Volunteers have long had a successful partnership with the shared goal of caring for patients. While nurses lend their expertise to provide clinical care, volunteers can help with a range of non-clinical needs, as evidenced by the articles in this issue of *Voice of Nursing Leadership*. But because nurses have a calling for service to others and to the nursing profession, volunteering comes naturally to them. At Mercy, a Catholic health care system based in Chesterfield, MO, at which Knodel serves as chief nursing officer, this inclination for nurses to volunteer has come to fruition. In this Letter from Leadership, Knodel writes about this unique program. In addition, Joan M. Miller, current director of member relations at the American Hospital Association (AHA), and former executive director of the Association for Healthcare Volunteer Resources Professionals at the AHA, offers guidance in structuring and running volunteer programs.

**The Mercy nurse volunteer program**

The program was the brainchild of Sally Rundquist, RN, when she was the manager of the orthopedic unit at Mercy Hospital, St. Louis. In her role, she saw the need for an extra pair of hands and eyes to help with patient care. She also knew that when she retired that she wanted to become a volunteer nurse. Now in its twelfth year, Rundquist has shared the model nationally as a best practice.

Volunteer nurses at Mercy take on many different roles in caring for patients. Regardless of specific duties, volunteer nurses are given the freedom to devote extended amounts of time to one patient if needed. This flexibility allows volunteer nurses to deliver on-on-one direct patient care—the reason many individuals originally joined the nursing profession.

*Continued on page 22*
Creating Comfort for Lonely Patients: The Friendly Visitor Program

While patient care has advanced tremendously in the scientific realm, most of us chose our profession not to be scientists, but to make a difference in the lives of individuals. When new nurses are asked what drove them to choose nursing as a profession most of them refer to a time when a nurse touched patients’ lives, leaving a lasting impression. Sadly, our more seasoned colleagues lament that the exact science and technology that is improving and standardizing patient care may be an impediment to their ability to make a meaningful emotional connection with patients.

Computerization has helped patient care through the creation of task lists reminding providers to perform important functions at prescribed intervals. Electronic care plans automatically populate the record, recommending evidence based treatment, prompted by computer logic as a result of documented patient problems or assessment data. Patients have a minimum expectation that they will receive safe, high quality care and none of us would expect anything less. But patients also deserve this care to be delivered with consideration given to their individual emotions and desires. So the question remains, how do we as hospital leaders bridge the gap between the time constraints of new technology and the need for patients to have meaningful human interaction?

A companionship void

Leaders drive the adoption of evidence-based behaviors that are shown to improve patient satisfaction such as hourly rounding with a purpose, bedside shift reporting that includes the patient and family, consistent use of patient friendly whiteboards, and various other methods. In addition, we all strive to meet the challenges of value based purchasing and the attainment of desirable HCAHPS results. Despite these initiatives to drive patient-focused care and patient satisfaction, we continue to have nurses ask how they can help those patients who sit alone between rounds without friends or family to provide comfort.

Manatee Memorial Hospital is a 316-bed facility located on the Manatee River in Bradenton, FL. The warm gulf waters, white sandy beaches, and temperate weather make Bradenton a prime location for retirees. Many of these retirees choose to give their time to our hospital and patients. Volunteers are found in virtually every area—welcoming visitors, running errands, and assisting the hospital staff with the daily operations of their departments. We wondered if we would be able to build a program in which select volunteers would be willing to spend time visiting with these lonely patients.

Soliciting input for volunteers and staff

While rounding in the hospital, we engaged our current volunteers and many described their years of service here and really valued being part of the Manatee family. Most were very happy with their departments and the duties they regularly perform to help our staff and patients. Several did voice a desire to interact more with patients in a way that would help them to better cope with their hospitalization. We both agreed that that our patients needed friendly visitors, a role that could bring enrichment to both our patients and our volunteers.

We discussed our idea with our nursing management team and at the outset, we had overwhelming support. Nurse managers had noticed that we often had patients who were alone. While those managers tried to spend a little extra time with these patients they knew they could not fill the patient’s need for companionship. Patients who had experienced the loss of a spouse after their relocation to Bradenton, and whose families lived out of state, were spending many hours alone. In addition, networks of friends that support patients in their retirement communities are often too frail to travel to the hospital to visit. We suspected this would be a perfect opportunity for volunteers to sit with patients and help them to pass the time, knowing that there are people who care about them in their time of need.

