

Patient Resource Volunteer Program

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PURPOSE

The Patient Resource Volunteer Program was developed to contribute to Hartford Hospital's mission of supplying quality comprehensive patient health care. It was begun with a Pilot Project conducted May to August 1979, followed by the first training course offered in September 1979.

The Patient Resource Volunteers are supplying a humanistic approach to the individual patient and his/her family. The volunteer's prime role is that of an advocate, to listen to patients and their families, hearing and identifying their concerns, and referring the information to the appropriate hospital departments to be remedied. This program is not limited to serving only one service, one type of patient, or one segment of the hospital's patient population. The patients' and families' needs exist whether the unit is a nursing unit devoted to neurosurgery or cardiology, an intensive care unit, or an out-patient department. This program serves the entire hospital patient system.

ELIGIBILITY CRITERIA

Now in its fifth year, the program with yearly evaluations has documented its worth to patients, their families, staff and to the volunteers seeking a challenging, rewarding,

one-on-one patient contact assignment, as outlined in the job description (Appendix A).

SUPPORTING DATA AND VALIDITY

Much has been written regarding patients and their families viewing only the patients' immediate medical care to be of concern to their physician and the nursing staff. Financial worries related to medical bills, family issues, job related problems, the patient's inability to cope alone at home, the lack of a supportive system, a proper recovery setting in the home, the need for an interim stay in a nursing home, are a few of the concerns patients and their families most often consider as being unrelated to the patient's hospital stay. They do not bring them to the attention of the physician or the nursing staff. If they did, all of the above problems could be addressed by one of many departments at the hospital concerned with the total well being of the patients.

In a large hospital, patient care can become fragmented and it is necessary to know the system to avail the patient and/or the patient's family of the proper sources to address their needs or remedy their problems.

PILOT PROJECT

In April 1979 the program pro-

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posal was endorsed by the Director of Nursing, Assistant Director of the hospital. The 54 bed orthopedic unit was chosen for the pilot project since orthopedic patients tend to be more demanding. They are not sick in the classic sense, but are constrained with casts and/or traction, frequently needing assistance or diversion.

Chosen to do the pilot was a perceptive volunteer, early retired from teaching, with many years of experience in dealing with people and writing reports. Her empathy, patience and sense of humor stood her in good stead with patients; and her dedication gained her the support of the nursing staff. For three months starting in May, as the volunteer worked on the unit, monthly meetings were held with the head nurse, supervisor, assistant director, director of volunteer services and the volunteer, to review areas of responsibility for the volunteers, determine volunteer qualifications and devise a job description.

TRAINING COURSE

With the job description approved by the Director of Nursing, training was designed. To gain acceptance and support of the nursing staff, Patient Resource Volunteers needed to be knowledgeable in all resources available to patients and their families in and through hospital departments, so as to correctly identify referrals for problems and concerns. Therefore, the Training Course (Appendix B) for the program covers all patient resources in the various hospital departments and many in the community. Hospital personnel were most receptive to teaching and enthusiastically lent publicity to the program.

The integrity of the program training course is maintained through seminar leaders who are experts in their fields: directors, assistant directors, department heads, clinicians and specialists. Yearly program evaluations (since May 1980) by the volunteers and staff using the pro-

gram result in course modifications so that the training remains viable and effective in meeting current needs of all involved.

The first training was a three-week, 9-hour course covering home care, nursing needs, social services, ethnic cultures, gerontology, oncology, listening and communication skills, bed making and feeds. It has been expanded until it now covers 16 hours of seminars with a 2-hour tour of the hospital, familiarizing the applicants with the departments with which they will interact. Bed making was dropped as a seminar and is now covered on the individual nursing units. Seminars on dietary, speech therapy, hospice in the community, nursing unit personnel duties, and patient rehabilitation have been added.

Bi-yearly "rap sessions" with the Patient Resource Volunteers produce one advanced training course, or series, yearly to meet their needs for additional information in specified areas such as: a pharmacologist to speak on new drugs and their effects; hospice care, concept and community resources by an R.N. from the Board of the Community Hospice (this has been added to the Training Course); and an oncologist specializing in chemotherapy, death and dying, and the terminally ill patient and family. For the past two years a tour of a local rehabilitative skilled nursing facility has been arranged.

Each volunteer applicant must complete the full Training Course before a day of orientation on a nursing unit. And, prior to a placement interview, each must agree to one year's service as a Patient Resource Volunteer. They are then interviewed for placement by the staff person in charge of the nursing unit or department selected by the volunteer.

