



HOSPICE *and* PALLIATIVE CARE
of GREENSBORO

VOLUNTEERS IN TOUCH SPECIAL EDITION

APRIL, 2011

A Publication of Hospice and Palliative Care of Greensboro

Special Edition



The following required continuing education topics are provided in accordance with HPCG guidelines and compliance with HPCG's accreditors.

- Cultural Competency
- Cultural Understanding—Diverse Populations
- Disaster Planning
- Ethics
- HIPAA—Compliance
- Infection Control
- Policy Reminders
- Patient Rights
- Professional Boundaries
- Safety
- Zero Tolerance—Preventing & Reporting Abuse

Please review each topic carefully. If you have any questions, contact your Volunteer Coordinator directly.

Upcoming Educational Opportunities

Enriching Patient's Lives

Wednesday, April 27, 2011
Presenter: Sally Cobb, HPCG Horticultural Therapist
12:00—1:00 p.m.
1 CE Credit

Direct Patient Care Refresher Course

Monday, May 23, 2011
Presenter: Donna Camp
5:30—7:00 p.m.
1.5 CE Credit

HPCG & Community Partnerships

Monday, June 20, 2011
Presenter: Leadership Staff
5:30—7:30 p.m.
2 CE Credits

All sessions will be held in the large conference room at the Summit location. Contact Peggy Rich to register at 478-2589 or prich@hospicegso.org

Are You Signed Up?

Starting in 2011 you can earn your Continuing Education Credits at your convenience. Recently Julie Ullery, RN, Staff Education Coordinator, sent out information about our HEN (Hospice Educational Network) program for Continuing Education Credits. Take advantage of this program and sign up to receive your password! It is so easy.

This is a new program for our Volunteers to go on line and sign in to HPCG's HEN program and start your Continuing Education Credits using your home computer. Don't worry, if you don't have a computer...call me to schedule your time on our Volunteer Department work area computer. You can do this from our office anytime we are open.

Each year we are all required to complete a certain number of Continuing Education Credits. This will count toward your required credits of 12 Continuing Education Credits if you are a Direct Patient Care volunteer and 8 Continuing Education Credits if you are an Administrative volunteer.

Call and let us know that you are ready to start this program and within a few days you will receive your password...and you are off and running!

Brenda Harris
Director of Volunteer Services

 hospice education
network, inc.
Brought to you by Weatherbee Resources

The Key to Receiving Quality End-of-Life Care: Planning and Information

The Key to Receiving Quality End-of-Life Care: Planning and Information

- To ensure that end-of-life wishes are honored, nothing is more important than planning. Discuss your wishes with family, loved ones, and friends – and your health care providers. Begin the conversation. Hospice can help.
- Despite enormous medical advances, too many Americans still die alone or in pain. Too many endure costly and ineffective treatments. And patients at the end of life are being referred to hospice care too late, or not at all.
- National Hospice Foundation research on end-of-life care found that Americans are more willing to talk about safe sex and drugs with their children than to discuss end-of-life care with their terminally ill parents. Only 24% of Americans put into writing how they want to be cared for at the end-of-life. A substantial proportion, 19%, have not thought about end-of-life care at all, while 16% have thought about it, but not told anyone their wishes.
- The National Hospice and Palliative Care Organization estimates that for every one hospice patient, there are two more who could benefit from hospice services.
- The Medicare Hospice Benefit guarantees comprehensive high-quality end-of-life care – at little or no cost – to America's terminally ill Medicare beneficiaries and their families.

Hospice care is what Americans want.

- National Hospice Foundation research shows that the top four services Americans feel are most important for a loved one who has less than six months to live are:
 - > Someone to be sure that the patient's wishes are honored;
 - > Choice among the types of services the patient can receive;
 - > Pain control tailored to the patient's wishes; and
 - > Emotional support for the patient and family.
- > The NHF research showed that 80% of Americans said their wish is to die at home. Of the 2.4 million Americans who die each year, less than 25% actually die at home. Of the 700,000 patients who receive hospice care, over 75% die at home. In addition, the research found that people are willing to have an outside organization come into their homes and assist with care for a family member in the last stage of life. Sixty-six percent would welcome help from an outside organization, like a hospice, while 24% would prefer to take care of the family member by themselves, with the help of family and friends.

Americans are aging.

Today, there are nearly 40 million seniors in the U.S. In the next 30 years, that number is expected to double, as baby boomers reach age 65. Considering the discussions taking place in the media, online, and in other arenas, these boomers will place importance on dying well, just as they have emphasized living well. Hospice provides the quality care that allows people to live well at the end of life.

Americans need more information about hospice care to make educated decisions about their end-of-life care.

The services provided by hospice care are what Americans want; yet 83% of them don't know about hospice care. Rather than reinforcing their fears about death, we need to ensure that every American understands that hospice care provides the compassion and dignity that they want and need at the end of life.

