Principles of Volunteer Resource Management
Module 1

Volunteer Resources Strategic Planning and Program Enhancement

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# Principles of Volunteer Resource Management

## Table of Contents

**Module 1:**

**Volunteer Resources Strategic Planning and Program Enhancement**

- Bulleted items are sample documents.

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your AHVRP Speaker</td>
<td>3</td>
</tr>
<tr>
<td>Full Course Description, Mission and Expectations</td>
<td>4</td>
</tr>
<tr>
<td>Principles Course Module Descriptions</td>
<td>5</td>
</tr>
<tr>
<td>Principles Course Trainers</td>
<td>8</td>
</tr>
<tr>
<td>Module Content Overview and Learning Objectives</td>
<td>9</td>
</tr>
<tr>
<td>Expanding Role of the DVS and Ongoing Change Management</td>
<td>10</td>
</tr>
<tr>
<td>Healthcare Industry Trends Affecting Program Planning</td>
<td>12</td>
</tr>
<tr>
<td>Surviving Mergers and Downsizing</td>
<td>13</td>
</tr>
<tr>
<td>DVS Role with Advocacy</td>
<td>16</td>
</tr>
<tr>
<td>Workforce Advocacy</td>
<td>16</td>
</tr>
<tr>
<td>Legislative Advocacy</td>
<td>17</td>
</tr>
<tr>
<td>Advocacy for Volunteers</td>
<td>17</td>
</tr>
<tr>
<td>Volunteer Rights and Responsibilities</td>
<td>19</td>
</tr>
<tr>
<td>DVS Advocacy in Action: Who Me?</td>
<td>21</td>
</tr>
<tr>
<td>Emergency Management and Disaster Preparedness</td>
<td>23</td>
</tr>
<tr>
<td>Strategic Planning</td>
<td>28</td>
</tr>
<tr>
<td>Mission, Vision, and Values Samples</td>
<td>31</td>
</tr>
<tr>
<td>Sample Manager Goals</td>
<td>34</td>
</tr>
<tr>
<td>Moving to an Integrated Program Model</td>
<td>35</td>
</tr>
<tr>
<td>Director of Volunteer Services Self Assessment</td>
<td>36</td>
</tr>
<tr>
<td>Volunteer Services Department Staff Assessment</td>
<td>37</td>
</tr>
<tr>
<td>Outcome Measures for Volunteer Services</td>
<td>38</td>
</tr>
<tr>
<td>High Impact Services Outcome Report</td>
<td>39</td>
</tr>
<tr>
<td>High Impact Monitor Sheet</td>
<td>40</td>
</tr>
<tr>
<td>Summary of Key Points</td>
<td>41</td>
</tr>
<tr>
<td>Your Personal Action Plan</td>
<td>42</td>
</tr>
</tbody>
</table>
ABOUT YOUR AHVRP SPEAKER

Victoria Heidelman, CAVS
Director of Volunteers
St. Joseph Hospital
Orange, California

Victoria has been in the field of volunteer management for almost thirty years. She began her own volunteer journey with federal inmates at Lompoc Federal Penitentiary in the early 70s. After graduating from the University of California, Santa Barbara she started working in a county juvenile hall facility, county home for abused and abandoned children, group homes, and a private school for troubled youth until she happily stumbled upon the world of volunteer management.

Currently, Victoria oversees 900 volunteers in a catholic hospital. Her current focus is reducing the turnover rate in her hospital by designing a “high impact” service, Volunteer Resource Coordinators, inspired by discussions with fellow Principles Trainer Margie Harris. Victoria considers herself fortunate to have an extraordinary group of leadership volunteers with whom she and her team of staff can strategize on improvements to their volunteer program.

Victoria is a former President of the Southern California Association of Directors of Volunteer Services, past chair of the California Association of Hospitals and Health Systems’ Directors Coordinating Council and state conference, and co-chair of the 2008 AHVRP Conference. She currently serves as one of five national trainers for the AHVRP Principles of Volunteer Management Course.

In 1997 Victoria was the recipient of her Southern California DVS Association’s Professional Achievement Award for National Education; this was in recognition for the Joint Commission Education series she co-presented nationally through the California Hospital Association in the mid-90’s. Victoria has received CAVS certification through AHVRP.
Principles of Volunteer Resource Management

Full Course Description

Become a change master. See the challenges of a health care environment faced with the aftermath of the Balanced Budget Act, declining reimbursement, staffing shortages, mergers and the competition for declining resources as an opportunity to recreate your program. For the experienced volunteer administrator, *The Principles Course* reviews the fundamental building blocks of a dynamic program, re-tooled to better meet the changing needs of today’s health care facilities. For the new manager, it is an opportunity to learn, relearn, discuss and experience the rationale behind volunteer program design. The mix of both experienced and new administrators in the field offers a unique forum for examining what we do and how we do it.

Our Mission

To enhance the profession of health care volunteer administration through shared best practices, a philosophy of continuous improvement and a commitment to adapt to the changing needs of our health care organizations.

Our Expectations

To have you leave this session with:

- A *heightened awareness* of factors influencing today’s health care decisions.
- A commitment to be *proactive* in your response to changing needs.
- A *fresh look* at the fundamental building blocks of a volunteer program, re-tooled for today’s health care environment.
- The belief that your *value* to the organization is yours to prove!
PRINCIPLES COURSE MODULE DESCRIPTIONS

Principles of Volunteer Resource Management Module 1:

*Volunteer Resources Strategic Planning and Program Enhancement*

Competing for resources? Striving to achieve a higher level of “program credibility”? What’s it going to take? Adapting traditional volunteer programs to what has become a new era in healthcare and a new generation of volunteers is critical to positioning your program for the future. Hear about current healthcare trends impacting your program and integrated program models designed to support these trends. This session will also cover the DVS’s role with advocacy, emergency and disaster preparedness, and strategic alignment of goals. Achieving staff buy-in, and those all important outcome measures to market the “value” of your volunteer program will be reviewed. Thriving, not just surviving, in today’s healthcare environment is a key focus of this session. Be the “visionary” leader it will take to move your program to the next level…and enjoy the success you will find!