The first class was oriented by the pilot project volunteer. Subsequent classes have been oriented by Patient Resource Volunteers who received superior evaluations from their respective head nurses or department heads.

RECRUITMENT

Enrollment for the first class, September 1979, was recruited in-house from approximately 800 adult volunteers, using our volunteer newsletter, bulletin boards and selective one-on-one recruitment. Six volunteers, who were also R.N.s, formed the nucleus of a class of twelve. Designed to attract highly motivated empathetic listeners with good social skills, it was made clear at the onset that the course was open to all regardless of commitment, since it was felt the training might provide wider and more beneficial public relations for the hospital in the surrounding communities from which the volunteers came.

Subsequent classes included applicants from the Junior League, Voluntary Action Center and a college counseling center. Our best recruiters are our own Patient Resource Volunteers. Several patients served by these volunteers have expressed an interest in joining the group.

Before our first class graduated, the program was presented at the head nurses' and nursing supervisors' meetings. An article was published in the nursing newsletter, and the Patient Resource Volunteer job and training descriptions were sent to all nursing units for the Unit Procedures book.

NURSING STAFF RELATIONS

It was erroneously presumed that nursing was well informed concerning the Patient Resource Volunteer's role. Since 1942 volunteers have been running errands, restocking supplies, making beds and doing jobs that have very little patient contact. With all volunteers wearing the same uniforms, it was natural for the staff to assume the new volunteers' duties were the same. The problem was solved by giving each Patient Resource Volunteer a unique red badge, reading **PATIENT VOLUNTEER**, creating greater visibility. Head nurses were alerted to the badge and

the need to educate staff and our problem soon disappeared.

PROGRAM DATA

Referrals and work have been documented by the Patient Resource Volunteers through a Daily Report Sheet. Reports were filed daily for eight months in 1982, January to August, and since then have been filed only for unusual requests or referrals. These reports show large numbers of patient and family referrals to:

1. Social Services - concerning nursing homes, their costs, eligibility and Title 19.
2. Social Services - for two cases of suspected elderly abuse. One involved the sale of an elderly patient's home; the other, the patient believed she had been tricked into signing a power of attorney.
3. Home Care - for help in ordering medical equipment needed in the patient's home and/or arranging for community resources such as the V.N.A., a homemakers' service, Meals on Wheels, etc.
4. Credit - for Patient Representatives (paid personnel) to assist the patients with insurance information and help in filling out insurance forms.
5. Credit Manager - for possible Free Bed Funds for indigent patients with neither insurance, welfare or funds to pay their bill, protecting their confidentiality in the process.
6. Dietary - to discuss special menu needs or wants. Registered dietician and clinician may need to confer on some requests.
7. Chaplains - for counseling.
8. Nursing, Palliative Care Team, Clinicians - for various requests.

All referrals are reported first to the staff person in charge of the department or unit. Staff is particularly appreciative of the patient problem solving through department referrals done by the Patient Re-

source Volunteers, saving the nursing staff considerable time for those patients needing more acute nursing care. The demanding patient who monopolizes nursing time when not acutely ill can be served by the volunteer, whose listening and communications training can be used to defuse the disruptive patient, thereby freeing the nurse's time for professional duties with more critical cases.

The volunteer deals with the larger needs through referrals, and personally fills the everyday needs of the patients and their families to verbalize, socialize, for support, compassion and understanding. The volunteers help patients with menu selection, write letters, bring nourishments, feed, hold hands, touch when appropriate, become involved with rehabilitative and speech therapy, encourage patients to exercise their rights to question staff and their physicians, and perform many small acts that make the patient feel cared for.

Nursing studies show that patients with emotional support do better in their recovery. Many of the acts performed by the volunteer allow contact with the patient, encouraging conversation which may lead to discussion of areas of concern for referrals.