Hospice is the model for end-of-life care.

- Considered to be the model for quality, compassionate care at the end-of-life, hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is extended to the patient's loved ones, as well.
- At the center of hospice is the belief that each of us should be able to die pain-free with dignity, and that our families receive the necessary support to allow us to do so. The focus is on caring, not curing. Many patients experience pain and other distressing symptoms as illness progresses. Hospice staff receive special training to effectively anticipate, assess, treat, and prevent all types of physical symptoms that cause discomfort and distress.

Hospice care is recognized as the gold standard for end-of-life care.

- Hospice care is a growing and viable option for quality end-of-life care. In 1999, hospice care was provided to at least 700,000 patients, up from 540,000 in 1998. Clearly, as Americans learn more about hospice, they are recognizing that it's the kind of end-of-life care they want and need. Hospice care is not limited to six-months of care for terminally ill individuals.
- A terminally ill patient may receive hospice care for as long as necessary when a physician certifies that he or she has a life expectancy of six months or less.
- Many insurance companies, as well as the Medicare Hospice Benefit, require that a terminally ill patient have a prognosis of six months or less, but do not limit hospice care to six months. Under the Medicare Hospice Benefit, there are two 90-day periods of care (a total of six months), which are followed by an unlimited number of 60-day periods.

From: www.nhpco.org

Cultural Awareness Enhances Care *Hispanic Attitudes/Beliefs Relevant to Care and Caring Near and at the End of Life*

The Hispanic community of the United States represents peoples from over 17 Spanish-speaking countries. There are Hispanic families who have been in the United States for generations, while others are newly arrived immigrants. Regardless of the country of origin, or how long a family has been in the United States, there are culturally-based attitudes and behaviors that unite the Hispanic community. These attitudes and beliefs exhibit themselves under many circumstances, but especially at the end of life.

- “Family-first” is the concept around which Hispanics plan and live day-to-day life. The level of interdependence among family members can preclude health care planning with only one family member.
- The matriarch of an Hispanic family is usually the one responsible for the health care needs of the family. One of her most difficult challenges is the reluctance of Hispanic men to routinely see a doctor.
- Among Hispanics, discussions about health care decisions often take place within the context of a very extended family. It is not unusual for a God-parent, “compadre” (close family friend) or even a former spouse, to be involved in treatment and care conversations.
- A personal relationship or connection is at the heart of most interactions among Hispanics. It is what makes appropriate physical contact part of our communications style. Central to the relationship is a level of trust that makes open communications possible. Its absence means that a patient or family member might not share important health information, such as the use of traditional medicines.
- Hispanics view physicians and public institutions with great deference. This deference is often characterized by the use of formalities and a refusal to look an authority figure in the eyes. In turn, Hispanics expect that a provider of services will communicate in a manner that reflects an understanding or at least an appreciation of the Hispanic culture. A simple “buenos dias” or “como esta?” goes a long way!
- Many Hispanics view pain and suffering as a test of faith. There is an acceptance of “what is” and a belief that “miracles happen”. This view sometimes interferes with pain management. It most certainly complicates any discussion on advance directives.
- The spirit (el espiritu) is part of the Hispanic health equation. This is especially true for Latinas for whom the balance of the body, mind and spirit is a constant challenge. To ignore the spirituality of Hispanics it is to ignore centuries of cultural rituals and practices that have modern day health care implications. While the demands and needs of an Hispanic family facing end of life care issues may or may not be different than for any other family, accessing care and the quality of care is affected by cultural attitudes, practices and concepts that are not self-evident to a non-Hispanic caregiver.

The above bullet-points are necessarily broadly stated, and brief. There are resources available that provide in-depth discussions on these and other aspects of Hispanic health concerns.

“Diversity Notes”, a publication of **Rallying Points**
National Resource Center on Diversity in End of Life Care

Thank You from Corks for Kids Path

A great big, “Thank You” to all HPCG volunteers who assisted with Corks for Kids Path on Friday, February 25. We had a total of 52 volunteers giving 228 hours of service with the following breakdown:

18 HPCG volunteers – 74 hours service
20 Community volunteers – 90 hours service
14 staff volunteers – 64 hours service

We could not have put on this wonderful event which benefits Kids Path without the help of all volunteers. Thank you, HPCG volunteers, for helping to make this a very successful event. You are the best!

Cathy Lohr
Coordinator of Volunteer Services
Kids Path and Moses Cone Hospital
Palliative Care Unit



Volunteers Needed for Champ Camp

Kids Path’s annual CHAMP Camp (**C**hildren **H**ealing **A**nd **M**aking friends through **P**lay) will be the “happening thing” on May 14-15, 2011, at Haw River State Park (off Highway 150 near Brown Summit). We will need approximately 50 volunteers to provide services to our kids who attend this grief camp. The campers who attend are 1st -5th graders and have experienced the death of a loved one with several attending who are the siblings of KP patients.