Principles of Volunteer Resource Management Module 2:

*Legal Awareness for Volunteer Administrators*

Anyone can sue anyone for anything at any time. Are you familiar with the laws that directly pertain to volunteer management? This session will help keep your hospital out of court and out of the news. The program provides an overview of current laws with implications for volunteers and volunteer services administrators. Participants will learn and discuss Labor and Screening Laws (Fair Labor Standards Act and Child Labor Law, use of volunteers during a work stoppage, and the Volunteers for Children Act of 1996), Privacy Law (HIPAA), Anti-Discriminatory (Americans with Disabilities Act and Amendment, Title VII of the Civil Rights Act, EMTALA), Liability Coverage Law: Federal Volunteer Protection Act of 1997, Tax Laws (Internal Revenue Service, Guidelines for Scholarship Programs, and For-Profit versus Non-Profit Fundraising/Advocacy), state-level Community Benefit Act to protect 501 and Safety Laws (OSHA).
Principles of Volunteer Resource Management Module 3:

**Ongoing Preparedness for Joint Commission**

Are you prepared for your next Joint Commission Survey? Do you know the current National Patient Safety Goals for healthcare? Come review the past, present, and future standards to understand practical options for complying with Joint Commission expectations now. This interactive program includes current information, best practices, and provides great resources to strengthen volunteer services programs! With unannounced surveys, tracer methodology, new numbering systems and reorganized standards, the Joint Commission has streamlined the process to assess and insure quality patient care and safe environments. The Joint Commission recognizes the importance and impact that volunteers can have in direct patient contact areas. The program explains how volunteers are interpreted in the standards, so you can focus on the standards that pertain to your program and people. This session will help teach you specific strategies how to stay in constant readiness for the Joint Commission. Ultimately, you are responsible for insuring that your volunteers provide safe, high-quality, effective services. This program is designed to give you the tools you need to maximize positive outcomes!

Principles of Volunteer Resource Management Module 4:

**Proactive Program Management, Assessment, and Design**

Does your program have the “WOW” factor? Do you have the right services, for the right departments, at the right time? Where can you have the greatest impact? How do you get staff buy-in to service these areas? What is the best training technique to get staff to take ownership of their assigned volunteers? How do high impact services play into recruitment? Get the answers to these and other key questions in this power-packed 90-minute session that covers: on-going program assessment, developing “high impact” services, building a staff training program that truly works, having clearly defined policies and procedures in place to aid staff in managing their volunteer workforce, and designing recruitment strategies for a new generation of volunteers. This is a program you won’t want to miss!
PRINCIPLES COURSE MODULE DESCRIPTIONS
(Continued)

Principles of Volunteer Resource Management Module 5:

Program Operations and Risk Management

In today’s challenging economy, the bottom line for volunteer management professionals is to manage effective and cost-efficient volunteer programs. This session discusses best practice recommendations for the foundation of a successful volunteer program that meets the needs of hospitals and our next generation volunteers. Current standards mandate that safety, security and risk management be woven throughout the entire volunteer program.

This program will provide an overview of the crucial fundamentals including interviewing, screening, training, recognition, and retention of volunteers. What can you say and ask during an interview? What does Joint Commission expect for you to cover during orientation? What do volunteers “really” want regarding personal recognition? How can you keep your volunteers active and involved? This is just the tip of the iceberg of what is covered in this program. In addition to the content, you will receive time-proven sample forms that you can use at your facility. Program Operations and Risk Management is a “must-have” session!

Principles of Volunteer Resource Management Module 6:

Technology, Tools, and Professional Development

What are some of the latest and greatest technology tools to assist Volunteer leaders in the daily operation and management of their volunteer programs? How important is Continuous Quality Improvement (CQI) in securing the future of your volunteer program? What resources are available to assist in your own professional development as a volunteer administrator? This interactive session will provide the answers to these and other questions as you look at some best practice tools and discuss topics such as CQI, records management, budget planning, fundraising, integrating technology into program components, public relations, networking, and viable resources for your own professional development.

Even if you are not a “techie” you will have a better understanding of what technology is available in volunteer administration and why it may be well worth the time to learn how to use it. This session reviews what processes will help you to better manage your overall program!
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Module 1 Content Overview:  
Volunteer Resources  
Strategic Planning and Program Enhancement

Content Overview

Competing for resources?  Striving to achieve a higher level of “program credibility”? What’s it going to take?  Adapting traditional volunteer programs to what has become a new era in healthcare and a new generation of volunteers is critical to positioning your program for the future.  Hear about current healthcare trends impacting your program and integrated program models designed to support these trends.  This session will also cover the DVS’s role with advocacy, emergency and disaster preparedness, and strategic alignment of goals.  Achieving staff buy-in, and those all important outcome measures to market the “value” of your volunteer program will be reviewed.  Thriving, not just surviving, in today’s healthcare environment is a key focus of this session.  Be the “visionary” leader it will take to move your program to the next level…and enjoy the success you will find!

Learning Objectives

During this educational program, participants will learn and discuss:

- Need for ongoing change management
- Healthcare trends affecting program planning
- Surviving mergers and downsizing
- DVS role with advocacy
- Importance of strategic planning
- Emergency management and disaster preparedness practices
- Moving to an Integrated Program Model to meet current needs
- Outcome measures to market the value of your program
### Module I: Volunteer Resources

#### Strategic Planning and Program Enhancement

- The Expanding Role of the DVS and Ongoing Change Management
- Healthcare Industry Trends Affecting Program Planning
- Surviving Mergers and Downsizing
- DVS Role with Advocacy
- Emergency Management and Disaster Preparedness
- Strategic Planning
- Moving to an Integrated Program Model
- Outcome Measures for Volunteer Services

### THE EXPANDING ROLE OF THE DVS AND ONGOING CHANGE MANAGEMENT

Leland Kaiser has called Directors of Volunteer Services "Masters of Motivation," masters in creating an environment that inspires people to give of their time in so many incredible ways. The DVS is a generalist who uses a wide range of skills to perform a wide variety of functions. Examples of these functions are personnel management, education and training, coaching and counseling, quality planning, public relations, fund raising, retail merchandising, and grant writing. In recent years administrators have recognized the skills and knowledge of DVSs by expanding their responsibilities to include departments beyond the scope of the traditional DVS role.

#### Responsibility and Accountability

The title of the volunteer services administrator varies greatly from institution to institution depending upon factors such as history, size and type of organization. The term Director of Volunteer Services (DVS) is used throughout this training program to generically denote the position of the volunteer services administrator.

In principle, the manager of the volunteer services department is expected to have full responsibility for establishing and managing the volunteer services program within the health care institution, in collaboration with administration and other managers. The DVS is accountable for practicing continuous quality improvement to satisfy the requirements of regulatory agencies such as the Joint Commission.
Collaboration

Generally, the DVS is a department head who reports to a hospital administrator or member of the senior management team. Other volunteer services staff, such as assistants, volunteer coordinators, secretaries, and clerks report to the DVS. The DVS must develop collaboration skills to function effectively within the organizational structure. Working hand-in-hand with key department managers, auxiliary leadership (where applicable) and the community are key to the success of the volunteer program.

Continuous Improvement and Change Management

The role of the DVS is to be a **catalyst for change** with a strong focus on continuous quality improvement (CQI). Managing change has never been more important. Volunteer managers need to be creative in their thinking and look beyond traditional volunteer roles, systems and processes. What worked in the past may not adequately support current needs and trends.

As healthcare dollars become more limited, the need to show “**proven value back**” to the organization takes on a whole new meaning. Having services in place that directly link to organizational goals, with measurable results, needs to be a number one priority for today’s Volunteer Manager.

