

Thus, hospices needed to provide standards of care for these potential responses, and hospices needed to train their volunteers how to do them should their volunteers choose to provide them when other assistance was not immediately available.

It is important that providing physical care not be deemed as an integral part of the volunteer's responsibility and that neither government nor the family believe it is a part of the services that hospices provide.

Note: Some Hospices use this to train all their volunteers.

Relevant Standards and Criteria:
Standard 4.1 and criteria; also related to 3.7; 3.5; 3.2 and their criteria.

Sample
Volunteer Hospice Services Client Volunteer Monthly Report Form

< Insert Hospice Agency Information >

Volunteer: _____ **Mo./Yr.**_____

Date of Visit	Client ID# or Type of Activity	Travel Time	Length of Visit	Comments

Note: Significant changes are to be called in to the Hospice.

Other Expenses (i.e. parking - attach Receipts)

Date	Description	Amount

Total Km's _____ x *<Insert $$ Rate>* **Cents** = _____

Other Expenses = _____

Total = _____

IF FAXED:

Confidentiality Note: The information contained in this facsimile message is privileged and is intended exclusively for use by the recipient named above. If you receive this facsimile in error, please notify us immediately by telephone and return the original document by mail to the above address.

Relevant Standards and Criteria:
No specific ones.

Client Volunteer File Check List for Volunteer Hospice Service

Name of Candidate: _____
Address: _____
Phone: (H) _____ (W) _____
Email: _____

	Date/ Completed	Staff
☐ Application Form Completed		
☐ Pre-Training Interview		
☐ Reference Checks		
☐ Confirmation Letter for training sent		
☐ Police Records Check completed, viewed, acceptable and documented		
☐ Driver License and Driver's Abstract viewed, is acceptable and documented		
☐ Minimum required insurance coverage viewed; acceptable; and documented annually[36]		
☐ Client Volunteer Training		
☐ Current health screening requirements viewed, acceptable and documented annually		
☐ Volunteer Service Agreement		
☐ Position Description (signed)		
☐ Volunteer Hours		
☐ Ongoing Screening/Support/Evaluation		
☐ Post Training Interview		
☐ Photo ID Badge Provided		
☐ Satisfaction Survey		
☐ Exit Interview		
☐ Photo ID Badge Returned		
☐ Date File Closed		

Note: Some Hospices may have developed additional forms to include in checklist (e.g. annual evaluations).

Relevant Standards and Criteria:
Standard 3.6 and some of Criterion B. Also related to Standards 3.1; 3.2; 3.5; 3.7 and their criteria.

[36] At a level as per MOHLTC policy

Accreditation Level II
DRAFT Client Volunteer File Audit Tool

Indicator #	Indicator[37]	Target	Tally Column	Calculation	Results
9	% of volunteer records containing a form that indicates a police records check has been completed, viewed, acceptable and documented prior to client contact (Updated May/08)	100% of the volunteer records contain a form indicating a police records check has been completed prior to client contact		# of records with the form / 50 x100	
10	% of volunteers who have documentation of ongoing supervisory contact	100% have ongoing supervisory contact documented		# of volunteers with documentation of ongoing supervisory contact / 50 x100	
16	% of volunteers who have a volunteer record	100% exist		# of volunteer records which exist / 50 x100	
16	% of volunteer records which include the following key information: • Application form • Training received • Results of ongoing screening process • Signed confidentiality form	100% contain information		# of volunteer records which contain key information / 50 x100	
18	% of volunteers who have completed HPCO approved modules	100% of volunteers have completed the HPCO approved modules		# completing approved modules / 50 x100	

[37] Audit a minimum of 50 client records (or 50% of the total depending which is the smaller number).

DRAFT Client Volunteer Survey Letter for Volunteer Hospice Service

[Date]

Dear Volunteer:

We need your feedback!

In order to improve our support to the volunteers in the Volunteer Hospice Service, we need your input. Although you may be volunteering in a number of services with [Name of Hospice], please respond only for the **Volunteer Hospice Service.**

We would appreciate if you would take about 10 minutes to complete the enclosed survey and return it in the enclosed postage paid envelope by [date is two weeks after they would receive it in the mail].

Please feel free to contact [name of person at the Hospice and telephone number] if you have any questions about the survey or you wish to discuss any of your concerns or suggestions.

Thank you in advance for completing the survey. Your responses are crucial in helping us provide quality Volunteer Hospice Services.

Sincerely yours,

[name of Executive Director]
[name of Hospice]

Sample
Client Volunteer Survey for Hospice Volunteer Service

Thank you for taking the time to complete this survey. **Since no name is required, your responses are anonymous.** Please check the boxes that best describes your responses to these questions. If there is a question you are not comfortable answering, please leave it blank. Please return the questionnaire in the postage paid envelope provided by (insert date).

1. How many years have you volunteered at (insert hospice name)?
   ☐ Less than 1 year ☐ 1 to 5 years ☐ 6 to 10 years ☐ Over 10 years

2. What number of clients has been assigned to you since you became a volunteer?
   ☐ 1 – 3 ☐ 4 – 6 ☐ 7 – 10 ☐ 11 – 15 ☐ Over 15

3. Please describe your knowledge or understanding of Hospice Palliative Care.
   ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

   Please comment: _____
   _____
   _____

4. All client volunteers must complete a minimum 30 hour training program. How well do you feel the training program prepared you?
   ☐ Very prepared ☐ Prepared ☐Neither Prepared nor Unprepared
   ☐ Unprepared ☐ Very Unprepared

   What would you suggest be added to this training for Hospice Volunteer Service volunteers?
   _____
   _____
   _____

5. (a) Do you feel that (name of hospice) attempts to identify and offer new and relevant training and education events for Hospice Volunteer Service volunteers?
   ☐ Yes ☐ No

   Please list any suggestions for additional training and education: _____
   _____
   _____

5. (b) Do you attend volunteer education sessions and support meetings when offered?
   ☐ Yes ☐ No

   If NO, why not? _____
   _____
   _____

5. (c) How comfortable are you with your role and limitations when providing the Volunteer Hospice Service?

☐ Very Comfortable ☐ Comfortable ☐Neither Comfortable nor Uncomfortable
☐ Uncomfortable ☐ Very Uncomfortable

Please comment: _____

_____

_____

6. How aware are you of your role and its limitations when providing the Volunteer Hospice Service?

☐ Aware ☐ Unaware

Please comment: _____

_____

_____

7. What do you find most challenging as a Volunteer Hospice Service Client?

_____

_____

_____

8. How satisfied are you with the support that you are receiving/experiencing from (insert Hospice name)?

☐ Very satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied ☐ Very Dissatisfied

9. (a) How often do you communicate with your supervisor and the (insert Hospice name) team?