Cabin Sleepers and Group Leaders must be Kids Path trained volunteers or HPCG clinical staff, and other activities can be provided by any volunteers. In addition to cabin sleepers and group leaders, volunteers are needed to assist with transportation for campers, parking/camper arrival/registration, music activity, Anger course activity, evening bonfire activity (includes making s’mores), fishing, drama activity and camper check-out (helping campers move bags, greet parents, etc.).

For more information on specific volunteer needs, please contact Cathy Lohr, KP Volunteer Coordinator, 544-2274, or clohr@hospicegso.org.

Working with Diverse Populations A Glossary of Cultural Understanding

Cultural Imposition: The practice of imposing one's cultural belief upon others with the belief that they are best or superior.

Discrimination: Refers to limiting opportunities, showing difference, limiting choices of a group or individual based on prejudice.

Ethnocentrism: The belief that one's own ethnic group, way of life, beliefs, values, etc. are superior to others.

Stereotype: To label all persons of a culture, ethnic, or racial group based on the assumption that all persons within that particular group share the same similarities, beliefs, and values.

What is Helpful for all Volunteers:

- Self-Awareness
- Respect for the individual
- Comfort with asking questions respectfully about beliefs and practices
- Openness to learning about other's ways and beliefs

When Working With Diverse Populations, Remember:

- It may be necessary to tolerate what is not easily understood.
- You can respect a belief even if you do not personally agree with it.

Fast Facts — Disaster Planning

A Disaster: An emergency situation resulting in the interruption of patient services. The disaster may be external or internal.

External Disasters: Affect the community, causing an interruption in the delivery of services to patients. Examples may include: tornado, hurricane, windstorm, snow, ice and flooding.

Internal Disasters: This type of disaster affects HPCG office and/or operations. Examples may include: fire, bomb, power failure, loss of telephone systems and acts of violence.

Disaster Plan: An emergency plan for potential disasters.

Location of HPCG Disaster Plan: Copies of our Disaster Plan are located in On-call books, Policy and Procedure Books and offices. Our disaster plan includes phone numbers for pertinent community services, TV, radio, law enforcement, hospitals, Red Cross, Board of Directors and our attorneys.

Disaster Inquiries: HPCG will respond quickly and honestly to inquiries from the media, government or law enforcement officials. All requests for information will be directed to our Director of Marketing, Laura Hunt, who will coordinate communications. The official spokesperson for the agency is HPCG's President/CEO, Pat Soenksen, or her designee.

Evacuation Process: Staff/volunteers who are in the building will evacuate to the parking lot. At Beacon Place, report to the RN in charge for direction.

Who Activates the Disaster Plan: When a disaster occurs, the HPCG President/CEO Pat Soenksen will activate the Disaster Plan by contacting the other agency directors.

Suggestions for Emergency Kit: An emergency kit should be kept in the home; to include: flashlight, extra batteries, radio, bottled water, first aid kit, and several days supply of medicine.

Everyday Ethics

Guiding Principles:

- **Autonomy:** Self-determination, the right to non-interference and liberty
- **Beneficence:** Promotion of the good of others or the contribution to another's welfare or well-being
- **Justice:** Fairness in the distribution of benefits and burdens
- **Fidelity:** Moral obligation to follow through on commitments, the keeping of promises and contracts

Patient Self-Determination:

- It is a fundamental concept that every patient (person) with capacity has the right to refuse or accept any treatment at any time...if they are able to understand the benefits and burdens of the treatment.
- Often there is no "right" or "wrong" decision, rather what is best at the time for the person involved, or if the benefits clearly outweigh the burdens.

National Hospice and Palliative Care Code of Ethics:

This code governs our practice at HPCG. It tells us to pay attention to the following:

- **Capacity:** The ability of a person to understand that there is a choice to be made, process the information needed to make a choice, communicate that choice and the ability to appreciate the consequences of their choices.
- **Competency:** A legal term - everyone is considered to be competent unless a court hearing has determined he/she is incompetent.
- **Double Effect:** Reality that an action may have more than one impact, but there is a need to focus on primary purpose of the action -- not secondary impacts.
- **Futile Treatment:** Medical intervention that will not provide any real improvement in a patient's condition, prognosis, or physical comfort level.

Hospice Team:

- Decisions are made by and with the team. This helps to provide a forum to discuss ethical concerns on an ongoing basis and ensure high-quality care.
- Hospice functions as a team made up of everyone involved in the care of a patient (nurse, social worker, physician, volunteer, chaplain, bereavement counselor, hospice aide, patient and family).

NHPCO Code of Ethics Also States:

- Act honestly, truthfully, and fairly to all concerned.
- Maintain the highest level of skill and expertise of staff and volunteers in the delivery of care.
- Meet the care need of clients and their families.