DVS Advocacy Toolkit Provides Strategic Planning Tool

Need some resources to help you prove the value of your volunteer program or to advocate for the leadership role you play within your organization? The AHVRP Education Development Committee has put together the perfect resource, unveiled at the 2008 AHVRP National meeting. The On-line DVS Advocacy Toolkit, an AHVRP member benefit, provides a strong foundation of valuable resources and tools to assist you in management reporting, benchmarking, program evaluation, strategic planning and much, much more. A great resource document entitled *The How To’s of Strategic Planning* can be found in the toolkit. Jumpstart the re-tooling of your volunteer program with a strategic planning session...a key item to put on your follow-up action plan! The site can be accessed on the AHVRP [www.todaysvolunteer.org](http://www.todaysvolunteer.org) website under the Members Only tab.
HEALTHCARE INDUSTRY TRENDS AFFECTING PROGRAM PLANNING

Know your industry! The key to your success and credibility as a manager is learning all you possibly can about current trends and issues in health care, and quickly adapting your program to reflect these changes.

As a DVS, you need to be keenly aware of factors influencing health care decisions within your organization, and feel a sense of urgency to react proactively. You must become proficient at thinking “out-of-the-box.” When this occurs, you will likely see incredible results.

What are some KEY influencing factors and trends?

- Declining reimbursements ~ competition for resources
- Transparency of healthcare ~ HCAHPS reporting
  (Hospital Consumer Assessment of Healthcare Providers and Systems)
- Health care workforce shortage.
- Adapting to needs of 77 million Baby-Boomers entering into “procedure years.”
- Ongoing readiness for Joint Commission surveys / increased focus on patient safety.
- 85+ population doubling in size by 2030 to 8.5 Million.
- Aging-out of traditional auxiliars/volunteers.
- Decreased interest in traditional volunteer leadership positions.
- Need to benchmark and re-engineer volunteer programs to meet changed needs
Surviving Mergers and Downsizing

Across the country, a growing trend of hospital mergers reflects an effort by health care facilities to consolidate in order to reduce costs, eliminate empty beds and compete successfully for managed care contracts. When hospitals merge or otherwise affiliate, there is always a possibility that the combined institution will decide not to continue certain services that had been offered by one of the hospitals prior to the consolidation.

Patricia Donovan of the Guttmacher Institute

A report published by Levin Associates stated that “during the five–year period from 2001 through 2005, the merger and acquisition market posted a total of 284 transactions in which 587 acute-care hospitals changed hands. These facilities included 29,550 acute-care beds, and generated combined net patient revenues of approximately $30.7 billion.” In this time of even more volatility in the U.S. and global economies, combined with an ever-changing political landscape, it remains uncertain how the healthcare arena will fare over the next decade.

Sometimes, a merger or downsizing in the hospital environment results in the restructuring of volunteer services departments and for some, even the elimination of volunteer programs altogether.

When this happens, regardless of the reason, the DVS faces a host of challenges and uncertainty. Having the ability to manage human and fiscal resources, build and sustain relationships, and motivate people to action is a core competency that positions the DVS to be one of the most resilient individuals within any organization to survive these turbulent times.

Continuous Evaluation

The importance of evaluating your program on a regular basis is covered extensively in this Manual. Doing so allows the DVS to remain ready to make the necessary changes to ensure that the volunteer program continues to meet the most critical needs of the organization. Having the kinds of high impact services in place, that support strategic directions and corporate goals, is a must for the survival of the Volunteer program. The DVS needs to focus the department’s resources where they are most impactful!

Maintaining a periodic program review also allows the DVS to record and track trends that may assist in planning key initiatives (recruitment, fundraising). Responding too slowly can be detrimental and leave the DVS vulnerable when talk of mergers or downsizing erupts. Also, the ability to communicate key outcomes aligned with organizational goals gives the DVS an edge when executives are considering such action. Remember, even if the proposed action does not look favorable for the Volunteer Services Department, be ready to share options and anticipated consequences based on sound data and program evaluations conducted over time.
**Forecasting**

Long before a merger or downsizing happens, there is generally quite a bit of “water cooler” talk or rumors about such action. Beyond the hearsay, the DVS needs to be engaged in discussions with leadership about the direction of the organization. Pay attention to media reports related to healthcare financing and other medical news that may have impact on your hospital. Read the organization’s Annual Report, as well as those from other hospitals in the region. There may be an opportunity to better understand why, and forecast when changes are on the horizon.

**Self-Development**

The routine duties of managing a volunteer department can be overwhelming. It is all too common for the DVS to sideline his/her own professional development when the tasks keep adding up. Consider all of the strengths that you bring to the organization in your current role:

- Team Building
- Communication
- Collaborative Leadership
- Organizational Skills
- Creative Thinking
- Event and Project Management

These and many other skills required to be successful in this position are transferable and more importantly, valued in any organization. One of the benefits that the DVS has is the opportunity to utilize a wide variety of skill sets. Identify those key areas and be sure to carve out time to enhance those skills through various assignments and training.

Most often individuals who enter the field of volunteer management have come from other professions. The starving artist says: “Don’t quit your day job.” For the DVS this means not abandoning the knowledge, skills and abilities that were required in that previous career field. Stay connected to those professional networks, along with the trends and innovations in the field. The DVS may also consider whether or not to maintain professional licenses and certifications that may open additional doors when faced with tough choices.

**Prepare for Change**

Change is inevitable, but the DVS is not without choice when he/she is prepared. These earlier paragraphs are intended to help you prepare for what may potentially be career-altering decisions. Do not minimize the diversity of experience that working in the field of volunteer management brings to your career portfolio. Keep your resume up-to-date and be ready to move if that is what the situation calls for. Being prepared allows the DVS to feel more in control of the future and helps to keep all options available.
**Attitude**

Nothing is more important than remaining poised with a positive attitude. When mergers, downsizing or any restructuring occurs within organizations, it is often accompanied by a sense of fear, vulnerability, suspicion, and low morale among employees. The DVS has the added responsibility of caring for the morale and wellbeing of the volunteers. The organization will find great value in the individual who continues to be a **champion of the mission** in the midst of change.

"People can't live with change if there's not a changeless core inside them. The key to the ability to change is a changeless sense of who you are, what you are about and what you value."

Stephen Covey
DVS ROLE WITH ADVOCACY

Workforce Advocacy

“Among the many issues facing the field of healthcare, none is more important to its long-term future than serving the growing workforce crisis.”

--AHA Commission on Workforce for Hospitals & Health Systems

Over the past several years, healthcare organizations nationwide have been dealing with a severe workforce shortage. Now, with the lowest birthrate since the mid-1900s, this issue will be ongoing for some time to come. While the majority of recruitment and retention efforts have been focused on the nursing profession, similar concerns are becoming critical in other fields such as radiology and pharmacy technicians, nurses' aides, and social workers.