Our next step was to discuss our idea with the nursing staff who voiced their unhesitating acceptance. The nurses acknowledged that patients selected for this program are ones that they wanted to spend time sitting with, but the reality of nursing work did not allow for this time commitment.

The first volunteer

Darlette asked her husband Randy, who recently retired from the FBI, if he would be willing to join our team of volunteers. While he was receptive to the idea he made it very clear that he did not want to perform tasks normally performed by paid employees and that he would only become a volunteer if we could find a position where he could “make a difference.” He explained that while he was in the FBI he worked to help victims of crime, and that gave him the same feeling of helping others that he would be seeking as a volunteer. Randy became the first test volunteer in our Friendly Visitor Program.

Now that we had the full support of the leadership, nursing and volunteer teams and our willing volunteer, it was time to initiate our pilot on one nursing unit. After completing hospital orientation to assure he was educated on infection control, HIPAA, our hospitals service excellence program, fire safety and necessary topics we met to work out the logistics of the program. We introduced Randy to the nurse manager, and the nursing personnel on the unit. They agreed that on Friendly Visitor day they would identify patients that they felt would benefit from companionship and friendly conversation.

The clinical staff was open to acknowledging and respecting the volunteer as a member of their care team. They understood that volunteers are dependable helpers who rarely are absent; that they truly care that about helping patients to have a better hospital experience. The staff, through their prior experiences, understood that the volunteer is there to augment and enhance patient care at the bedside. Volunteers
can do this by providing perspective, engaging patients and families and supporting staff. The volunteer, in no way, is a threat to the staff – either in vying for their jobs, or making negative comments about staff to patients or supervisors.

Choosing a volunteer to transition to the Friendly Visitor service involves superior interviewing skills and good luck—we were extremely fortunate to have Randy as our first volunteer. Just as staff needs to be ready to accept a new team member, the volunteers must understand their role within the team. The program works best when the volunteer announces his or her arrival on the unit, acknowledges suggestions from staff about who would benefit from a visit, and thanks staff members for their help. The volunteers need to respect and value the clinician as the caregiver and the primary person who has first priority in working with the patient. The volunteer role should not get in the way of the clinician’s tasks. In fact, the volunteer should step out of hearing and viewing when patients are in conversation with clinical caregivers.

**Early success**

Afer four months of the pilot operation, stakeholders from leadership, nursing and volunteers agreed the program was a success. The nurses were comforted that lonely patients were provided with companionship, even though it was temporary. Patients were thrilled that someone would be willing to spend time just sitting and visiting, a service that could not be fulfilled by hospital personnel. And finally, our volunteer Randy feels as though he is providing a meaningful service for patients in need, as described in his own words:

“Prior to volunteering for the Friendly Visitor Program I had never worked in the health care field, nor had I even been a patient in a hospital. The first month was an eye-opening experience for me. A hospital is a huge, complex, and dynamic work environment and the nursing team was great in orienting me. Within a month I was very comfortable visiting patients.

Working closely with the nurse manager was critical. She identified patients who needed my help the most, as well as alerting me to those patients who may be dangerous or agitated by a visitor. Although it would have been easy to slip into the role of nursing assistant, I was not properly trained for this role so I disciplined myself to remain a patient companion.

I have found that some patients are more comfortable discussing concerns with care or service with individuals not directly involved in that care. While uncovering problems was not the intent of the Friendly Visitor Program, I have found it is the natural result of a caring and compassionate conversation for a patient to disclose concerns that may otherwise go unnoticed until it is too late. I have been able to use this information, along with personal observations, to help the nursing and hospital team make improvements for the patients.

The Friendly Visitor Program has certainly provided me with a great deal of personal satisfaction. There have been numerous instances where I have started out with a very depressed and lonely patient in a great deal of pain, and by the time I left they were smiling and laughing, telling me repeatedly how much they enjoyed having someone to talk to. Over time I’ve come to find that the most challenging patients give me the greatest satisfaction.”

