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Q1: Staff person submitting this nomination.

Name:	Daphne Bennett
Title:	Treasurer, Newsletter Editor
Hospital/System:	Ouachita County Medical Center
Address:	P.O. Box 797
City:	Camden
State:	AR
ZIP Code:	71701
Email Address:	pollyanna2004@gmail.com
Telephone Number:	8708365975

Q2: Name of Volunteer Program.

Volunteers as "Careline Angels"

Q3: Program Category: Select one of the four program categories.

Community Service – programs that assisted a health care organization in the design and delivery of services or programs of measurable impact to the wellbeing of individuals and/or the community.

Q4: Provide the date the program was implemented.

01/01/1980

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Q5: Provide a brief description of the program, including its goals and outcomes. (600 words max)

Realizing a need for such a service, plans were made for an individual to call each day the homes of those registered. A person could ask to be a part of the program, or a friend could recommend the service to an individual. When registering for this service, the person gives his/her telephone number and the number of a relative, neighbor or friend who serves as back-up in the event the telephone is not answered in the recipient's home. This is a seven-day-a-week service, and at its inception the volunteer would come to the hospital daily (or work from home on the weekends) and make the calls from an office in the hospital's basement. As this program and technology have grown, it was determined the service can be provided by an auxiliary from his/her home. In this way, a volunteer can remain active while being more or less 'homebound'. The information is called into the information desk where it is recorded. Careline provides more than a 'check-in' call as first envisioned. It allows people who want to talk, visit, or chat something to look forward to each day. Our volunteers have 'open ears' when that need is presented.

PAGE 4: Details of Nominated Program

Q6: Describe the role of volunteers in planning, developing, implementing and maintaining the program. (400 words max)

In the early states of the formation of the Auxiliary, two gentlemen and a lady came up with an idea of a 'Careline' as a means of assisting individuals who live alone and have a need for someone to check in on them daily. This has been an on-going program since that time.

Q7: Describe how this program is unique and/or innovative.(400 words max)

If the only result of this program was that older people who live alone look forward to this daily call, it would be worth all the time and effort expended. Our volunteers report that sometimes they may be the only person someone talks with all day. And our callers are never too busy to 'just talk'. Auxilians thinking 'outside the box' have made this a valuable service.

Q8: Describe how the program benefits the service recipients, the health care organization and/or the community. (400 words max)

We have had at least one occasion in which there were no answers at the home or at the home of the alternate person. Continued efforts were made to contact the person, but to no avail. Help was summoned, entrance to the house was made, and the person was found on the floor, badly in need of help. On another occasion, when there was no answer at either phone, a policeman went to the home, knocked, and was surprised when the lady answered. Her portable phone had been left in the guest bedroom. Her grateful answer was, "I could have been needing help, and no one would have known." One of our volunteers goes beyond a telephone call- she has been known to bake cakes for 'her people'. We are told that some of the people actually look out for each other- telling the caller, "Yes, he must be O.K. I hear him outside working around with his 'stuff'".

PAGE 5: Contacts

Q9: Chief Executive Officer of the nominated hospital/system.

Name	Peggy Abbott
Title	Chief Executive Officer
Email Address	pabbott@ouachitamedcenter.com
Telephone Number	8708361200

Q10: CEO Support.

Checked box confirms that your CEO supports the submission of the nominated program.

Q11: Administrative Assistant to the CEO.

Name	Chelsea Boyd
Title	Administrative Assistant to the CEO
Email Address	cboyd@ouachitamedcenter.com
Telephone Number	8708361200

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Q12: Name of the volunteer or auxilian who will be representing the program at the AHA Annual Meeting, May 5, 2014.

Name	Jerry R. Berley
Title	AHAA Vice-President
Home Address	415 Cherry Street
City	Warren
State	AR
ZIP Code	71671
Email Address	jerryberley@gmail.com
Telephone Number	8708186868

Q13: Volunteer Service Professional/Manager.

Name	Chelsea Boyd
Title	Administrative Assistant to the CEO
Email	cboyd@ouachitamedcenter.com
Telephone	8708361200