The DVS has a tremendous role to play in the ongoing succession planning for healthcare professionals within their organizations. Workforce advocacy is an area that must come into the forefront of our scope of practice for the future sustainability and viability of the profession. Where we have excelled in building relationships, we have not been as diligent in marketing our very important trade and wealth of skills. Today, our ability to measure how volunteers positively impact the healthcare workforce advocacy issue is crucial to positioning the field of volunteer management as a key component to the success of any healthcare organization.

Many volunteer departments have joined forces with their Human Resources Departments and outside agencies to address the workforce advocacy issue. Through the DVS’ special ability to form strong community alliances, programs have been developed that serve to promote health careers in the community. Many of these programs target students at various levels, while others are creatively developing ways to play a part in their organization’s workforce strategic planning.

The AHA Commission on Workforce for Hospitals and Health Systems developed a Workforce Advocacy Survey. This compilation included the best practices of those volunteer departments whose dynamic programs effectively address this very critical issue. The following program ideas may help you to spark a few ideas of your own:

- Assist in the coordination and planning of Health Career Fairs within the community and Career Days at local schools
- Development of partnerships within Community Healthcare Councils to address workforce issues
- Implementation of externships with local high schools
- Sponsorship of health care summer camps within the organization
- Participation in Speaker’s Bureaus
- Sponsorship of Job Shadowing and Mentoring Programs within local schools and community organizations
- Fundraising on behalf of hospital training programs
- Advertisement of vacancy announcements in Volunteer Newsletters and publications

If you have or develop in the future, programs and services that address this healthcare crisis, submit your ideas to the AHVRP Advocacy Committee.

**Legislative Advocacy**

The DVS also has a key role to play with legislative advocacy. Securing the “voice” of volunteers/auxiliaries on legislation impacting the “quality” of healthcare in our communities is a link that should not be overlooked. In July of 2007 AHA launched My Care Counts, a nationwide effort to keep quality healthcare in our communities. Concerned citizens can sign a Call to Action urging members of Congress to reject cuts to hospital services under Medicare and Medicaid. For more information contact the AHA sponsored website MyCareCounts@aha.org.

In 2006 AHVRP launched their own Legislative Advocacy Committee. The initial focus was a search for best practice programs designed to help ensure access to healthcare for the poor and elderly. In July of 2007 the Committee sent AHVRP members an E-mail asking for their participation in a short survey to identify best practice activities supporting legislative advocacy.

Ensuring that hospitals have the resources they need to provide high quality care and meet their community responsibilities is something the DVS, Auxiliary Leadership, and volunteers can impact in a very positive way.

**Advocacy for Volunteers**

Volunteer directors are responsible not only for utilizing volunteers as advocates for the organization and healthcare issues, but also serving as an advocate for volunteers. How the volunteers are perceived and treated in an organization depends upon persistent, effective efforts of the DVS. Good communication between the staff and volunteers are necessary for a good relationship. The following are some basics to good advocating:

- Ensure the leaders of the organization set the example by advocating for the volunteers.
- Communicate to the staff the rights of the volunteers to be accepted as a member of the team and treated with respect and dignity.
• Keep the organization informed of changes in the volunteer department. For example, post updates in the organization’s internal newsletter, such as new volunteers, additional areas of service and new volunteer roles.

• Connect volunteer roles to the organization’s goals, mission, vision and values.

• Communicate to the organization detailed information about the volunteer pool, such as skills, education, awards, community efforts and personal accomplishments.

• Encourage internal committees to invite a volunteer to participate.

• Inform the organization of volunteer grassroots efforts, community education activities and involvement in legislative and public policy issues.

Even though volunteers are unpaid, they are a part of the healthcare team and are entitled to the support of an organization and its leaders. Top-level leaders of an organization need be advocates for volunteers and set an example for the expected behavior of how others in the organizations should interact with volunteers.
The Volunteer’s Rights & Responsibilities

Source: Catholic Charities of Los Angeles, California:

It Is Your RIGHT:

♦ To be assigned a job that is worthwhile and challenging, with freedom to use existing skills or develop new ones.

♦ To be trusted with confidential information that will help you carry out your assignment.

♦ To be kept informed through newsletters, telephone contacts, and special events about what is going on in your organization.

♦ To receive orientation, training, and supervision for the job you accept and to know why you are asked to do a particular job.

♦ To expect that your time will not be wasted by lack of planning, coordination and cooperation within your organization.

♦ To know whether your work is effective and how it can be improved; to have a chance to increase your understanding of yourself, others and your community.

♦ To indicate when you do not want to receive telephone calls or when out-of-pocket costs are too great for you.

♦ To ask for a new assignment within your organization.

-Continued
It Is Your RESPONSIBILITY:

♦ To accept an assignment of your choice with only as much responsibility as you can handle.

♦ To respect confidences of your sponsoring organization and those of the recipients of your services.

♦ To decline work not acceptable to you; not let biases interfere with job performance; not proselytize or pressure recipient to accept your standards.

♦ To continue only as long as you can be useful to the recipient.

♦ To refuse gifts or tips, except when recipient makes or offers something of nominal value as a way of saying “thank you.”

♦ To stipulate limitations: what out-of-pocket costs you can afford, when it is convenient to receive calls from an organization or recipient.

♦ To use reasonable judgment in making decisions when there appears to be no policy or the policy has not been communicated to you. Then, as soon as possible, consult with supervisor for future guidance.

♦ To provide feedback, suggestions and recommendations to supervisor and staff if these might increase the effectiveness of the program.

To be considerate, respect competencies and work as a member of a team with all staff and other volunteers.
Advocacy is more than a series of actions in support of a cause or group. Advocacy is the belief in your heart that one person can truly make a difference. DVS have the potential of becoming a major change agent in health care through organized advocacy efforts.

Generally, people get involved in making change happen because a challenge touches their lives in a direct, personal way. It is easier to get involved when it is your child, a friend or you who need help. One person cannot make major change happen. Rather, many individuals share a common vision that becomes a reality that touches lives every day. This is the power of "One" multiplied! This is advocacy in action.

So, why aren't more people involved in health care legislative advocacy? The first reason people give is "not enough time." Ralph Waldo Emerson believed that "For the resolute and determined, there is time and opportunity." We make time for what is truly important to us. Health care affects all of us. Let's resolve to make advocacy a priority!

There is no right time or best age to become an advocate. You are never too old or too young to advocate for your beliefs. Everyone has something to contribute. Many times that "something" is what is needed to make a difference that saves lives or improves the quality of life for everyone.

Imagine for a moment the DVS who is politically savvy, aware of the needs and issues, and committed to make things happen. Then multiple this special individual by hundreds of thousands of volunteers across our nation...that is the definition of clout! The key is to provide the personal connection that each person has a role to play, a right to current information, an organized approach and a morale responsibility to become involved.

Sydney Smith reasoned that "It is the greatest of all mistakes to do nothing because you can only do a little. Do what you can." Here are some networking ideas to get you started.