☐ Monthly ☐ Every two weeks ☐ Weekly ☐ Daily
☐ Not at all ☐ Other

Please state: _____

_____

_____

9. (b) Are you satisfied with this level of communication?

☐ Yes ☐ No

If NO, please comment: _____

_____

_____

10. Do you access support from a Case Manager or Coordinator of Volunteers?

☐ Yes ☐ No

If NO, please explain: _____

_____

_____

11. How satisfied are you with the match between you and your current/most recent client?
☐ Very satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied ☐ Very Dissatisfied

Please comment: _____

_____

_____

12. Do you feel that the client and his/her caregivers appreciate your volunteer work at (name of hospice)?
☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree
☐ Disagree ☐ Strongly Disagree

Any other comments? _____

_____

_____

13. (a) Overall, how satisfied are you with the support you received from (name of hospice)?
☐ Very satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied ☐ Very dissatisfied

13. (b) Overall, how satisfied are you with your volunteer experience at (name of hospice)?
☐ Very satisfied ☐ Satisfied ☐ Neither Satisfied nor Dissatisfied
☐ Dissatisfied ☐ Very Satisfied

13. (c) What do you find most satisfying/rewarding?

_____

_____

_____

13. (d) What do you find least satisfying/rewarding?

_____

_____

_____

13. (e) What would increase your level of satisfaction?

_____

_____

_____

Please provide any additional comments you would like to make.

_____

_____

_____

THANK YOU. Please return the survey in the postage paid envelope provided by (name of hospice). If you have any questions about the survey or would like more information about a particular issue, please contact (name of person and telephone number at the Hospice).

Accreditation Level II
DRAFT Client Volunteer Survey Audit Tool[38], [39]

Indicator #	Indicator	Target	Tally Column	Calculation	Results
11	% of volunteers comfortable with their roles and limitations	80% comfortable and very comfortable		# comfortable and very comfortable with roles and limitations / # of respondents x100	
11	% of volunteers aware of their roles and limitations	80% aware of their roles and limitations		# aware of their roles and limitations / # of respondents x100	
12	% of volunteers satisfied with support received	90% satisfied and very satisfied with support received		# volunteers satisfied and very satisfied with support received / # of respondents x100	

[38] Survey questions have been developed by HPCO
[39] Survey a minimum of 50 volunteers (or 50% of the total depending which is the smaller number)

SECTION 4

Accreditation Process

WORKBOOK

There are a number of assumptions prior to initiating HPCO's accreditation process including that your hospice has:

1. A Board of Directors
2. Policies and Procedures in place that are at a minimum consistent and as complete as HPCO's
3. A person with basic understanding of the concepts of continuous quality improvement
4. The Hospice Volunteer Service has been in operation for more than one year

QUALITY DIMENSION 1:

Accessibility – the community being knowledgeable about the service and the service being accessible to all major groups within the community.

Standard 1.1 *The hospice has an ongoing process for informing the public and other service providers of its service.*

Standard & Criteria	*Level I Accreditation*	*Complied with Criteria for Level I*	*Level II Accreditation*		*Measurement Tool*	*Results*	*Factors Affecting Achievement*	*Quality Improvement Strategy*
	Description of HPCO Criteria		*Indicators*	*Targets*				
1.1 A	The information includes: • How to access the service • The types of supports provided • Who provides the service • Who needs the service • Availability of the service • Catchment area • Any specialty services.		Indicator #1: Number of referrals	Demonstrate annual increases (varies by hospice)	Review database – count referrals			
1.1 B	A variety of mechanisms which can be used, include: • Pamphlets • information sessions e.g. with Cancer Support Groups, HIV/AIDS, ALS etc. • meetings with physicians, Community Care Access Centres etc. • radio/television/newspaper and education fairs • partnerships with health organizations (e.g. hospitals) • other e.g. advertising.		Indicator #2: Number of referrals by source	Referrals from at least three different sources (e.g. CCAC, hospital, physician, self-referral, previous clients/caregivers)	Review database – count referrals			
1 C	The material and programs are sensitive to the needs of specific ethnocultural groups and special needs groups in the community.		Indicator 3: Percentage of clients served by: a) Age group b) Gender c) Geographic area d) Diagnosis e) Language	Varies with individual hospice	Review database	Example for gender: # of females x100 total # of clients 1) Age group: 0 – 19; 20 – 49; 50 – 74; 75+ Gender: Male; Female 2) Geographic Area 3) Diagnosis: Cancer; MS; AIDS; Circulatory System Diseases, Diseases of Respiratory; Other (specify) 4) Language		
1.1 D	Mechanism exists for identifying areas for improvement, e.g. need for earlier referrals.							

Standard 1.2 *The hospice provides services based upon the client's/caregiver's needs and the parameters of the service.**[40]

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
1.2 A	Hospice palliative care is available in a variety of settings (e.g. homes, hospital, long term care facility).							
1.2 B	Bereavement support, if available, is either a component of the hospice program or by referral to an appropriate agency/individual.							
1.2 C	The service days and hours are flexible to meet the needs of the clients.							
1.2 D	The service is initiated in a timely manner.		Indicator #4: Number of days before client/caregiver receives contact concerning assessment or service	80% receive contact within 2 working days	Audit a minimum of 50 client records (or 50% of the total depending which is the smaller number)	# of clients contacted within 2 working days / 50 x100		
1.2 E	A mechanism is in place to monitor and evaluate the service demands and timelines of service.		Indicator #5: Percentage of primary caregivers satisfied with service client received Indicator #6: Percentage of primary caregivers satisfied with service they received	90% report satisfaction 90% report satisfaction	Survey of a minimum of 50 primary caregivers of deceased clients (or 50% of the total depending which is the smaller number). Primary caregivers to be surveyed between three and six months after client died.	# satisfied / # of respondents x100		

* Indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

[40] ***Note:*** Primary caregiver is defined as the person who provides the majority of care to the client such as a family member, friend, or neighbour. The person does not include paid staff and hospice volunteers. Primary caregivers to be surveyed between three and six months after client died. Also relates to: **Quality Dimension:** Client Perspective, **Standard:** 2.1

Standard 1.3 *The hospice has eligibility criteria which are consistent with the philosophy of hospice palliative care.*

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
1.3 A	Persons eligible for the service should include those: • living with life-threatening or terminal illnesses and their family/caregivers • living within the geographic boundaries of the hospice agency.							
1.3 B	Persons who do not meet the eligibility criteria are referred to the appropriate service(s).							

Standard 1.4 *Admission to the hospice is dependent upon an assessment and approval by the service.*

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
1.4 A	A qualified coordinator at the serviced determines the individual's eligibility for the service.		Relates to Quality Dimension 2: Client Perspective					
1.4 B	Criteria for priority of service delivery is based on the individual's and caregiver's needs and applied to any existing waiting list.*		Relations to Quality Dimension 2: Client Perspective					
1.4 C	Prioritization may be developed in collaboration with other agencies.		Relations to Quality Dimension 2: Client Perspective					
1.4 D	If hospice is unable to serve a high need client, the hospice will refer the client to an appropriate service.		Relations to Quality Dimension 2: Client Perspective					

* Indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

QUALITY DIMENSION 2:

Client Perspective – clients and caregivers being involved in the decision making concerning their care and being satisfied with the care they received.

