

HOSPICE VOLUNTEER Surveyor Worksheet

May 2016

Hospice: _____ Survey date: _____

Surveyor Name: _____

- Is there evidence of a hospice volunteer program? Yes ___ No ___
- Does the hospice have a volunteer program manager? Yes ___ No ___
- Is there evidence of volunteer training? Yes ___ No ___
- Is there evidence of volunteer supervision? Yes ___ No ___
- Are volunteers used in “day to day” administrative and/or direct patient care roles?
Yes ___ No ___
- If providing direct patient care, is the volunteer trained as a home health aide?
Yes ___ No ___
- Is there evidence of viable and ongoing efforts to recruit and retain volunteers?
Yes ___ No ___
- Is there documentation of each position occupied by a volunteer? Yes ___ No ___
- Is there evidence of cost saving achieved through the use of volunteers?
Yes ___ No ___
- Is there documentation of “work time” by volunteers? Yes ___ No ___
- Is there documentation of the estimate of dollar costs, if volunteer positions were filled by paid employees? Yes ___ No ___
- Is there documentation of, at a minimum, a cost savings of five (5%) percent of total patient care hours, provided by volunteers? Yes ___ No ___