**Nurture grassroots advocacy programs.**
Identify successful programs to use as models. Select 3-5 initiatives each year to give your volunteers choices of participation. Include a regular newsletter column on advocacy. Explain topics such as the purpose of a Political Action Committee (PAC) and the rules for political fundraising. Recognize and publicize individual and group successes.

**Educate your membership.**
Becoming knowledgeable about current issues is as easy as networking with resources on your state, local and national levels. Every association needs a pro-active Legislative Advocacy Committee that gathers information to share with its
membership. The Committee can partner with the state Hospital Auxiliary Association and the state Directors of Volunteer Services organization to network as one unit…one voice for health care advocacy in action.

**Train advocates effective communication skills.**
Teach others how to be accurate, engaging spokespersons for educating the community and the media about advocacy initiatives. All initiatives need to be approved at the appropriate local, state or national institutional level before action or communication is undertaken. Obtaining direction and approval from local executive management and the state hospital association is necessary and it builds respect and appreciation. Advocacy is more effective when there is continuity involving all messages. Utilization of accurate terminology, facts and legislative jargon is crucial for credibility.

**Work Together to Develop Circles of influence.**
Get to know your legislators as your representatives and as people. Advocacy works best when legislators listen to constituents who are well intentioned, well informed, and well known to them. Support candidates who represent the initiatives of your choice. Assist in voter registration campaigns and practice good citizenship by voting in elections and encouraging others to vote. All of these actions influence change.

**Organize an Advocacy Communication Network.**
Develop STAT committees that can rapidly mobilize telephone or letter writing campaigns for issues that need immediate action. Encourage your local administration and state hospital association to utilize these valuable services.

**Recognize the power of "one" MULTIPLIED!**
Understand the significant power that can be welded to effect change. The art of lobbying is communicating your views in a convincing ways to others. One person can make a difference. Multiply the vision and commitment and you can change the world!

**Keep the momentum going.**
Vision, Knowledge, and Enthusiasm equals Advocacy in Action. DVSs love people and helping their communities stay healthy. The old adage "use them or lose them" applies here for their volunteers and their participation in advocacy. It's not enough to have this vast manpower resource merely available. The wealth of talent, influence and clout that DVS and their volunteers/auxillians have needs to be utilized in a timely, organized manner. The American Hospital Association acknowledges and values the impact that DVS can have on legislative reform that will directly affect the future of health care.

Elizabeth Dole wisely challenged, "When you’re in your 90’s and looking back, it’s not going to be how much money you made or how many awards you’ve won. It’s really what did you stand for. Did you make a positive difference for people?" Imagine the possibilities and then gain the knowledge to make your vision of change happen. YOU can make a difference!

Mary McCormack, CAVS, CDVS
Nemours Children Clinic, Jacksonville, FL.
EMERGENCY MANAGEMENT

Volunteer leaders need to establish processes for emergency situations that may arise in the organization and community. Many organizations have established emergency management teams and are the first source volunteer leaders should turn to for direction. There are a variety of external organizations at the local, state and federal level that provide guidelines for the use of volunteers in emergency and disaster situations.

Types of disasters include:

- Natural incidents
- Public health emergencies
- Traumatic events
- Terrorist incidents

If a command center has been established, often they will require each department to complete an “On-Duty” form that identifies all employees and volunteers that are on-site in your area.

Designated emergency volunteers should be provided the telephone number for the emergency management hotline that provides current hospital information and situation updates.

Be sure volunteers are aware of where to park, which entrance to use and additional security measures.

Ensure volunteers know where to go and who to report to. Volunteer roles should be clearly defined and communicated to volunteers through tools such as job action sheets (JAS). Job action sheets can also be used to prioritize duties.

Tracking Volunteers

Volunteer directors should establish a process to track volunteer location and length of time in designated areas in order to prioritize duties and rotate volunteer staff as necessary.
Prepare Media Response

Be sure to educate volunteers on the proper protocol for handling situations with the media. Often organizations will designate an area where media can gather to wait for updates on the situation. Volunteers need to be aware of what they can and cannot divulge to the media.

Volunteer leaders have the responsibility to reduce organizations risk of being found liable for the acts and omissions of volunteers by instituting polices that assign volunteers to tasks that align with their skills and abilities. Additional measures include establishing a list of volunteers specifically for emergency situations and providing them with adequate training for appropriate responses.

Partner with Colleagues

Prior to an incident, work with volunteer directors from other hospitals to establish a plan for utilizing volunteers from other hospitals not affected by the incident.

Evacuation Plan

During immediate threatening situations, department personnel may need to evacuate. Be sure to have an evacuation plan in your department plans.

Glossary

The following terms are some common terms used in emergency management planning.

EOC – Emergency Operations Center is established within the county (or city) to provide resources for emergency responders. If there is a major incident, a State EOC may be established.

HEICS – Hospital Emergency Incident Command System is an emergency management system that outlines management structures, defined responsibilities and roles, identifies reporting channels and unifies hospitals and other emergency responders.


PIO or MIO – Public Information Officer or Media Information Officer provides information to the news media.

VOAD – National Volunteer Organizations Active in Disasters provides a means for organizations to share knowledge and resources on the preparation, response and recovery of a disaster. State VOAD – Each state has a VOAD chapter that operates under the same principles as the national organization.
DISASTER PREPAREDNESS GUIDELINES: SUMMARY OF KEY POINTS

The following information, written by Camille Tumolo, Chair of the 2002 Disaster Preparedness Committee, is a summary of an 18-page document published by AHVRP.

Following the terrorist attacks of September 11, 2001, hospitals throughout the country took a long, hard look at whether or not they were prepared to receive overwhelming numbers of critically ill patients. Hospitals began to assess how they would cope with a major disaster, including nuclear, radiological or biochemical disasters. It has become very apparent from the events of 9/11 that volunteers play an important and pivotal role in a major disaster. Professional staff must care for the most critical patients, while volunteers can do many tasks, relieving staff of these responsibilities.

Directors of Volunteer Services in healthcare institutions that were directly impacted by 9/11 had to assess if their disaster plans worked. Those Directors not impacted by 9/11 must now look at whether they have a comprehensive disaster plan in place, which would cover many different contingencies. Each disaster is different and impacts hospitals in different ways.

I. DVS Disaster Preparedness Plan

Every Volunteer Services Department must have a Disaster Plan. The Plan must be part of the hospital’s Master Plan. The Plan should be comprehensive and at the same time flexible and fluid enough to allow for the unknown.

The following components should be included:

1. Staff notification plan
   The Director or most senior staff member in the department must notify paid staff that a disaster is in effect. The most senior staff person in the department should report to the Command Center, if one has been established. The Command Center often has important information about where volunteers are most needed.

2. Volunteer notification plan
   Notification should include multiple ways to communicate with volunteers in case of communication failures.

3. Identification of key volunteers
   It may become very difficult to notify volunteers, so it is helpful if volunteers in key areas of the hospital automatically report to their assignment. These areas might include the Emergency Department, Information Desk, Escort, Interpreters and Food Service.
4. **Role of volunteers**  
   The role of the volunteer must be clearly defined. Volunteers may perform duties not normally given to them, but found necessary during a disaster. Try to anticipate what these new roles might be and define them clearly.