What To Do:

- If you find yourself in a position that makes you uncomfortable for any reason, you should speak with the staff member to whom you report.

Fast Facts — HIPAA / Compliance

Mission Statement:

- Hospice and Palliative Care of Greensboro (HPCG) enhances quality of life by providing expert interdisciplinary care, consultation, support, and education for those affected by serious illness, death or grief.

Purpose:

- The purpose of the Compliance Plan is to detect, prevent and correct any potential wrongdoing within the agency, to make sure all employees, volunteers, independent contractors, follow the Standards of Conduct, and to make sure our agency complies with federal and state laws and regulations.

Your Role in the Compliance Plan is:

- To understand and follow the agency's Standard of Conduct, to report any wrongdoing that you are aware of, and to ask questions when you are not sure of doing the right thing. HPCG is an organization characterized by quality care, ethical standards and integrity. Therefore, we subscribe to the following Standards of Conduct:

Conflicts of Interest	Confidentiality & Record-Keeping	Antitrust & Physician Self-Referral	Governance
Ethical business & Competitive Practices	Documentation, Billing, & Coding Practices	Marketing & Referrals	Research
Development & Fund Raising	Financial Practices	Personnel Policies	Access
Compliance with Laws & Regulations	External Collegial Relationships	Tax-exempt Organization Rules	Anti-discrimination
Public Information: Compliance Officer: Sue Sciabbarrasi	Staff & Volunteer Relations		

What Is HIPAA?

- *Health Insurance Portability and Accountability Act*
- HIPAA describes how medical information may be used and disclosed and how you can get access to this information.
- Staff and volunteers should report any actual or suspected privacy violations by anyone immediately upon discovery to the HPCG Privacy Officer, Sue Sciabbarrasi, 621-2500 or Chip Reklis, Security Officer.

HPCG provides each patient with a written notice of Privacy Practices during the initial assessment visit which includes:

- Authorization to Use or Disclose Health Information
- Rights with Respect to their Health Information
- Duties of Hospice
- Other Uses of Medical Information
- Do not talk about the patient or the patient's family with anyone other than the team assigned or your volunteer coordinator
- Shred all patient related information when an assignment is completed

Fast Facts — Infection Control

Standard Precautions are to be used with all patients!!!

Role of the Healthcare Provider:

- The role of any healthcare provider, including volunteers, is to understand the chain of infection and the most efficient means of interrupting transmission.

Hand-washing:

- Hand-washing is used to prevent cross-contamination between patients and staff/volunteers.
- Hand-washing is the most effective way to prevent the spread of infection
- The Center for Disease Control (CDC) recommends alcohol-based gel for routine hand-washing in healthcare. Soap and water should be used when hands are visibly soiled or dirty.

Gloves:

- Gloves should be worn if you anticipate any direct contact with any body substance.
- Gloves are to be worn when handling soiled linens
- Wash your hands after removing the gloves.

Home Visits: Staff/volunteers are encouraged to take into the home only items needed for patient care.

Blood borne Diseases: These are spread by blood to blood. Examples: Hepatitis B and C, HIV.

Procedure for Exposure: Wash the area thoroughly with soap and water. Report the incident immediately to your supervisor. Complete an Incident Report and Moses Cone Occupational Health will follow up with you.

Communicable Respiratory Disease: TB is a communicable respiratory disease that is spread through air droplet nuclei. A mask should be worn if someone is diagnosed with or is suspected of having a communicable respiratory disease.

The signs and symptoms of TB are: productive cough, fever, chills, night sweats, fatigue and weight loss

Infections: Possible sites of common infections could be the respiratory tract, blood stream, urinary tract and skin.

General Information:

- All persons involved in the care of a patient with a communicable disease will be informed of the nature of the disease, and precautions to be taken.
- Center for Disease Control (CDC) Guidelines will be followed for specific diseases.
- When visiting a patient with a communicable disease in an institution (hospital, nursing home, etc.), that institution's policies and procedures shall be followed.
- Fever, pinkeye and diarrhea are a few symptoms that would keep you away from work and home visits.

HPCG:

- Tracks trends, updates policies and procedures, provides personal protective equipment, and asks you not to see patients when you are sick with any contagious illness.
- If you have any questions, call Sue Sciabarrasi at 621-2500.

Fast Facts — Policy Reminders

Tax Deductions

Travel mileage for volunteering is tax deductible if you are itemizing. Keep records of your mileage. Standard mileage rates for the use of a car (including vans, pick-ups or panel trucks) will be 14 cents a mile when giving services to a charitable organization (source: IRS/Standard Mileage Rates).