In individual cases the volunteers are challenged by a patient with above average needs. A young male patient, victim of a motorcycle accident, was helped through his most depressing days of adjusting to a sightless future, by a very perceptive Patient Resource Volunteer helping him to focus on what he could do and not on what he could no longer do. An oncology patient, with whom a Patient Resource Volunteer had established a close rapport, turned to the volunteer in his final days to fill his need for understanding and support. His own family were unable to give him support; they were unable to accept his impending death. At the patient's request the volunteer stayed with him through two of his last

three nights. Other volunteers have stayed the entire day to comfort overanxious patients going to the O.R.; or with a still-in-shock, just diagnosed oncology patient, accompanying him/her to the first radiation treatment. Two volunteers are constantly working with dialysis and kidney transplant patients - a diagnosis that carries much trauma. Two others are on the spinal cord unit dealing weekly with the depression of the para and quadraplegics. One Patient Resource Volunteer was the only person on a unit with whom an eighty year old woman patient shared her fear of men, which she disclosed went back to a childhood molestation. Shared with the physician and nursing staff, they were better able to understand her resistance and attitude toward her impending gynecological operation. There are many other cases documented in the Department of Volunteer Services.

On a nursing unit, the volunteer receives a patient briefing from the head nurse or her designee each day he/she arrives. Willingness on the part of staff to discuss patient cases with the volunteers enables the volunteers to work effectively with patients. The cardex is available to the volunteers with information on the individual patients and attendance at nursing staff report is encouraged on many units. Several of the Patient Resource volunteers start their day at 7 a.m. by attending staff report.

Not all graduates of the course elect to work on a nursing unit. Some wish to use their training in other patient areas.

SOME RESULTS

Four training courses were conducted the first year; thereafter two yearly. A total of 184 enrolled, 138 completed the course, 88 were assigned to a total of 17 nursing units. Fifty are now working in other than nursing units: Admitting, Emergency Room, Family Lounge (serving families of patients undergoing sur-

gery and families of intensive care unit patients), Visiting (volunteers visit those patients admitted during the previous 48-hour period), Pediatric Operating Room (liaison with parents), and the Pregnancy Termination Unit.

Success of the program has brought requests from two departments for similar coverage using Patient Resource Volunteers. Working with the Physical Therapy Rehabilitative Day Unit, a program was designed to utilize the volunteers with patients needing rehab services. The volunteers work with the patients, encouraging participation in exercises and/or games--methods for increasing their muscle dexterity and skill. In the Chemotherapy Out-Patient Unit the patients are in for oncology blood work and I.V.'s. Extended stays are often the case and the volunteer has several hours to listen to the patients' concerns pertaining to loss of appetite or hair and ability to cope with everyday activities. The volunteer's knowledge of hospital resources, particularly dietary counseling services for oncology and community sources, has been extremely helpful to these patients.

An additional plus is that the program is attracting a number of young women, many professionals, in their late 20's, 30's and 40's who desire and can manage challenging patient contact. We have trained and placed 26 R.N.s and one social worker. Two additional R.N.s, after taking the course, and one R.N. regaining her confidence after a year as a Patient Resource Volunteer, have gone through the hospital's R.N. Reentry Program and are currently working in the hospital. Two graduates, after their year as Patient Resource volunteers, went on to become L.P.N.'s.

FUTURE GROWTH

Continuing evaluations and rap sessions will affect training courses, Basic and Advanced, through modification as needed to remain effective and beneficial to the patients and their families.

An oncologist and a radiologist, with offices in the hospital's Oncology Center, have requested Patient Resource Volunteers to work with patients receiving radiation and/or chemotherapy treatment at the center. At the present time the center does not have the necessary private rooms to allow for the confidential nature of such work by the volunteer. Plans for the near future include redesign and expansion and the addition of small counseling rooms where patients and/or their families might meet with staff or Patient Resource Volunteers in private. This might well be the first step toward a hospital-based Outreach Hospice Volunteer Program.

CONCLUSION

The Patient Resource Volunteer Program facilitates and helps to assure the hospital's patients of quality comprehensive health care delivery, especially by uncovering problems and concerns of patients and their families, with resultant referrals of those problems or concerns to the proper departments for remedial help. The program has proven to be a creative use of volunteers in meeting a vital need for patient communication within the hospital's framework.

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APPENDIX A
HARTFORD HOSPITAL
PATIENT RESOURCE VOLUNTEER
JOB DESCRIPTION

VOLUNTEER QUALIFICATIONS:

1. Desire for a challenging, creative, responsible, one on one patient contact position.
2. Empathetic listener (compassion for others).
3. Relate well to people (sensitive to moods and needs).
4. Confidentiality.
5. Ability to work well with others.
6. Able to attend a four week training course. See attached "Training Seminars" sheet for course content.

VOLUNTEER'S SIGNIFICANCE/VALUE:

1. To meet patient's non-medical and social needs (emotional support for patient and family).
2. Give nursing staff an additional resource to utilize with patient care.
3. Help to free nurses for quality care.
4. Contribute to the caring atmosphere of Hartford Hospital.
5. Identify needs and aid in problem solving by referring to the proper professionals or departments.
6. Personal growth and satisfaction of volunteer.