5. **Identification**  
   All volunteers must wear an ID (preferably a photo ID) to maintain security.

6. **Procedure for volunteer assignment**  
   During a disaster, most if not all services are impacted. Therefore, volunteers should be utilized where they normally work first. It is there that the volunteer will be most helpful. When volunteers are no longer needed in their regular assignments, they should report to the Volunteer Department, where the staff will have current information from the Command Center and can be dispatched where needed.

7. **Spontaneous volunteers**  
   The hospital must set a policy and plan ahead for the onslaught of “spontaneous” volunteers. During a disaster, hospitals are often in a “lock down” mode. Allowing unknown individuals to volunteer may put the institution at risk. If the institution chooses to use “spontaneous” volunteers, a system to quickly screen and place people will be needed. If the hospital chooses not to accept “spontaneous” volunteers, a system of referral should be in place. The American Red Cross, the Volunteer Center and the Salvation Army are a few of the many agencies that will accept volunteers on a short-term basis during a crisis.

8. **Resources**  
   A list of volunteers by zip code on a computer in the office and at home would be helpful. Volunteers living closest to the hospital are the ones most likely to get in to help. A list of skills and work experience would also be useful, since volunteers may need to do tasks they do not normally perform.

9. **Prepare position descriptions**  
   Write position descriptions for new areas of work that might be needed, with specific disasters in mind, such as loss of power, water, communication systems and inaccessible roads/public transportation.

**II. Anticipate the Unexpected**

1. Telephone (both cell and land) communication may be shut down. When operational, there will be overwhelming numbers of phone calls.

2. Blood donor lines may be extremely long. Think about how volunteers can help.

3. Overwhelming donations of perishable food and clothes.

4. Access to road, bridges and tunnels may be shut down. Staff cannot get to work.
5. Special provisions need to be made for staff and volunteers to eat and sleep.

6. Many professionals from all over the country will call the Volunteer Department offering to help. Know where to send these calls.

7. The Information Desk will have many inquiries about loved ones who are missing or injured. Prepare for additional help. Have Social Workers available to deal with issues of bereavement.

III. Utilize Available Resources

1. Request assistance from colleagues at hospitals that are not affected.

2. DVSs should have a local plan, in which they can help one another.

3. Consider sharing volunteers who are already processed, rather than using “spontaneous” volunteers. Be familiar with local agencies.
STRATEGIC PLANNING FOR VOLUNTEER DEPARTMENTS

What is a Strategic Plan?

Quite simply, a strategic plan is a road map for your department. It outlines where your department is going over a specific period of time and how you plan to get there. There are number of models and approaches to strategic planning, so a good starting point is to examine your organization’s plan. You will also find AHVRP’s DVS Strategic Planning Tools to be a helpful resource.

Why Develop a Strategic Plan?

• The strategic plan clearly emphasizes the volunteer department’s role in accomplishing the mission of the parent organization. Establishing this clarity allows the entire organization, including management and key stakeholders to better understand the function of the volunteer department and eliminate the tendency to marginalize these services. It is essential that the volunteer department not operate in isolation, but continually connect its core operations to the overall mission of the health care organization. Additionally, this level of clarity also makes clear the role of volunteers. The better able the DVS can articulate this linkage, the more viable his/her role to the organization.

• The strategic plan helps guide the decisions of the DVS and management. When the DVS follows the road map the strategic plan outlines, it also lays out the tools needed to make the plan work and provides weightier justification to support the key decisions. With workforce and budget issues to consider, hospital administrators are also facing critical decisions. They are constantly evaluating the need for resources and reassessing hospital operations. The strategic plan allows the DVS to defend the specific needs of the volunteer department to administrators and enhances the credibility of the DVS as a strategic manager.

• The strategic plan allows the DVS to focus on identified priorities. Developing and implementing the strategic plan ensures that the DVS is focusing time, energy and resources on identified priorities. With the multiple and varied tasks that the DVS performs, it is essential that effort is targeted towards those activities that allow him/her to stay on course according to the plan. Additionally, the strategic plan can be a valuable document in planning recruitment campaigns and other initiatives.

How to Begin

As mentioned earlier in this section, review your organization’s strategic plan. It will provide some useful guidance in how to organize your department-specific plan, identify key areas where volunteer services may have impact, as well as provide some language you will want to be sure to include in your plan. Most importantly, the volunteer department’s strategic plan must be aligned with that of the organization. You may want to use graphs and data charts to depict those relationships where appropriate.
Measuring the Results
One of the challenges for the DVS has always been how to measure the impact of volunteer services. You will want to spend some significant time determining what and how to collect data that is meaningful to the big picture, but the DVS can take comfort in knowing that it is not necessary to throw out the intangibles. The strategic plan is an excellent place to capture those areas of impact that are often hard to compute using numbers. Even scientists recognize the value of this. Einstein said: “Not everything that can be measured counts and not everything that counts can be measured.”

Establishing a Time Frame
Determining a time frame will be a very individual decision, but consider developing a plan that spans longer than 1 year; even 3-5 years is not unreasonable. Be thoughtful about this decision. The time frame should not be too short as to not warrant strategic planning at all. For instance, short term initiatives require coordination, but most likely not a strategic plan. Conversely, if the time frame is too long it may appear that it will take too much time for the plan to have any impact. Additionally, the speed of change in health care may render your plan out-of-date long before the time period expires that you’ve designed it to cover. It is also important that you prepare to be flexible in the event of pitfalls and detours in your plan (i.e. downsizing, mergers, budget shortfalls).

Developing a strategic plan requires critical thinking skills that are essential for the DVS. These skills allow the DVS to function as a leader and core manager on the health care administrative team.
STRATEGIC ALIGNMENT OF MISSION AND GOALS

It is important for the Department of Volunteer Services to have a mission statement. Before writing, or re-writing, the mission statement the DVS should review the mission statement for the organization. The Department mission should be in alignment with the hospital mission.

Key questions to ask before writing a mission statement:

- What are the strategic directions for our health care organization?
- What is important to our patients, visitors and the community?
- What are their expectations when they come to the hospital?
- What are their expectations for community programs?
- What role do we play within the organization? What are our key contributions?
- What is the value system that drives our work?
- What are we all about? What makes us unique?

Knowing where the organization is heading and what’s important to customers you serve is valuable “need to know” information when writing or re-writing your mission statement. Keeping it brief is probably your greatest challenge.

Share your drafted mission with a focus group of volunteers. Their input is important. Once finalized, send a copy to Senior Management. The mission statement, together with vision and values (if applicable), should be shared with volunteers during orientation and annual education.

Finally, the mission needs to periodically be reviewed to make sure it is still accurately reflecting the desired direction for the department.