Standard 2.1 *An individualized assessment is completed to determine the client's/caregiver's specific needs.**

Standard & Criteria	***Level l Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level l***	***Level ll Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
2.1 A	Percentage of client records with documented individualized assessment		Indicator #7: Percentage of client records with documented individualized assessment (Also relates to: Quality Dimension: Accessibility, Standard: 1.4)	100% of client records with documented individualized assessment	Audit a minimum of 50 client records (or 50% of the total depending which is the smaller number)	# of client records with Ind. Assess. x100 50		
2.1 Ai	Service information							
2.1 Aii	Individual's status							
2.1 Aiii	Respite requirements							
2.1 Aiv	Other areas of concern							

Standard 2.2 *Clients and caregivers are respected as individuals and involved as appropriate in all aspects of their individual program plans as developed by a qualified coordinator at the Volunteer Hospice Visiting Service.**

Standard & Criteria	*Level I Accreditation* *Description of HPCO Criteria*	*Complied with Criteria for Level I*	*Level II Accreditation* *Indicators*	*Targets*	*Measurement Tool*	*Results*	*Factors Affecting* *Achievement*	*Quality Improvement* *Strategy*
2.2 A	**The individual program plan is:** **• based on the assessment information and in keeping with the statement of client rights[41]†** **• a plan of action which reflects and builds upon the individual's strengths and abilities** **• based upon the systematic and ongoing assessment of the client**		Indicator #8: Percentage of caregivers who report being involved in deciding service received e.g. • emotional support (i.e. anticipatory grief, bereavement support) • relief from caregiving • referral resource information (e.g. power of attorney, wills, funeral arrangements, other resources) • advocacy	80% of caregivers report being involved in deciding service received	Survey a minimum of 50 caregivers (or 50% of the total depending which is the smaller number). N.B. Some clients do not want their caregivers to be involved.	Caregiver Survey # reporting being involved in deciding service x100 received # of respondents		
2.2 B	The Volunteer Hospice Visiting Service has a format for recording individual program plans.							
2.2 C	The individual program plan is reviewed in consultation with the client as defined by the specific Volunteer Hospice Visiting Service or when there is a significant change in a client's status.*							
2.2 D	The individual program plan outlines the type(s) of support to be provided or not provided by the volunteer to the client/caregiver. (Please see HPCO Standards for full Criteria.)							
2.2 E	The individual program plan outlines the client/caregiver responsibilities.							
2.2 F	The individual program plan as developed by the Volunteer Hospice Visiting Service forms part of the plan of service for the client.*							

* Indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

[41] Part III of the Long Term Care Act states what rights must be respected and promoted. Please see HPCO Standards for a copy of A Patient's Bill of Rights.

QUALITY DIMENSION 3:
Safety - The service to the client/caregiver being provided in a "safe" manner.

Standard 3.1 *A qualified coordinator conducts ongoing intensive screening of all volunteers who visit clients/caregivers.**

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
3.1 A	Interviews include determining each volunteer's: • skills/qualifications • reasons for volunteering • expectations from assignment • availability • suitability for the specific position commitment.*							
3.1 B	The selection process consists of a number of steps including: • application form is completed • interview is conducted. • references are checked.* • observations are made during the training program. • health screening is completed as required under Public Hospitals Act for those hospices that provide support in hospitals or LTC facilities.							
3.1 C	Each volunteer must submit a current (i.e. dated no earlier than the date of the volunteer's interview with the qualified coordinator) police records check report, which the volunteer should seek from the police service in whose jurisdiction the volunteer currently resides. (If the person has moved in the last five years, the individual should identify this fact to the police service when applying for the police records check. In some regions, the police will make a request of other police services for information from local records).[42]		Indicator #9: % of volunteer records containing a form that indicates a police records check has been completed, viewed, acceptable and documented	100% of the volunteers have submitted an acceptable current police records check report prior to client contact	Audit a minimum of 50 volunteer records (or 50% of the total depending which is the smaller number)	# of completed forms / 50 x100		

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

[42] Each police service determines what it will and will not include in a police records check, and how and to whom it will release police records check information, whether to the individual applicant or to the organization seeking the information. The Hospice agency should check with its local or regional police service, or the OPP where it provides regional police services, to understand what its police records check includes and does not include. (See Appendix A for further information)

Standard & Criteria	Level I Accreditation Description of HPCO Criteria	Complied with Criteria for Level I	Level II Accreditation Indicators	 Targets	Measurement Tool	Results	Factors Affecting Achievement	Quality Improvement Strategy
3.1 D	The agency has a written policy which identifies the categories of offences (federal or provincial), outstanding charges or convictions which will disqualify the individual from serving as a volunteer in the agency, based on the identified occupational requirements of the position the volunteer is seeking. If the qualified coordinator is uncertain about the application of this policy, he or she will discuss its contents with the most senior person in the organization (or the Board, if the coordinator is the most senior person) who will make the final decision.							
3.1 E	The qualified coordinator fills in a form for each volunteer which includes: • name of volunteer • date • date of police records check • name of police department providing the records check • volunteer's signature that the police records check relates to him/her • statement that the police records check did not contain any information which would prohibit • the volunteer from participating in the service according to the agency's current policies • signature of qualified coordinator • signature of individual • date of signatures[43]							

[43] Criteria C, D and E are based on *The Screening Handbook*, the centerpiece of the National Education Campaign on Screening (a project of Volunteer Canada), on *Screening Volunteers and Employees Providing Direct Service to Vulnerable Individuals Through Police Records Checks* and on discussion with Lorraine Street, the author of both documents and a consultant to the Law Enforcement and Records Managers Network (LEARN), a subcommittee of the Information and Technology Committee of the Ontario Association of Chiefs of Police, in its efforts to establish consistent guideline for police records checks in Ontario.

Standard & Criteria	*Level l Accreditation* *Description of HPCO Criteria*	*Complied with Criteria for Level I*	*Level ll Accreditation* *Indicators*	*Targets*	*Measurement Tool*	*Results*	*Factors Affecting Achievement*	*Quality Improvement Strategy*
3.1 F	Screening is ongoing and includes regular monitoring, ongoing supervision/support and evaluation.*							
3.1 G	All steps are documented in each volunteer's record.*		Indicator #10L Percentage of volunteers who have documentation of ongoing supervisory contact	100% have ongoing supervisory contact documented	Varies with individual hospice's methods of documentation e.g. volunteer record, client record. Audit a minimum of 50 records (or 50% of the total depending which is the smaller number).	# of volunteers with documentation of ongoing supervisory contact / 50 x100		

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document.

