





Skills/Experience Checklist Manager of Volunteer Services

- This form is a self-assessment of your current skills and abilities upon initial application.
- This form is also used to document skill development and skill demonstration results throughout your employment with the company.

Employee Profile			
Last Name	First Name	Middle Initial	Employee Number
Title		Program	
Direct Supervisor (Name)		Hire Date (m/d/yy)	Date Due (m/d/yy)

The instructions below will guide you in completing this form.

 Experience (Clinician: Complete this section)	 Instruction, Review, or Skill Demonstration (Supervisor or Preceptor: Complete this section)
<p>Clinician: Place an X in the appropriate column using the key below:</p> <p>KEY</p> <p>A = I am competent to supervise this skill</p> <p>B = I am competent to perform this skill without supervision</p> <p>C = I need to review this skill</p> <p>D = I need additional instruction on this skill</p> <p>E = I have never performed this skill</p>	<p>Supervisor: Indicate whether or not a review of policies and procedures <u>or instruction is required</u> then document completion in the appropriate columns. If C or D is selected, review of instruction and possibly skills demonstration is required prior to assignment to applicable patients.</p> <p>Preceptor: Document completion of skills demonstration or indicate NA, when appropriate. A date and your initials in the Skill Demonstration column indicate the competency has been achieved. <u>Do not date or initial in the Skill Demonstration column until the competency is achieved.</u> An additional column is provided for repeat demonstrations.</p> <p>Supervisor or Preceptor (as applicable): Complete the signature section at the end of this form.</p>

 Experience						 Skills Demonstration				
Competency/Skill	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete (Date/Initials)	Skill Demonstration Complete (Y/NA)	Demonstrates Competency (Date/Initials)	For Repeat Skills Demonstration (Date/Initials Demonstrates Competency)
Volunteer Assessment/Assignment										
1. Demonstrate the ability to assess and document how a volunteer can meet the identified needs of the patient/family										
2. Integrate findings from the patient/family assessment for Volunteer Services into an individualized Plan of Care (POC)										
3. Identify and assign a volunteer with the appropriate skill-set and services needed by the patient/family										
Follow-Up										
1. Monitor for accurate documentation of volunteer visits and volunteer hours										
2. Review and co-sign Volunteer Notes in a timely manner, and ensure notes are uploaded into KindredLink										
3. Educate and hold accountable volunteers to the POC										
4. Modify and update the POC based on the evolving needs of the patient/family.										
5. Communicate any changes in the POC to members of the Interdisciplinary Group (IDG)										

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👤 Experience						📋 Skills Demonstration				
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Volunteer Supervision										
1. Understand role as liaison between the volunteer and the patient/family										
2. Provide supervision and consultation to the volunteer based on individual assessment										
3. Perform an Annual Competency Performance Evaluation on all volunteers										
4. Regularly document care communication with the volunteer regarding patient assignment										
General Functions										
1. Maintain and monitor volunteer personnel files to ensure compliance with both Company and regulatory requirements										
2. Serve as a member of the IDG, providing consultation, education, and coordination of volunteer services										
3. Maintain the Monthly Volunteer Cost Savings and Activity Report, which captures monthly activity of volunteers, while also demonstrating the Medicare 5% requirement										
4. Demonstrate an understanding of all regulations pertaining to volunteer programming (Medicare Conditions of Participation (CoPs), State, etc.)										
5. Develop, implement, and evaluate the Volunteer Services Program on an on-going basis										
6. Understand the function and limitations of a hospice volunteer										
7. Collaborate with staff in all levels of care, including hospitals, Skilled Nursing Facilities (SNFs), group homes, and Assisted Living Facilities (ALFs)										
8. Maintain, document, and provide volunteer orientation and training that is consistent with hospice industry standards										
9. Document and demonstrate viable and ongoing efforts to recruit and retain volunteers										
10. Educate volunteers to meet hospice regulatory requirements and all applicable accreditation standards										
11. Provide ongoing retention of volunteers through recognition, education, and support										

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Experience						Skills Demonstration				
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Infection Control (Bag Technique and Hand Hygiene)										
1. Institute Standard Precautions at all times.										
2. Perform proper bag technique										
3. Perform handwashing per CDC guidelines										
4. Use Personal Protective Equipment (PPE) appropriately										
5. Properly handle biohazardous materials										
6. Understand Exposure Control Plan and related responsibilities										
7. Understand responsibilities to report patient infections and communicable disease a. Use correct form										
8. Demonstrate location of Infection Control Policies										

Employee: Complete this section	
Signature	Date (m/d/yy)

Supervisor/Preceptor: Complete this section				
Initials	Print Name	Signature	Title	Date (m/d/yy)

[illegible]