Sample mission statements are provided on the following page.
Sample Document

Department of Volunteer Services

Mission
To supplement the work of paid staff in delivering service and care that exceeds the expectations of our patients, their families and the communities we serve; and to ensure our volunteers meaningful work and the opportunity to learn and grow as individuals.

Vision
To be recognized as a national leader in the field of healthcare volunteer management through a visionary approach to all aspects of program development, inspired by a philosophy of continuous improvement and exceeding customer expectations.

Values
To demonstrate, in all that we do, the values of Dignity, Respect, Trust, Responsibility, and Excellence.

Sample Document

Department of Volunteer Services

Mission
To improve the health and well-being of children through a dynamic volunteer program that matches the skills and interests of volunteers with the needs of those we serve.

Vision
To maintain a premier volunteer program that maximizes the highest quality pediatric services, positively impacts patient retention and growth, and exceeds our customer's expectations.

Values
To promote excellence through an ongoing commitment to patient care, human assets, business performance, research, education and national reputation.
Volunteers support the ABC Hospital Mission/Vision/Values in all aspects of the program design, operations and services. Additionally, the following department – specific communications have been created to help volunteers understand their specific roles in support of the Hospital’s Mission/Vision/Values.

**VOLUNTEER MISSION**

ABC Hospital volunteers provide quality support services to patients, staff and the community. These services are offered with a positive, caring spirit compatible with the Mission of the Hospital.

**VOLUNTEER VISION**

ABC Hospital Volunteers extend their unique talents of care and concern to our patients, their families and our staff. Volunteers step forward to meet the service needs of our customers, wherever they may find them, with kindness, competence and caring. Volunteers derive satisfaction from their contribution of time and talents as they serve in high impact assignments designed to meet their own interests and needs while supporting of the mission, vision and values of ABC Hospital.

**VALUES INTEGRATION**

The Volunteers of ABC Hospital learn the values of the hospital, which are DIGNITY, SERVICE, EXCELLENCE and JUSTICE, and integrate those values into every service opportunity. Examples include:

**DIGNITY:**
- We listen patiently to those we serve and to each other, respecting confidentiality at all times.
- We provide formal and informal recognition that is responsive to volunteers and staff.
- We treat people professionally and with respect and compassion at all times.

**SERVICE:**
- We value the opportunity to be of service to ABC Hospital and the community.
- We cooperate with other departments to improve the quality and delivery of our services.
- We are actively involved in raising funds for the ABC Hospital Foundation.

**EXCELLENCE:**
- We recognize the changing health care environment and re-assesses or re-direct our services to respond to changing needs of the institution.
- We promote professional and personal development of volunteers and staff.
- We strive for effective communication within our team and to those we serve.
- We establish high standards of quality and look for improvement opportunities in all aspects of our service.

**JUSTICE:**
- We welcome volunteers of all backgrounds and do not discriminate in accepting new volunteers based on maximum age (minimum age is 14), ethnic background, disability or religion.
- We strive to serve the good of the whole hospital and those it serves, recognizing that personal needs and interests may be in tension with the needs and interests of the institution. Where conflict exists, we will resolve such issues within our Mission/Vision/Values.
GOALS AND OBJECTIVES

A GOAL is a statement of intent. It should demonstrate a forward direction, challenging yet reasonably attainable.

An OBJECTIVE is a specific statement of achievement, which communicates what will be done, deadlines for completion, and ways of measuring achievement.

Goal setting should be a team effort with paid and unpaid staff working within the department and Auxiliaries where applicable. An annual strategic planning session should be standard practice, providing a forum for brainstorming innovative ways to better meet the needs of the organization and the department.

Process improvement goals are key to the success of the department!

Do your homework before your goal setting session. Have answers to questions such as:

- What are key corporate goals and initiatives for the coming year?

- What customer needs or process improvements have been identified in key user departments that volunteer services might help to impact?

- What are patient surveys telling us?

- What feedback has been received from your own assessment surveys?

- What processes need to be improved within your own department and/or existing service areas?

Part of proving your value to the organization is showing your willingness to seek out ways to support organizational goals and improve patient satisfaction. Be proactive in your pursuit of these opportunities!
Volunteer Resources 2009 Manager Goals

♦ Implement Customer Service Initiatives
  • Improve communication score on Human Resources as Customer Survey
  • Provide new 2009 customer service training to volunteers and achieve 100% compliance
  • Implement Comfort Basket partnership service with Nursing

♦ Improve Technology for Volunteer Resources
  • Implement on-line volunteer orientation/annual education
  • Go live with web-based version of the software data management program
  • Begin study of paperless system for volunteer records

♦ Maintain Joint Commission Readiness
  • Ensure compliance with TR Volunteer Resources policies
  • Perform bi-monthly volunteer file audits
  • Create and complete action plans for areas of non-compliance with policies and file audits

♦ Expand volunteer coverage in high impact areas
  • Implement No One Dies Alone Service
  • Implement Volunteer Nurse Program

♦ Develop and implement recruitment and retention strategies
  • Enhance Love the Ones We Have retention strategy to increase word of mouth recruitment

♦ Manage Volunteer Resources costs
  • Come in at/or below budget

♦ Support Health Care system initiatives
  • Continue to participate in the Six Sigma discharge/room turn-around time project by overseeing the training of transport volunteers to new discharge process that includes calling in the empty room and participating in the meetings
  • Create a Culture of Patient Safety Tool for volunteers based on the Team Member Education and ensure 100% of volunteers review the tool.
MOVING TO AN INTEGRATED PROGRAM MODEL

To be effective and successful as a DVS in today’s health care environment, it is impossible to be all things to all people. Micro-managing every aspect of your program can be very costly to your overall effectiveness.

What are the traditional program models and how are they evolving?

Centralized

Decentralized (Integrated Model)

Key Characteristics:  Key Characteristics:

Where do you fall on the continuum?

What are the advantages and disadvantages of both?

Where would you like to be?

What changes need to take place to get you there?
The Director of Volunteer Services Self-Assessment

• What are the most valuable characteristics, talents, experiences, and qualifications I bring with me to my job?

• What additional skills do I need to develop?

• What advantages would earning national certification bring to my marketable skills?

• The major roles I presently play in my job are:

• What other responsibilities could I take on to heighten my value to my organization?

• Which people have the potential to mentor me?

• Which people are professional roadblocks to my success?

• How can I improve my attitude about the people or parts of my job that are not easy to work with?

• Where do I wish to be professionally in five years?

• The things I wish I didn’t have to do are:

• My biggest barriers in getting the job done are:

• If time wasn’t a factor, I’d spend more time doing:
Sample Document

The Volunteer Services Department Staff Assessment

♦ What does a profile of your staff reveal?

♦ Which talents, skills, characteristics, experiences are possessed by your staff?

♦ Which are under utilized at this time?

♦ When have you surveyed your staff to assess their goals?