Standard 3.2 *The hospice has a process for informing volunteers of their roles and limitations.*

Standard & Criteria	***Level l Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level ll Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
3.2	The agency has written policies and procedures known to the volunteers outlining: assistance with medications and medical equipment e.g. oxygen • provision of transportation to clients • prevention and reduction of risk • response to emergency situations • response to abuse/harassment • acceptance of gifts or gratuities • lines of communication e.g. who to contact, when and what type of information to provide • report of unusual incidents (e.g. theft, client fall) • conflict of interest • do not resuscitate orders • extent of physical care e.g. emptying urine bag • response to an unexpected change in the client's condition or an unexpected death of a client.		Indicator #11 Percentage of volunteers a) comfortable with b) aware of their roles and limitations	80%	Survey minimum of 50 volunteers (or 50% of the total depending which is the smaller number) concerning their a) comfort level b) awareness of their roles and limitations	# a) comfortable with b) aware of their roles and limitations x100 # respondents		

Standard 3.3 *The hospice has a process for optimizing the matches between the clients/caregivers and volunteers.*

Standard & Criteria	***Level l Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level l***	***Level ll Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
3.3 A	A qualified coordinator matches each client **/**caregiver with an appropriate volunteer.							
3.3 B	Matches consider the following: • language • cultural background • specific needs of the client • preferences of the client and volunteer • skills, abilities and experience of the volunteer • specific interests of the volunteer and client • volunteer's personal bereavement experience.							
3.3 C	The agency evaluates and changes the volunteer - client/caregiver match as required or requested by the volunteer and/or client/caregiver. The clients /caregivers and volunteers are informed of this procedure.							

Standard 3.4 *The hospice has a process for ongoing support/supervision of the volunteers.**

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	 ***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
3.4 A	The agency has written policies and procedures which address the support and ongoing supervision of volunteers, including: • an experienced volunteer or an appropriate paid staff person with the hospice service being available to accompany each volunteer: on the first visit and at the request of the volunteer for any visit where there is a need. • the volunteers having access to appropriate support while on duty for the hospice after regular office hours. • the volunteers having access to regular support regarding their role with the hospice. Including: one-on-one support with an appropriate paid staff/volunteer, volunteer support meetings and access to professionals related to the field of hospice as deemed necessary. • a designated, qualified paid staff/volunteer being directly responsible for the ongoing supervision of the volunteer. • Ongoing supervision includes, at a minimum monthly contact with the client/caregiver and the volunteer(s) assigned, providing for evaluation of the volunteer. If the volunteer-client contact is sporadic (i.e. once a month or less), then ongoing supervision is bimonthly.		Indicator #12: Percentage of volunteers satisfied with support received	90% satisfied with support received	Survey a minimum of 50 volunteers (or 50% of the total depending which is the smaller number)	# volunteers satisfied with support received x 100 # respondents		

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document

Standard 3.5 *The hospice has a risk management process.*

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	 ***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
3.5 A	The agency has a mechanism for:[44] * • identifying and describing areas of potential risk (e.g. with people, services and settings) • assessing the severity of the risk and likelihood of its occurrence • assessing the level of risk versus the value of the service to the client.		Indicator #13: Percentage of reported unusual incidents involving clients as a result of the Hospice Volunteer Visiting Service	0.1% unusual incidents	Count of number of unusual incidents reported for six month period	# of unusual incidents x100 Total # of hours		
3.5 B	The process identifies the risk the agency is willing to accept and/or needs to eliminate, change, transfer to another agency and/or insure.*		Indicator #14: Percentage of reported unusual incidents involving volunteers while they provide Hospice Volunteer Visiting Service	0.1% unusual incidents	Count of number of unusual incidents reported for six month period	# of unusual incidents x100 Total # of hours		
3.5 C	The agency has written policies and procedures to: • assist in the identification, prevention and reduction of risk[45] • inform clients, paid staff and volunteers of potential risks • handle emergency situations • deal with unusual incidents • address issues related to client, volunteer and/or paid staff abuse/harassment.*							

*Indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document

[44] Criteria adapted from information in the Canadian Association of Volunteer Bureaux and Centres' *The Screening Handbook* and the Ontario Office for Senior Issues' *Transportation Manual for Coordinators*.

[45] Categories of risk as outlined in The Screening Handbook include abuse (physical, emotional, psychological, sexual), bodily harm, personal injury, property damage, financial loss, loss of reputation/goodwill.

Standard 3.6 *The service has a records management process.*

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting*** ***Achievement***	***Quality Improvement*** ***Strategy***
3.6 A	Each client has a record. It includes: the individual's assessment: • the individual's program plan • relevant information from visits e.g. client's major concerns consent for release of information hospice visiting hours per month, identified by the volunteer.[46]		Indicator #15: Percentage of a) clients who have a client record b) client records that include the following key information: - assessment - program plan - consent for release of information - relevant information from visits (e.g. implementation and evaluation of program plan) - emergency contact numbers	a) 100% exist b) 100% contain information	a) Check a minimum of 50 names on client list with existence of records (or 50% of the total depending which is the smaller number) b) Audit contents	a) # of client records which exist / 50 x100 b) # of client records which contain key info / 50 x100		
3.6 B	Each volunteer has a record.[47] It includes: • application form • training received • results of ongoing screening process • signed confidentiality form • performance reviews • hours of service.		Indicator #16: Percentage of: a) volunteers who have a volunteer record b) volunteer records include the following key information: - application form - training received - results of ongoing screening process - signed confidentiality form	a) 100% exist b) 100% contain information	a) Check a minimum of 50 names on volunteer list with existence of records (or 50% of the total depending which is the smaller number) b) Audit contents	a) # of volunteer records which exist / 50 x100 b) # of volunteer records which contain key info / 50 x100		

Also relates to: **Quality Dimension:** Safety, **Standard:** 3.7

*indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support

[46] The rationale for this criteria is that the information will be helpful for data management, potential funders and accountability (including legal).

[47] For effective human resource management including the retrieval of information, there should be a record for each volunteer. It is also helpful to an agency which currently might have a small number of volunteers to begin with individual volunteer records as the number of volunteers may grow.

Standard 3.7 *The hospice has a process to maintain confidentiality of information.*

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
3.7 A	The agency has documentation of each client's consent for release of information. The client is informed of what the release of information entails.*		Indicator #17 Number of validated complaints from clients/caregivers, other service providers concerning breach of confidentiality	0	Collection of validated complaints received in 6 month period	Count of validated complaints received in 6 month period		
3.7 B	All paid staff and volunteers are educated on the need for confidentiality and sign a statement of confidentiality form.*							
3.7 C	The agency has written policies and procedures concerning confidentiality of information which includes:* • privacy of information for volunteers, paid staff and clients • a secure storage system • accessibility to the information • removal, use and release of information • retention period for inactive records[48] • storage of records if the agency closes • approval of, supervision of, and method for destruction of documents • sharing of information • penalty for breaching confidentiality e.g. reprimand, dismissal.							

