



COMFORT CARE AND HOSPICE SERVICES

Patient Label

VOLUNTEER REPORT - Homecare

Patient Name: _____

DOB: ____/____/____

RN Case Manager: _____

Phone # _____

Social Worker: _____

Phone # _____

Check any cares completed for this patient based on volunteer assignment. New cares may be done only with prior approval of RN.

D=DONE R=REFUSED

	D	R		D	R		D	R
Housekeeping			Assist With Mail			Writing Letters		
Laundry			Read to Patient			Conversation		
Make Meals			Take Walk			Quiet Time with Patient		
Hair			Push Only Wheelchair			Other		
Prayer								

Notes:

- RN Case Manager Contacted in the event of a concern: _____ (date/time)
- Patient update from Nurse/Social Worker/Volunteer Coordinator: Received _____ (date/time)
- Volunteer unable to visit week of (month/day) ____/____ - substitute requested/Volunteer Coordinator called
- Volunteer unable to visit week of (month/day) ____/____ - No substitute needed
- Patient refused visit week of (month/day) ____/____ - per telephone call
- Please send more forms/envelopes for this patient

Date of Visit _____ Begin _____ End _____ Travel Time _____

Volunteer Name (Please Print) _____ Phone # _____

Volunteer Signature _____ Date _____ Time _____

Home Care RN Initials _____ Date _____ Time Reviewed _____

Send report form to Aspirus Comfort Care and Hospice Services within 24 hours of visit.
Please call 715-847-2424 if you need to talk to a nurse or social worker.

GUIDELINE FOR USE OF PATIENT/FAMILY VOLUNTEER REPORT/HOMECARE

PURPOSE:

To document services provided for Aspirus Comfort Care and Hospice Services patients and their families in the home care component by program volunteers and supervision/evaluation of the volunteer's services.

AREAS AFFECTED:

Aspirus Comfort Care and Hospice Services

NATURE:

Permanent

PERSON RESPONSIBLE:

Registered Nurse
Program Volunteer

PLACEMENT:

Completed form sent to program office for homecare nurse review and stored in patient's chart under Volunteer Reports tab.

INSTRUCTIONS:

- I. Charthead is added by secretary when form is received.
- II. Volunteer fills in patient name and birthdate using first and last name as it appears on assignment sheet.
- III. Volunteer marks appropriate box(es) behind each care completed based on volunteer assignment. Please note it is not necessary to complete all tasks during your visit.
- IV. Both professional and non-professional volunteers are to note observations during their visit. If not all space is used, line out unneeded lines. If more space is needed for observations put your additional notes on a volunteer supplemental page (CCHS-097).
- V. Sign, date, indicate start and end times of assignment, and your daytime phone number.
- VI. If assignment is unfulfilled please mark the appropriate box(s) based on measures taken to fulfill the task.
- VII. Send completed form to program office **within 24 hours** of visit.
- VIII. RN initials and dates form indicating supervision of volunteer and review of the documentation. RN puts completed form in "to be filed" box in homecare office.
- IX. Hospice secretary/designee chartheads form and puts it in medical record.
- X. Completed form is filed within 7 days of service.

FOLLOW THESE DOCUMENTATION TIPS:

- Black ink only
- Legible writing
- No abbreviations
- Correct errors by placing one line through error, date and time you are correcting the error, and your initials. Then place correct information in nearest spot. **Do not write over error or use "white out"**.
- Only write on front of paper
- Use full signature as you would write on your checks
- Date is written using month/day/year