VOLUNTEER RESPONSIBILITIES:

1. Check for special requests by nursing staff.
2. Check NPO lists so that no food or liquids are given to these patients.
3. Check patient trays, to assist with feeding or whatever help may be necessary.
4. Feed patients who may need help (encourage while feeding).
5. Make out menu sheets where needed.
6. Assist with personal hygiene (bathing, hair, etc.).
7. Visit patients and chat with them (Head nurse may tell you who is lonely, depressed, anxious, etc.).
8. For patients who need fluids forced, get ginger ale, juice, ice water, etc. from kitchen on floor. Report to nurse on what patient drank.
9. Offer to write letters, make phone calls, perk up flowers, etc.
10. Go to store for patient with special needs.
11. Straighten room.
12. Make beds where needed. Note type of bed requested, i.e. occupied, unoccupied, post-op.
13. Try to obtain answers for patients' questions, and/or concerns.
14. DO NOT give advice, refer to Head Nurse.
15. BE ATTENTIVE TO:
 - Unspoken needs and anxieties.
 - Need for special services i.e. Chaplain, Discharge Planning, etc...
 - Little touches to make stay more comfortable.
 - Fearful or apprehensive family members.
 - The feelings of those with whom you work--patients and staff.

APPENDIX B
HARTFORD HOSPITAL
PATIENT RESOURCE VOLUNTEER
TRAINING SEMINARS

TRAINING

1. Four - 3-1/2 hour seminars over a period of four weeks, conducted by department heads, assistant directors, clinicians, and specialists - all experts in their area. Seminars are designed to acquaint trainees with all resources for patients and their families available in or through the departments of Hartford Hospital. They cover:
 - a) Course Introduction - Director of Volunteer Services - history and supporting data for need of program.
 - b) Nursing needs - Assistant Director of Nursing - nursing today, its changes and a look to the future, a partnership with the Patient Resource Volunteer.
 - c) Social Service - Director of Social Services - nursing home, costs, eligibility, Title 19, institutional transfers, elderly abuse, sexual abuse.
 - d) Home Care - Director of Home Care - arrangements for the patient's recovery at home; hospital equipment purchase or rental, V.N.A., Meals on Wheels, Homemaker's Services.
 - e) Oncology - Oncology Nurse Clinician, Hartford Hospital's Palliative Care Team - the illness, patients' and family needs for support.
 - f) Hospice Care - Oncology Nurse Clinician serving on the Board of Community Hospice of Greater Hartford - Community resources and the role of the volunteer.
 - g) Geriatrics - Assistant Director of Nursing - the special needs of the elderly patient. A.H.A. film "What Do You See" - a sensitive portrayal of an elderly hospitalized patient.
 - h) Nursing Unit Personnel - Staff Development Specialist - nursing duties and responsibilities of the R.N., S.N., L.P.N., and aide - Team nursing.
 - i) Dietary - Chief Clinical Dietician - The medical dietary needs of patients and patient satisfaction.
 - j) Speech Therapy - Speech Pathologist - how to work with the aphasic patient - brain damaged-Tumor, stroke, accident.
 - k) Listening and Communication Skills - Staff Development Instructor, R.N., M.A. in Communications.
 - l) Ethnic Differences - Employee Development Specialist - Hispanic culture.
 - m) Panel Discussion - Patient Resource Volunteers - relating their personal experiences, problem solving and referrals.
2. A two hour general hospital orientation and tour for all new volunteers.

All speakers serve as constant referral resources for the Patient Resource Volunteers.

3. One day of orientation to a nursing unit or department by a Patient Resource Volunteer Trainer.

A commitment of one year, once a week, is asked of every Patient Resource Volunteer applicant.

Assignment is done through a placement interview with the staff person in charge of the nursing unit or department of the volunteer's choice.

Recommended hours for a nursing unit - 8:30 am - 1 pm to assist with feeding patients if needed.

Hours for other departments arranged individually.

One advanced seminar is arranged yearly, based on Patient Resource Volunteer requests from bi-yearly rap sessions shared with the Director of Volunteer Services.

The Patient Resource Volunteers maintain their own support group(s) to share experiences and give support on an ongoing but unscheduled basis.

The Director of Volunteer Services is the principal support person for the Patient Resource Volunteer Services.