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document

[48] The length of time client records should be kept still needs to be clarified by the Ministry of Health. Currently hospitals keep patient records for ten years and home care for 20 years.

QUALITY DIMENSION 4:
Competence - The volunteers having the appropriate knowledge and skill level to provide the hospice palliative care.

Standard 4.1 *The hospice has a process for the ongoing education/training of the volunteers who provide hospice palliative care to clients.**

Standard & Criteria	***Level I Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level I***	***Level II Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting Achievement***	***Quality Improvement Strategy***
4.1 A	Volunteers are actively involved in determining their education/training needs and how best to address them.*							
4.1 B	A variety of education/training techniques are used.*							
4.1 C	Education/training occurs in comfortable settings with trainers experienced in the topic area and in working with volunteers.*							

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document

Standard & Criteria	*Level I Accreditation* *Description of HPCO Criteria*	*Complied with Criteria for Level I*	*Level II Accreditation* *Indicators*	*Targets*	*Measurement Tool*	*Results*	*Factors Affecting Achievement*	*Quality Improvement Strategy*
4.1 D	The training program for the volunteers consists of a minimum of 30 hours of instruction as outlined in the HPCO Visiting Volunteer Training Curriculum.[49] It includes the following modules: • Introduction to Hospice Care and its Philosophy • Communication • Emotional and Psychological Issues of Death and Dying • Spiritual Issues of Death and Dying • The Family • Illness Specific Information • Infection Control • Pain and Symptom Management, Practical Comfort Measures • The Challenges of Eating X Body Mechanics, Assists and other Skills • Recognizing the Signs of Death, Providing Care • Grief and Bereavement • Ethical Issues in Hospice Care X The Responsibilities of the Volunteer • Care for the Volunteer Caregiver In addition, training must include: • hospice's policies and procedures (e.g. confidentiality, roles and limitations of the volunteer) It may include: • continuous quality Improvement X services available in the community.							

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document

[49] The modules reflect the information collected at HPCO Regional Consultations in April 1997.

Standard & Criteria	*Level l Accreditation* *Description of HPCO Criteria*	*Complied with Criteria for Level I*	*Level ll Accreditation* *Indicators*	*Targets*	*Measurement Tool*	*Results*	*Factors Affecting* *Achievement*	*Quality Improvement* *Strategy*
4.1 E	It is mandatory that all volunteers have completed the HPCO modules.		Indicator #18: Percentage of volunteers who have completed the HPCO approved modules	100% of volunteers have completed the HPCO approved modules	- Audit a minimum of 50 volunteer records (or 50% of the total depending which is the smaller number) - Review of attendance at training sessions	# completing approved modules x100 50		
4.1 F	All volunteers receive a training manual containing course materials and other relevant hospice information.							
4.1 G	The agency may liaise with other community agencies to provide joint education days.							
4.1 H	The volunteers have access to up-to-date resources within the agency.							
4.1 I	The agency promotes and provides to the volunteers continuous educational opportunities.							
4.1 J	Evaluation by volunteers of their education/training is incorporated in improving future education/training sessions.*							
4.1 K	Volunteers who have completed the introductory training sessions are encouraged to attend any specific ones again as required to refresh their skills/knowledge.							
4.1 L	The volunteers' education and skill levels are current and appropriate for what they are doing (e.g. Universal/Standard Precautions).							
4.1 M	The hospice has a mechanism for identifying new training needs of experienced volunteers and developing educational modules to support the teaching required.							

* indicates that the standard and/or criterion is directly quoted and/or adapted from the Ontario Community Support Association's draft standards document

QUALITY DIMENSION 5:
Continuity - The service being coordinated with other service providers.

Standard 5.1 *The Volunteer Hospice Visiting Service provides the client and caregiver with a consistent volunteer/volunteer care team members in order to promote continuity of care.*

Standard & Criteria	***Level l Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level l***	***Level ll Accreditation*** ***Indicators***	***Targets***	***Measurement Tool***	***Results***	***Factors Affecting*** ***Achievement***	***Quality Improvement*** ***Strategy***
5.1 A	The volunteer/volunteer care team is developed to best balance the needs of the client/caregiver and the volunteers.		Indicator #19: Percentage of clients with same volunteer/ volunteer care team	80% of clients have the same volunteer/ volunteer care team	Audit a minimum of 50 client records (or 50% of the total depending which is the smaller number)	# of clients with same volunteer / volunteer care team / 50 x 100		

Standard 5.2 *The hospice is committed to working collaboratively with other agencies/individuals serving the client/caregiver.*

Standard & Criteria	***Level l Accreditation*** ***Description of HPCO Criteria***	***Complied with Criteria for Level l***	***Level ll Accreditation*** ***Indicators***	 ***Targets***	***Measurement Tool***	***Results***	***Factors Affecting*** ***Achievement***	***Quality Improvement*** ***Strategy***
5.2 A	The client's individual program plan lists the contact names and telephone numbers of other agencies/individuals who are providing service to the client/caregiver. These include: • physician • Community Care Access Centre • minister/spiritual advisor • visiting nurses, physiotherapists, Occupational therapists, • personal support workers, home help workers and other care team members • friends.							
5.2 B	The hospice: • obtains written permission from the client to contact and share relevant information with other service providers • notifies all other service providers of its involvement • initiates and/or participates as appropriate in interdisciplinary team conferences.							
5.2 C	The hospice works with other members of the interdisciplinary team to avoid duplication of services.							
5.2 D	The hospice works with other members of the interdisciplinary team (e.g. in-service training, improved communication) to ensure that appropriate agencies/services are notified prior to potential clients being discharged from the hospital.							
5.2 E	The hospice recognizes the importance of all members of the interdisciplinary team working towards and participating in the use of: • a common assessment form • a common release of information form • a common plan of service • agreed upon methods of communication among its members • an information booklet kept with the client in which all members of the team, including the client and family make notes and comments.							
5.2 F	The hospice evaluates with the other members of the interdisciplinary team the effectiveness of the team's collaborative approaches.							

Glossary of Terms
Specific to the Volunteer Hospice Service

Bereavement Support: Hospice volunteers may offer support to caregivers and family after a death. The support may include attendance at the funeral, accompanying a client to support groups, follow up telephone support, bereavement support resource material as well as personal visits and information and/or referrals to other community bereavement resources.

Caregiver: He/she is the person who provides care/support to the client such as a family member, friend or neighbour. This person does not include paid staff and hospice volunteers.

Client: He/she is:
- a person living with a life threatening or terminal illness and his/her family/caregivers
- someone in need of bereavement support.