Automobile Safety Policy

- Volunteers who travel on HPCG business must maintain automobile liability insurance at limits set by the state (\$30,000 per person bodily injury, \$60,000 total accident, and \$25,000 property damage).
- Any volunteer who transports patients and/or their families in their personal vehicles on the behalf of HPCG must maintain automobile liability insurance limits of a least \$100,000/300,000.
- Volunteers/staff must provide evidence of auto insurance limits annually (copy of your automobile insurance "declaration page"). HPCG's insurance provider requires that we obtain this for all volunteers and staff to maintain our liability insurance for the agency. Even volunteers and staff who normally do not drive for HPCG, may do so in an unusual circumstance or an emergency.

Gifts & Honoraria

- It is the policy of HPCG that volunteers/staff may not accept gifts from patient families or clients.
- Volunteers/staff may not receive cash from or give cash to patient families or clients. A donation or honorarium to HPCG may be suggested if the patient or family wishes to give a financial gift.

Witnessing of Wills/Legal Documents

- To safeguard volunteers/staff from legal entanglements, HPCG volunteers/staff, in the course of providing services to patients and their families, shall not be party to the signing of a will or other personal legal documents.
- Do not give any information (verbal or otherwise) regarding your opinion about care when requested by any party.
- A volunteer who is an authorized notary may certify signatures for advance directives upon a client's request.

Patient Rights

During the initial assessment visit of all our HPCG patients, they are provided with a verbal and written notice of the patient's rights and responsibilities in a language and manner that the patient understands.

1. Be fully informed verbally and in writing of their rights and responsibilities prior to the start of care in an understandable language and manner.
2. Know ahead of time about the care and treatment to be provided and any modifications of the plan of care.
3. Be fully informed of their responsibilities.
4. Be given information in advance of the charges, including payment for care expected from third parties, and any charges for which they will be responsible.
5. Choose their health care provider.
6. Be given the opportunity to exercise their rights as a patient.
7. Be given quality care without discrimination and in accordance with physician orders.
8. Have their property and person treated with respect, consideration, and recognition of their dignity and individuality.
9. Be able to identify visiting staff members through proper identification.
10. Be given the necessary information so they will be able to give informed verbal consent before any treatment.
11. Be given complete information about their disease, treatment, alternatives, risks, and prognosis as required by their doctor's legal duty to disclose in language they can reasonably understand.
12. Help develop their plan of care to meet their healthcare needs and participate in periodic revisions to the plan of care.
13. Confidentiality and privacy of all information contained in the patient record and or Protected Health Information.
14. Be given information before change of their care to another health care facility or discharge from services.
15. Make complaints or suggest changes in care, staff or policy without being threatened, restrained, intimidated or discriminated against.
16. Informed consent and refusal of care/treatment after the consequences of refusing care of treatment are fully presented.
17. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of an unknown source, and misappropriation of their property.
18. Good management of their pain and symptoms.
19. Be informed of and receive information about Advance Directives.
20. Be informed of any financial benefits and consequences when referred to an organization
21. Receive information about services covered by their insurance, the services HPCG provides, and any limits on those services.
22. Be informed of anticipated outcomes of service/care and of any barriers in outcome achievement.

Know these—be familiar with them. Call if you have questions.



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Fast Facts—Professional Boundaries

Boundaries are limits helping to structure how a volunteer should act with a patient and family. As Hospice and Palliative Care of Greensboro (HPCG) volunteers, we strive to be helpful. If we are under-involved, we can't be helpful. If we are over-involved, we can do damage. HPCG staff and volunteers come into the lives of patients and families during difficult and emotional times. Our help and support is often highly appreciated, and we as helpers can be deeply moved by the stories and situations we witness. It can be hard to remember that we are only with these families for this limited journey, and we will not become a permanent part of their lives.

Healthy Helping Relationships Are:

- **Limited in scope.** We are clear about the purpose of our visits. Why am I here? What is the goal? Whose needs are supposed to be met?
- **One-way relationships.** Volunteer-patient relationships are not like friendships, where needs of both parties are being addressed. A helper is only there to give support to the one being helped.
- **Limited in time.** We end the visits when our work is done. The length of the relationship is limited too – when our services are no longer needed, the relationship ends.

Boundary Problems that Families and Patients May Present for HPCG Volunteers Include:

- They might ask you lots of questions about your personal life, religious beliefs, or your work. They might also ask you about other HPCG patients.
- They might ask you to go beyond your role – go to church together, loan them money, buy them something they need.
- They might offer you gifts, touch you inappropriately, or make sexual innuendos.

Why Might Patients or Families Cross Those Boundaries?

- They truly don't understand where the volunteer role begins and ends (the volunteers have to be the teachers).
- It makes them feel less vulnerable and more "normal" if they can engage with you in a friend or family-type manner.
- They might hope that the patient will be considered "special" by HPCG, and therefore perhaps receive better care or have a better chance to get in to Beacon Place, etc.