♦ Which do you need to build and develop through coaching, continuing education, training and hiring?
OUTCOME MEASURES FOR VOLUNTEER SERVICES

Now more than ever, the DVS needs to be looking at “output measures” along with the traditionally tracked “input measures” such as number of volunteers and number of hours worked. Traditional reporting indicates what goes into the program or “input measures”, but does not address the “impact” of your program on your hospital and the communities you serve.

Impact evaluation focuses on the outcomes of volunteer action--what was the true impact of those 150,000 hours contributed by volunteers?

Sample output measures could include the number of:
- Patients who were fed meals by volunteers
- Patients who were discharged from the hospital by volunteers
- Patients who were visited by a Pet Therapy volunteer
- Patients who were personally escorted by a volunteer
- Pediatric patients who were given donated “happy presents” by volunteers
- Books checked out by patients from the volunteer-staffed library/book cart
- Post-discharge, follow-up telephone calls to elderly patients by volunteers

Volunteer managers need to:
- Determine what services are “high impact”
- Find easy ways to track the data
- Report the information to key stakeholders

With healthcare reimbursement in a declining state, administrators are often forced to address difficult economic decisions, not “Is it helpful to have a Department of Volunteer Services”, but “Can we afford volunteers in today’s health care environment?” Reporting your outcome measures, telling the WHOLE story, is key to the success and survival of the Volunteer Department.

The following is an excerpt of a High Impact “Snapshot” Report that is provided to senior management mid-year and year-end. The report includes charts, and collective data from four separate hospitals with roll up for system. High impact services are those that meet one or more of the criteria listed in the report below. The percent of high impact hours is taken from collective total of high impact service hours versus total hours worked.
Senior Management Team:

While all services performed by our volunteers “make a difference”, some have significant impact or “high value back” to our organization and the customers we serve. These have been labeled “high impact” services. Services fall into this category if they meet one or more of the following high impact criteria:

♦ Focuses on patient needs
♦ Impacts customer service
♦ Addresses a community need
♦ Supports a quality/patient safety goal or CHA initiative
♦ Helps to improve bottom line or grow market share

The Annual Celebration of Services booklet, published in April of each year, provides data on all services. This Year End Report provides a snapshot of selected high impact services. Also included are total volunteer hours for the year and % worked in high impact areas. Hopefully you will find this abbreviated “high impact” report, reflecting all campuses, to be informative. We welcome your feedback and/or suggestions on ways to make the report more meaningful!

Year End Data for the Period January ~ December, 2008

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<thead>
<tr>
<th>Hospital #1</th>
<th>2008</th>
<th>2007</th>
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<tr>
<td>Selected High Impact Service Monitors</td>
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<tr>
<td># of bedside contacts</td>
<td>89,064</td>
<td>81,748</td>
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<tr>
<td># of volunteer assisted discharges</td>
<td>5,349</td>
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<td># of volunteer assisted lobby contacts</td>
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<tr>
<td># of free van service transports</td>
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<td>6,708</td>
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<tr>
<td># of other community service contacts</td>
<td>311</td>
<td>542</td>
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<table>
<thead>
<tr>
<th>2008</th>
<th>2007</th>
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<tbody>
<tr>
<td>Jan-Dec</td>
<td>Jan-Dec</td>
</tr>
<tr>
<td>143,171</td>
<td>137,187</td>
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</table>

# of High Impact Hours 129,587 (91%) 116,795 (86%)

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Tracking Data for High Impact Services

Small, pocket-sized monitor sheets are useful for tracking data as volunteers are working (used for all high impact service areas.) These are turned in at the end of their shift. Office volunteers collect the data and compile figures into a monthly log, ready for the Volunteer Manager to use for high impact reporting.

### Sample Document

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<th>Service Desk Service Monitor</th>
<th>Tram Rides Service Monitor</th>
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<td># _______ Tram Rides</td>
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<tr>
<td># _______ Medical Records</td>
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<table>
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<tr>
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<tr>
<td># _______ Patients Fed</td>
<td># _______ Calls taken</td>
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<td></td>
<td># _______ Walk-ins assisted</td>
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<tr>
<td></td>
<td># _______ Personal escorts</td>
</tr>
<tr>
<td>RETURN to Volunteer Office</td>
<td>Return to Volunteer Office</td>
</tr>
</tbody>
</table>
Summary of Key Points

- As a DVS, you must be a role model for change with a strong focus on continuous quality improvement.

- Learning all you possibly can about current trends in health care and quickly responding to the changes will give you credibility as a manager and help to secure your role and the value of volunteer services for the future.

- Focus department resources where they will have the greatest impact and report results through outcome measures.

- Be proactive with services/activities that support Legislative and Workforce Advocacy.

- Choosing an organizational model that “frees up” time for innovative program design and re-design is critical to your success and effectiveness as a DVS.

Joint Commission Implications

☑ A broad overview of the Joint Commission is contained in the Joint Commission chapter. Implications of Joint Commission standards will be summarized under this heading at the end of each chapter.

☑ As a DVS your goal should be to have your department in a constant state of preparedness to insure the best quality programs and services. By continually improving and focusing on Joint Commission standards, healthcare volunteer administrators will be well prepared for unannounced surveys.

Technology Tips

Mastering current technology is a critical success factor for the volunteer administrator. Each section features technology tips that relate to that chapter to help you effectively use valuable technology.
Congratulations! You’ve learned many things participating in this course. No one can do everything at once. Some sample process improvement ideas are provided to get you started.

Most importantly:

- What will you do in the first 48 hours upon returning to work?

- How will you prioritize the ideas for process improvement that you learned today?

Your Personal Action Plan will help you to prioritize the program areas you wish to review and revise.

Priority 1: Rank your highest priorities for implementing needed immediate change in your program.

Priority 2: Rank areas of change/review that are important, but must come later.

Priority 3: Rank areas of change/review that would improve your program, but are not designated as critical needs.
### PRINCIPLES OF VOLUNTEER RESOURCE MANAGEMENT

**MY PERSONAL ACTION PLAN**

**NAME:** _________________________________  
**Date:** _____________________

<table>
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<tr>
<th>Rank</th>
<th>DVS Responsibilities and Program Areas</th>
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<td><strong>Expanding Role of the DVS</strong>—Ways I can expand my role?</td>
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<td><strong>Surviving Mergers and Downsizing</strong>—Ideas for maximizing job security:</td>
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<td><strong>DVS Role with Workforce and Legislative Advocacy</strong>—Areas I can get involved in advocacy efforts:</td>
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<tr>
<td></td>
<td><strong>Mission, Vision, and Values</strong>—Ways to make our M\V/V more memorable:</td>
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<tr>
<td></td>
<td><strong>Goals and Objectives</strong>—Ideas for including High Impact Services:</td>
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<td></td>
<td><strong>Organizational Model</strong>—Thoughts on decentralizing our program:</td>
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<tr>
<td></td>
<td><strong>Outcome Measures for Volunteer Services</strong>—New ways to measure and keep administration informed about accomplishments:</td>
</tr>
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