Criteria: They are the steps taken to promote the achievement of a standard[50].

Emotional Support: It is the provision of sensitive listening and non-judgmental discussion. Taking cues from the client, this support can include:
- encouraging clients to take active roles in their own care
- acting as an advocate by ensuring the clients' wishes are respected
- providing non-verbal support, e.g. holding a hand or giving a hug
- sharing an activity
- discussing illness openly.[51]

Family: Those closest to the patient in knowledge, care and affection. This may include:
- the biological family
- the family of acquisition (related by marriage/contract)
- the family of choice and friends (including pets).

The patient defines who will be involved in his/her care and/or present at the bedside.[52]

Hospice Palliative Care: Hospice palliative care is aimed at relief of suffering and improving the quality of life for persons who are living with or dying from advanced illness or are bereaved.

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[50] Canadian Council on Health Services Accreditation. *Standards for Home Care Organizations: A Client-centered Approach*, Ottawa: 1997, p. 31.

[51] Hospice Association of Ontario, 1999.

[52] Ferris, FD; Balfour, HM; Bowen, K; Farley J: Hardwick W; Lamontagne C; Lundy M; Syme A; and, West P. *A Model to Guide Hospice Palliative Care.* Ottawa, ON: Canadian Hospice Palliative Care Association, 2002, p. 92.

Hospice palliative care is active, compassionate care directed towards improving the quality of life of those with a life-threatening illness.

Hospice palliative care supports people diagnosed with a life-threatening illness and their families, while living with the illness during the time of dying and death and for a bereavement period.

Hospice palliative care:

- centres on the person and the family;
- is directed towards meeting physical, psychological, social and spiritual needs;
- is sensitive to personal, cultural and religious beliefs, values and practices;
- encourages involvement in planning treatment and care as well as making choices based on knowledge and understanding;
- is provided through the collaborative work of an interdisciplinary team of caregivers and service providers.

It helps people with life threatening and terminal illnesses to live comfortably and as fully as possible no matter where they are. The focus is on caring, not curing and on life, not death. The care also extends to friends and family members, helping them to care for their loved one and to care for themselves during times of grief.[53]

Illness

Absence of wellness due to disease, another condition, or aging.

An **acute illness** is one that is recent in onset and likely to be time limited. If severe, it could be life threatening.

A **chronic illness** is likely to persist for months to years. With progression it may become life threatening.

An **advanced illness** is likely to be progressive and life threatening.

A **life-threatening illness** is likely to lead to death in the near future.[54]

Individual Program Plan:

The amount and type of service to be provided by the hospice agency to the client/caregivers to achieve the client's/caregivers' goals.

Information Support:

It is the provision of support or a response to a client's request for information and provides a climate of openness to client's questions.

[53] Hospice Association of Ontario, 1999.

[54] Ferris, FD; Balfour, HM; Bowen, K; Farley J: Hardwick W; Lamontagne C; Lundy M; Syme A; and, West P. *A Model to Guide Hospice Palliative Care.* Ottawa, ON: Canadian Hospice Palliative Care Association, 2002, p. 93.

Interdisciplinary Care Teamv(related to patient/family care:)

A team of caregivers who work together to develop and implement a plan of care.

Membership varies depending on the services required to address the identified issues, expectations, needs and opportunities. An interdisciplinary team typically includes one or more physicians, nurses, social workers/psychologists, spiritual advisors, pharmacists, personal support workers, and volunteers. Other disciplines may be part of the team if resources permit.[55]

Nutritional Support:

The support is to assist the client with intake of fluids and food as tolerated and to provide companionship during meals.

Physical Support:

The idea of "compassionate response" is fundamental to the provision of hospice palliative care. This means that if volunteers face a situation that calls for a physical care response (i.e. changing a diaper or helping someone to the washroom or responding to the need to be turned over) and a paid worker or a family member were not there, a volunteer could – if they chose – provide this service as a compassionate response to the immediate need of another human being. Providing physical care is not an integral part of the volunteer's responsibility

Thus, hospices needed to provide standards of care for these potential responses, and hospices needed to train their volunteers how to do them should their volunteers choose to provide them when other assistance is not immediately available.

Plan of Service

The amount and type of service to be provided to the client to achieve his/her goals.[56] This is coordinated by the Community Care Access Centre (CCAC) with the other agencies involved in the client's care if the CCAC is involved with the client.

Primary Caregiver:

It is the person who provides the majority of care to the client such as a family member, friend, or neighbour. This person does not include paid staff and hospice volunteers.

Process:

It is the steps taken in an activity.

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[55] Ferris, FD; Balfour, HM; Bowen, K; Farley J: Hardwick W; Lamontagne C; Lundy M; Syme A; and, West P. *A Model to Guide Hospice Palliative Care.* Ottawa, ON: Canadian Hospice Palliative Care Association, 2002, p. 93.

[56] Ontario Community Support Association. *Final draft Standards,* 1998, p. G-2.

Qualified Coordinator:

The person(s) is to have knowledge and expertise in palliative care with access to resource persons as required. To be qualified to recruit, screen, train and support hospice volunteers, the individual should possess a community college or university certificate in volunteer management and/or certification (Professional Administrators for Volunteer Resources – Ontario, PAVR-O) or equivalent education/experience. Please see Appendix B for the PAVR-O Standards of Practice, 2005 Abstract.

"Volunteer Canada does not make any generic recommendations as to the specific qualifications for a volunteer manager. It would be incumbent upon any organization to match the skills required with the task at hand.

Check http://www.volunteer.ca/volunteer/pdf/JobDesignEng.rtf [57] which will take you to an on-line resource around job design as well as http://www.volunteer.ca/volunteer/pdf/VMS_report.pdf which will take you to a resource called *Managers of Volunteers: A profile of the profession*. [58]

It addresses: Who are managers of volunteers? What types of organizations employ them? What is the scope and nature of their work? What are their challenges? What training have they had and what training do they need? Do they feel supported by the organizations that employ them?

Another resource to consider would be the Canadian Administrators of Volunteer Resources (CAVR) website at http://www.cavr.org/index1.html. and another obvious resource to which you can refer would be the Canadian Code for Volunteer Involvement which can be accessed at http://www.volunteer.ca/volcan/eng/content/can-code/cancode.php."[59]

Respite Support:

It is the relief provided to caregivers which helps to relieve the stress placed on the client's family/friend/neighbour relationship.

Screening:

Screening is a process designed to create and maintain a safe environment. This process involves identifying any activity of a volunteer position which by virtue of the responsibilities of the position could bring about harm to children, youth, or vulnerable persons. The screening process also ensures the most appropriate match is made between volunteer and task. Screening involves recruiting, selecting, and managing volunteers.

[57] Website updated April 2008.

[58] Website updated April 2008.