Boundary Problems that HPCG VOLUNTEERS Might Demonstrate:

- Asking personal questions that are not appropriate.
- Giving out your cell phone and promising always to be available.
- Telling the patient or family what they should do, or what decisions they should make – rather than being in the role of supporter.
- Acting as a "Rescuer" – trying to fix problems that are not ours to fix, and may not be fixable.
- Promising to stay in touch with families after your time as their volunteer is over.
- Giving gifts or loaning something to patients/families.
- Hiring patient family members for personal needs – babysitting, car washing, house painting, etc.
- Dating a patient or family member.

Why Might HPCG Volunteers Cross Those Boundaries?

- To be kind
- To get our own needs met – to feel special and needed
- To avoid hurting anyone's feelings by saying "no"
- The wish to make things better for a patient or family

What's Wrong with Crossing Boundaries?

- We end up promising more than we can deliver.
- We end up causing patients and families to feel confused and let down.
- We invade the privacy of patients and families and make them feel exposed.
- Patients and families feel burdened by the personal information that we share with them (They start thinking, "That volunteer is having a hard time; I don't want to bother him," etc.)
- We get too involved in family conflicts, and they perceive that we are taking sides.
- They end up feeling abandoned when we leave.

Remember.....

- Observe the suffering and remain compassionate – but don't lose yourself.
- You are not a miracle worker, a rescuer, a family member, or friend.
- You can't solve problems that are not yours to solve.
- You can say no.
- Your "simple" gifts of respite, transport, time, companionship, errands, and emotional support are neither simple nor small. They are profound acts of kindness for people in a time of need.

Fast Facts — Safety

Personal Safety:

- Plan your route to your visit and know your destination.
- Make sure you have accurate and complete directions to the residence.
- Have a plan of action for different types of safety emergencies that may arise.

Emergency Channel of Communication:

- HPCG provides a channel of communication that is recognizable to all staff/volunteers within the organization and provides assistance in a timely manner to staff/volunteers who are in a threatening situation.
- If you feel it is necessary and possible, leave immediately.

If A Threatening Condition Exists:

- Call the office as soon as you have reached a safe place and inform them of your safety concerns.

If Leaving is Not Possible:

- Call the office (621-2500 or after-hours 621-8800).
- Share your name and the name of the patient you are visiting so your location is known.
- **State: “I need to speak to Dr. Sharp.”** This alerts the staff that a threatening condition exists.
- If you call to report trouble from a home and then leave that home, call the office ASAP to assure them of your safety.

Fire Safety — Important Fire Safety Precautions:

- Become familiar with the locations of the fire pull stations within HPCG buildings and offices.
- Fire pull stations are located at every exit sign.

Safety Management:

- Safety information is provided through orientation, staff/volunteer meetings, in-services, memos; bulletins board postings, in-house newsletter, and special meetings/written communications.
- Volunteers are encouraged to share ideas, concerns, questions or suggestions for improved workplace safety through the Suggestion Box or by bringing them to the attention of their supervisor.
- When accidents result in injury, regardless of how insignificant the injury may appear, staff/volunteers should seek appropriate medical attention immediately and notify their Volunteer Coordinator as soon as possible.

Procedures for Evacuation of Campus Facilities if the Fire Alarm Sounds:

- Volunteers in the main building:
 - > Go out the door/exit nearest you
 - > Close any office door behind you as you leave the building
 - > Leave the building quickly; do not take time to gather personal items
 - > Once outside meet in the far right corner of the rear parking lot near Beacon Place
- Volunteers at Beacon Place
 - > Go immediately to the nurse’s station for further instructions from the nurse in charge.
 - > If there is a definite fire/smoke obstruction to the nurse’s station, go out the front door and wait for further instruction.
- Kids Path volunteers are directed to go into the rear gardens along with staff and visitors and wait for clearance to return to the facility.

Back Safety

Back disorders are listed in the “top ten” leading workplace injuries published by the National Institute of Occupational Safety and Health. Your back is a sophisticated piece of machinery made up of muscles, bones, nerves, and supporting tissue.

Just like the finest machinery, your back requires proper care to keep it working. An injured back affects your ability to move your limbs, hips, neck and head. Back injuries can be very debilitating, causing pain, time away from work, and often requiring physical therapy or surgery. Below are some tips to keep your back in optimum condition:

Lifting:

- Don’t bend over an object you are lifting. Bend your knees, squatting in front of the object to reach it.
- Lift slowly, using your leg and arm muscles to lift, not pulling with your back.
- Keep your head up and look straight ahead while making the lift.
- Keep the object close to your body.
- Keep abdominal muscles tight while making the lift.
- Utilize this same technique when placing the object down.
- Use mechanical assistance if the object is too heavy.