[59] Email communication with Don Lapierre, Senior Manager, Programs and Voluntary Sector Relations, Volunteer Canada, September 26, 2007.

Screening is a poorly understood and relatively new concept in many organizations. This is particularly true in organizations that are predominantly volunteer-driven.[60]

Social Support: The volunteer provides companionship to the client and support to the caregivers.

Spiritual Support: The volunteer promotes spiritual support. Spirituality as defined by the National Hospice and Palliative Care Organization (NHPCO) is that part of each individual which longs for meaning, integrity, beauty, dignity, love, acceptance and hope.

Standard: It is the desired and achievable level of performance against which actual performance can be compared.[61]

Support with Rest: The volunteer promotes an atmosphere conducive to the client resting.

Unusual Incident: It is any unusual occurrence or event which poses actual or potential harm to a recipient of service, volunteer, employee, visitor or student; or results in damage/loss of property and could result in litigation against the organization.[62]

Volunteer: A volunteer is a non-paid person who:

- is committed to the mission, vision and values of the organization.
- meets the screening requirements of the agency.
- has completed a minimum of 30 hours of instruction as outlined in the HPCO Visiting Volunteer Training Curriculum or HPCO deemed equivalent.
- understands the agency's policies and procedures.
- is a member of the interdisciplinary team.

Volunteer Hospice Service: The Ministry of Health and Long Term Care revised the name of the Volunteer Hospice Visiting Service to Volunteer Hospice Services (VHS) in order to "better clarify the service definition and ensure consistency in the way the VHS is delivered across the province.[63]

According to the Home Care and Community Support Branch of the MOHLTC Memorandum, the revised policy of Volunteer Hospice Services, effective April 1, 2006, is as follows:

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[60] Courtesy of Programs and Voluntary Sector Relations / Programmes et relations avec le secteur bénévole Volunteer Canada / Bénévoles Canada.

[61] Canadian Council on Health Services Accreditation. *Standards for Home Care Organizations: A Client-centered Approach*. Ottawa: 1997, p. 41.

[62] Ontario Community Support Association. *Final Draft Standards*, 1998, which was adapted from VON Ontario, 1990, p. 85

[63] MOHLTC. *Questions and Answers, Revised Policy Regarding Volunteer Hospice Service (PFA Code 08D)*, April 2006.

The Volunteer Hospice Service (code 08D) is a support service where volunteers are recruited, trained, matched with clients and supervised to provide emotional, social and spiritual support to those who are living with a life-threatening or terminal illness and their families[64]*. Volunteers may also provide respite and bereavement* [65] *support.*

The primary target of bereavement support is caregivers of clients who were receiving hospice services. This service is not professional grief counseling. Generally, the client will be matched with one volunteer. More than one volunteer may be provided where a volunteer is required to stay with a client for long periods of time, and on occasion for 24-hour periods. The hospice volunteer supplements the support of family. In some instances, the volunteer may be the only source of support for the client.

A volunteer may follow a client in various settings (i.e. not restricted to home setting). The volunteers may also provide the support in a group setting (e.g. day program).

The Ministry will only fund administrative costs related to volunteer coordination and volunteer expenses (i.e., no paid professional staff visits that are not related to supporting volunteers).

*The **unit of service** is one hour of direct contact with the client, caregiver, family member whether in person or by telephone.*

*The **number served** is based on the client and/or family unit (e.g., if six family members were involved in one hospice care case, the number served would be one).*

[64] According to *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice*,"family" are: "those closest to the patient in knowledge, care and affection (including biological; family of acquisition (related by marriage/contract); family of choice and friends). The patient defines who will be involved in his/her care and/or present at the bedside."

[65] According to *A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice*, March, 2002, bereavement is defined as: "the state of having suffered the death of someone significant".

Appendix A

Information Available to the Police for Police Records Checks

The following information has been obtained from Volunteer Ontario's *Screening Volunteers and Employees Providing Direct Service to Vulnerable Individuals Through Police Records Checks.* July 1995.

The information available to the police include:

- The Canadian Police Information Centre (CPIC) records are compiled from police reports from across Canada. The information is held in Ottawa and is administered by the RCMP.
- Local records contains information about individuals in contact with the police at the local level. The information may be in computer files, microfiche and/or paper files.
- Regional databases. This varies from region to region.

The search of the above databases can produce information about any, some or all of the following:

1. Information Available to the police through CPIC
   - Criminal records of adults
   - Criminal records of young offenders
   - Records of "not guilty (of a criminal offense) by reason of mental incompetence"
   - Charges pending under federal statutes
   - Probation, prohibition and other judicial orders.

2. Information that may be available to the police locally or through regional databases:
   - Convictions for summary conviction offenses (minor *Criminal Code* offenses)
   - Charges pending under the *Child and Family Services Act*
   - Records of convictions for offenses under the *Child and Family Services Act*
   - Records of civil judicial proceedings with respect to the abuse of children
   - Admissions of abuse against vulnerable people, where charges were not laid
   - Pardoned *Criminal Code* convictions or convictions for which a Conditional or Absolute Discharge was given
   - Suspect data (information about an individual identifying that he or she was a suspect in a crime)
   - Information about the individual as a complainant, victim or witness to an occurrence.

It is important to note that even though this information may be available to the police, each police service determines what it will and will not include in the police records check and how and to whom it will release police records check information, whether to the individual applicant or to the organization seeking the information.

Appendix B

PAVR-O Standards of Practice, 2005 – Abstract[66]

This Abstract is a summary of the nine (9) identified Standards that PAVR-O has endorsed for their members who as Managers of Volunteers work within the profession of Volunteer Management.

1. Administration

- There is a set of policies and procedures for the involvement of volunteers that is consistent with agency policy for employees.
- Adequate coordination is provided as required by the demands of the size and scope of the Volunteer Program.
- The Volunteer Program has appropriate clerical support.
- The Volunteer Program will maintain complete and current record of volunteers and their contributions.
- The Volunteer Program will collect and compile data (both numerical and anecdotal) for reports for planning, management and recognition of volunteers.
- Confidentiality of personal records (print and electronic) will be ensured at all times.
- The Manager of Volunteers will ensure the development and maintenance of clear, responsive volunteer assignments that are relevant and focused to achieve agency goals.

2. Planning & Evaluation

Planning

- There is a written statement of philosophy on why and how volunteers are engaged in the organization.
- Develop a philosophical perspective on volunteerism that reflects sound practices, history, diversity and human need.
- A clear definition exists for defining volunteer.
- A clear vision statement (future) and mission (purpose of Volunteer Program) will guide the development of short and long term plans that are aligned with the organizations strategic plan.
- Staff, volunteers and clients (where possible) will be actively engaged in the planning/design of the Volunteer Program.
- There are sufficient financial and technical resources to achieve both short and long term goals of the Volunteer Program.
- An implementation or action plan will be developed and followed.

Evaluation

- In the development of detailed action plans, a method of evaluation (measurable outcome) will be developed.
- The Volunteer Program is evaluated based on successful completion of goals and objectives, outcomes and impact to the organization on an annual basis.
- Plans will be reviewed at least quarterly and adjusted accordingly.

[66] Retrieved May, 2009 from www.pavro.on.ca.

- There are opportunities for staff and volunteers to participate in the evaluation.
- A Volunteer Management Audit should be used periodically as a method to evaluate and improve volunteer services

3. Risk Management and Legislation/Legal Issues

- All volunteer management issues and areas of service that contain legal or legislative or health and safety elements will have a policy in place and procedures outlined.
- Potential risks will be identified and a risk management plan will be created.
- Risk Audit will be performed on all position descriptions.
- Volunteers will be covered in the organizations' insurance coverage while performing their duties as volunteers (to include board liability insurance).
- Volunteers will not be held personally liable for their actions while on duty as a volunteer, unless they have contravened the policies and procedures of the organization.

4. Recruitment

- A recruitment plan is developed annually to reflect the current and anticipated needs of the organization.
- All potential recruits will receive information about volunteering with the organization that allows them to make an informed choice about whether or not to volunteer.
- An up-to-date position description which is complete and accurate is available to the potential recruit.
- The Volunteer Program will seek to reflect, in the volunteer force, the community which it serves.
- The Manager of Volunteers will utilize a variety of recruiting techniques to broaden the volunteer base.

5. Interviewing and Screening

- All applicants will complete and submit an application/intake form in order to be considered.
- Forms will be reviewed and an initial assessment about applicant suitability will be made.
- Every applicant interested in volunteering will receive preliminary information about the program.
- Forms will be stored for a minimum of 7 years in the volunteer personnel file.
- Forms will not contravene the *Human Rights Code.*

Interviewing:

- An interview will occur with each individual whose application is deemed suitable.
- A standardized set of questions will be used for all applicants, and answers will be recorded, dated, signed and stored in the volunteer's personnel file.
- The applicant's skill set and interests will be matched with suitable opportunities and discussed.

Screening:

- Based on the results of the risk assessment procedure, an appropriate screening process is followed for each volunteer assignment (CAVR).
- The results of all relevant checks will be dated, signed and stored in the volunteer's personnel file.

6. **Orientation and Training**
   - The Manager of Volunteers will provide an orientation process that is an overview of the organization to every volunteer, regardless of specific assignments.
   - Orientation will place the volunteer assignment in context and allow for consistent introduction of policies, procedures, rights and responsibilities.
   - Training will be customized for volunteers based on the needs of the volunteer assignment and the individual needs of the volunteer.

7. **Supervision**
   - All volunteers will receive training that is tailored to their position description.
   - In-service training will be offered to build skills within a volunteer assignment or to move to assignments of greater responsibility. A designated supervisor has been assigned to offer support and direction to each volunteer.
   - Supervisors will receive training on how to work effectively with volunteers.
   - Volunteers will receive timely and regular feedback on performance both positive and corrective.
   - Volunteers will have access to coaching throughout their assignment.
   - There is an established process for discipline and dismissal situations that is understood and followed by staff and volunteers · The activities that elicit immediate dismissal are identified and widely known.
   - Volunteers can initiate a review of discipline and dismissal activities.

8. **Motivation, Recognition and Retention**

   Motivation
   - The Manager of Volunteers will model and provide direction to assist the volunteer to work towards identified goals and objectives.

   Recognition
   - The Manager of Volunteers will develop a recognition strategy with input from volunteers, supervisors and management.
   - Volunteer resources will be responsible for ensuring there are formal and informal recognition events/activities annually.
   - Volunteer resources will coach supervisors, management and volunteers on informal recognition practices.
   - All supervisors will be responsible for ensuring there is regular/ongoing informal recognition.

   Retention
   - The Manager of Volunteers will nurture and engage volunteers in a collaborative development process.

9. **Internal and External Communications**
   - Managers of Volunteers will regularly review and update promotional materials for their Volunteer Program.
   - Managers of Volunteers will develop a promotion strategy to promote and support the Volunteer Program.
   - Managers of Volunteers will actively promote the Volunteer Program in the community.

Appendix C

Additional Resources

Professional Administrators of Volunteer Resources - Ontario (PAVR-O)

At the PAVR-O Annual Conference in May 2005, the membership endorsed what is now called the Standards of Practice 2005.

These Standards of Practice represent entry-level competencies for the management of volunteer resources. They address the knowledge, attitudes and skill requirements of the professional Administrator of Volunteer Resources. While this person may be paid or unpaid, part-time or full-time, be solely designated as the leader of volunteers or wear several other hats, the core requirements for success are listed in the document.

An Abstract (pdf) of the Standards are available online on this website. Copies of the complete Standards of Practice 2005 are available electronically in the Members Only section. Hard copies are available ($15.00 members/ $20.00 non-members) through the PAVR-O office.

Canadian Administrators of Volunteer Resources (CAVR)

These Standards of Practice provides basic guidelines or criteria in the administration of volunteers and volunteer programs. They enhance professionalism, quality measures among administrators of volunteer resources and sound management practices. Information is available on the CAVR website.

HR Council for the Voluntary and Non-profit Sector Toolkit (www.hrcouncil.ca)

The HR Toolkit is a comprehensive online resource designed to help managers, employees and board members better understand, address and manage issues relating to HR in voluntary and non-profit organizations. Whether you're looking for guidance on the hiring process, information about employment legislation or sample HR policies to download, the HR Toolkit's intuitive navigation, plain language and integrated tools and templates make it easy to find what you're looking for.

Imagine Canada
Imagine Canada focuses on three key areas:

- helps charities and nonprofit organizations fulfill their missions
- champions corporate citizenship and help businesses partner in the community
- helps Canadians and their governments understand how the work of charities, nonprofit organizations and community-minded businesses is important to our country and its future

The Youth Volunteer Audit: Best Practices for Engaging Youth as Volunteers

A practical, hands on tool to help non profits successfully engage youth whether as volunteers; as students fulfilling 'community involvement' hours or as high school co-ops or college placements. This 28 page resource contains critical questions in the areas of Organization Readiness (are you youth friendly?), Opportunities and Processes that should be worked through in order to create win / win situations between youth and organizations. It has a planning and goal setting template that you can use

to implement change. It can be purchased separately and used as a self assessment; it can be the focus of a facilitated session or as part of a workshop for your community. For more information visit: Donna Lockhart, www.rethinkgroup.ca.

Volunteer Canada's Canadian Code for Volunteer Involvement

This code includes Organizational Standards for Volunteer Involvement. These provide a basic set of standards to which organizations should aspire in support of volunteers. An audit tool based on the Canadian Code has recently been developed. Both resources are available on the Volunteer Canada website.

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