Reaching for objects:

- Do not reach for an object unless you’re sure you are strong enough to lift it.
- Use a step ladder for objects above shoulder height.
- Avoid awkward stretches while reaching.
- Don’t depend on structures to support you (i.e. shelf, storage rack, etc.)

Exercise plays an important role in maintaining a strong back. Your healthcare provider can recommend the best exercises for you, taking into account your physical condition and type of work you do.

There is a lot of controversy about using back belts to control low back injuries in workers who don’t have an existing injury. The National Safety Council states that available scientific data does not completely nor condemn the use of back belts to control low back injuries. Back belts should never be a substitute for a comprehensive back injury prevention program. If you do use a back belt, be aware that you may experience a false sense of security by wearing the belt. Remember it’s your back doing the work, not the belt.



Fast Facts — Zero Tolerance: Preventing and Reporting Abuse

Stats:

- According to the National Center of Elder Abuse, almost 2 million Americans 65 or older have been abused. For every case of elder abuse that is reported, 5 more will go unreported. According to Child Help, 35% of reported child abuse incidents involve physical abuse, 15% involve sexual abuse, 50% involve neglect, 1 in 20 children is abused each year and 4 children die each day, 3 out of those 4 are under the age of 4.

Recognizing Abuse:

- **7 types of Abuse:** Physical, Sexual, Emotional, Financial, Neglect, Abandonment, Self-Neglect.
- **Physical Abuse:** Physical force that may result in bodily injury, physical pain, or impairment. Physical signs: Bruises, burns, broken bones, anxiety, depression.
- **Suspicious Bruising:** Face, head, back, arms, genital area, thighs, buttocks.
- **Sexual Abuse:** Any inappropriate sexual contact of a criminal nature, or interaction for gratification of the caregiver who is responsible for the individual's care.
- **Physical Evidence of Sexual Abuse:** Pain or itching in the genital area, bruises or bleeding of the external genitalia, torn or stained underwear, difficulty walking.
- **Behavioral Signs of Sexual Abuse:** Reluctance to be left alone with a specific person, fear of touch, apprehension when talking about sex.
- **Emotional Abuse:** Infliction of anguish, pain, or distress through verbal or non-verbal acts; any type of abuse that is not physical in nature can be considered emotional abuse.
- **Common Signs of Emotional abuse:** Depression, unexplained withdrawal from normal activities, sudden change in alertness.
- **Common Signs of Financial Exploitation:** Theft, fraud, embezzlement, fraudulent use of power of attorney. Loans obtained under pressure, forced sale of belongings, use of the victim's ATM card, check-cashing by an authorized person for his or her own needs.
- **Other types of abuse, such as physical or emotional abuse, in conjunction with** Unexplained bank withdrawals, checking account balances lower than expected, sudden changes in an individual's overall financial situation.
- **Neglect:** Refusal or failure to fulfill any part of a person's obligations or duties to a vulnerable individual. Not providing basic necessities is neglect: food, clothing, shelter, educational support, medical care, adequate supervision.
- **Signs of Neglect:** Dirty appearance, old dirty clothes, bedsores, sudden weight loss.
- **Abandonment:** Desertion by a person who has physical custody of an individual or by a person who has assumed responsibility for providing care.
- **Questions to confirm abandonment:** "Did your daughter come by this week? When did you last see your son? Where is your mom right now? Did you see your dad this morning?"
- **Signs of self-neglect:** Failure to take medicines or seek medical treatment, dehydration, poor hygiene, hoarding, not doing basic housekeeping, depression, malnutrition.

Reporting Abuse:

- Anyone who makes a report in good faith is protected by law from retaliation, discrimination and civil or criminal prosecution. If you are aware of or suspect that sexual abuse is taking place, you must immediately report it to HPCG's President/CEO, Pat Soenksen or Director of Human Resources, Clay Smith. The investigating protective agency will take the lead role once a report is made.

Preventing Abuse:

- HPCG's Protective Measures include: reference checks, review of state and local abuse registries, professional license verification, criminal background checks. Each employee has a responsibility to report behavior that he or she feels is not in compliance with the organization's policies and may negatively impact a patient or the patient's family.

HPCG's Teen Volunteer Program—Up and Running

Teens have been asking and we delivered! Teens across our community have been seeking volunteer opportunities at Hospice and Palliative Care of Greensboro over the last several years and we have been unable to meet those requests as our volunteer opportunities required the individual to be 18 years of age or older. After two years of researching teen hospice programs across the country, we are implementing a pilot teen volunteer program. Well, it is not officially new, we began this project about a year ago with the assistance of Greensboro Day School.

Greensboro Day School was selected as the school where we would initiate this program. We were able to create a lot of enthusiasm with the help of Anna Dorsett, our teen liaison between GDS and HPCG for the information sessions. The difficulty came when we began to discuss the training and ongoing training required for our volunteers. It is sometimes difficult for students to be able to commit to that amount of time for a volunteer activity. It is not for the faint of heart. The training is extensive as teens are required to undergo the same training as adults for the Direct Patient Care Training, so it does not appeal to all teens. You have to have the time, energy and passion to be committed to volunteer with HPCG.

HPCG also determined that it was important that we select one of our programs, not all of them, to focus this pilot project. By focusing on one area, long-term care, we would be able to ensure success of these teens and provide them with assignments that were supervised and they could receive assistance if needed. We even went one step further to ensure the success by focusing our efforts on two long-term care facilities versus the over thirty where we provide services. We engaged Blumenthal's and Morning View long-term care facilities to assist us with our program and they received us with excitement about the use of teens in enhancing their services and activities for their residents. Currently, we are only working with Blumenthal's as we have only three teens who have completed training, but not for long, as 15 students just completed direct patient care training!

The GDS teens spend their Saturday mornings with residents at Blumenthal's playing Bingo, visiting and sharing life stories. The teens also provide assistance and encouragement in getting folks to and from the activity room where all these activities take place.

Donna Camp, Volunteer Coordinator, is leading the teen pilot initiative. She meets with the students and long-term care facilities Activities Directors on the teen's first visit to the facilities to provide various instructions and to reinforce the purpose, role and responsibilities of the volunteer in each facility. The Activities Director ensures that the teen volunteers know all special instructions or protocol for the facility to include emergency procedures. Donna then meets periodically with both parties to make sure that the goals of the program are being met and to address any issues or concerns.

Anna Dorsett beams when she speaks about her volunteer role, **"After I came home from my first day at Blumenthal's, I thought about sending HPCG a thank-you email. To be honest, this is one of the most worthwhile things I have experienced. And I really, really enjoy it! It is amazing how far a little smile goes and how easy it can be to make someone happy."**

Anna is a perfect example of the kinds of teenagers who are being drawn to HPCG to explore volunteer opportunities," shared Donna Camp with HPCG Volunteer Services. "We have recognized this growing interest in community volunteerism among teenagers and we are responding. We hope to formally expand this program into other high schools over the next year."

And engaging new teen volunteers is already happening! Donna Camp contacted Karen Cobb, Department Chair for the Northern Guilford High School Career Technical Education Department, about involving her students in this teen program. The curriculum for Karen's program is to work with students who have an interest in a post secondary medical related career field so it appeared to be a perfect fit. We have provided several Information Sessions and we have 15 students who will take the Direct Patient Care training plus we have 10 more students who will be attending the next Information Session.

If these pilot projects are successful, we will be able to expand the program to other high schools in the next year due to the financial assistance we have received from a grant obtained by one of our adult volunteers, Pam Gaynor. Pam was able to secure a \$1,000 grant from the Enterprise Holdings Foundation to assist with creating educational brochures for teens regarding our program. Enterprise Holdings, the largest and most comprehensive car rental company in the world, has a long history of investing in the local communities where their employees work and live.

These are exciting times for volunteer engagement and projects on the HPCG campus. If you would like to learn more about the HPCG Volunteer Teen Program, please contact Donna Camp at 621-2500.



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Birthdays

June Cox	4/2	Rachana Sukhadia	5/3
Sarah Isbister	4/2	Art Kriner	5/4
Mona Bostick	4/4	Kathy Blackburn	5/5
Julia Allred	4/5	David Rhoades	5/8
Debbie Chodynieceki	4/6	Ellen Cosby	5/12
Terry Barlow	4/6	Michael Cowie	5/16
Margie Thompson	4/7	Karla Brandon	5/19
Gretchen West	4/10	Linda Romm	5/23
Robert Flanagan	4/11	Alan Williams	5/24
Ellen Wheaton	4/13	Valerie Turner	5/24
Jack Heath	4/14	Daniel Ramirez	5/25
Susan Montague	4/13	Isabel Collen	5/27
Valerie Griffin	4/13	Gloria Hatfield	5/28
Frances Jackson	4/16	Janice Porterfield	5/28
Marla Riddle	4/16	Peggy Sheaman	5/31
Lee Washburn	4/19		
Margaret Moreland	4/19		
Julie Breuchel	4/20		
Sharon Turcot	4/20		
Barbara Lambert	4/21		
Charlotte Chatlain	4/21		
Ben Franklin	4/25		
Eleanor Ware	4/25		
Cynthia Jenne	4/30		



Volunteer Coordinator

Brenda Harris	Director, Volunteer Services Homecare North	478-2554	bharris@hospicegso.org
Cathy Lohr	Kids Path & Palliative Care Unit	544-2274	clohr@hospicegso.org
Donna Camp	Beacon Place & South Homecare Administrative	478-2755	dcamp@hospicegso.org
Robyn Shelala	Long Term Care & Vigil Team	478-1924	rshelala@hospicegso.org