The Friendly Visitor Program is off to a great start and we anticipate continued growth in the program. The ongoing recruitment and training of volunteers has remained a work in progress and we use feedback from our Friendly Visitors to enhance the continued selection and training of future volunteers. We have now placed Friendly Visitors in several of our specialty units, chosen by the volunteers themselves, based upon the positive impact these specialty services have had upon their own lives. These volunteers all want to give back through patient interaction and support patients when they just need an extra friend.

**Planning for growth**

We are hopeful that we will be able to recruit enough volunteers to show that our new program is truly making a difference. Anecdotally, feedback from patients and nurses has been positive. Volunteers report that they find their visits with patients personally enriching, making their volunteer experience more fulfilling. We all must remember, however, that volunteers are exactly that, volunteers. They typically work four to eight hours per week and on occasion cannot fulfill their volunteer functions. Our dream is to have a fully staffed Friendly Visitor Program with volunteers available to our patients on a daily basis, so we are better positioned to meet the needs of any patient who is lonely and desires companionship.

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**Do We Have Your Updated Information?**

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The importance of mobilizing patients to help minimize the complications associated with bed rest has historically been a part of basic nursing education. In spite of this, over the past few years we have noticed a decline in nurse-initiated mobility, particularly on medical units. Although nurses know mobility is an important part of treatment, the large number of tasks they face each day often prevent them from providing this care. Physical therapists in many parts of the country have reported increased referrals for physical therapy for patients that were not in need of skilled therapy services, but were referred because no one was mobilizing them. These instances cause concern to nurse leaders and other hospital executives as they can affect both quality of care and finances. Patient lack of mobility may result in increased cost to hospitals, due to uncompensated care (pressure ulcers, pneumonia, injury from falls) or a decline in patient health or function that results in decreased quality of life and/or need for nursing home care.

Some of the reported barriers to mobilization have included concern for patient falls and a lack of resources, specifically assistive equipment and staff to assist. When we asked patients about their lack of activity, some said that no one had offered to walk with them. When asked if they requested the staff to assist them, a common reply was, “They’re busy, I didn’t want to bother them.” The same patients, however, stated that they would call the nurse if they had not received an expected medication. What both patients and staff members need to appreciate is that there is no medicine to directly treat muscle weakness, loss of power, low endurance and fatigue—getting up and moving is that medicine and needs to be considered as important as treatments for other body systems.

History of collaboration
At Hartford Hospital, the department of volunteer services and the department of nursing have had a long history of collaboration, developing volunteer programs that support staff and patients. These have included “high touch” patient interaction programs such as pet therapy, Reiki, and a visitation program for patients with cognitive impairment and/or sensory loss. The hospital also has used patient safety volunteers who round on patients at high risk for falls, with volunteers providing education and performing environmental assessments, and the hospital also has used volunteers to stay with critically ill patients in the No One Dies Alone program.

To address the mobility issue, a team comprised of a geriatric APRN, a nurse educator, a physical therapist and the directors of the department of volunteer Services collaborated to develop Mobility is Medicine, a program aimed at partnering trained volunteers with nursing staff for the purpose of safely mobilizing select patients. In addition to increasing mobilization opportunities for patients, this project was designed to create a paradigm shift, making mobilization a priority.

Creating the program step by step
Before the hospital dedicated further staff time to this project, the program’s proponents obtained clearance from the risk management department. Next, they identified a funding source to purchase walkers and gait belts to be used by volunteers. Total cost for the supplies needed for six nursing units was approximately $250.

The plan for developing the program included:
» Choosing the pilot units
» Developing the role description of the mobility volunteer
» Outlining the program responsibilities of both the volunteer and the nurse
» Recruiting volunteers
» Training volunteers
» Educating nursing and rehab staff
» Supporting volunteers
» Obtaining feedback from volunteers, patients and staff
» Measuring outcomes

Two pilot units were chosen. The decision was made to start on medical units, as surgical units tended to have their patients walk more frequently, often part of the post-op orders. The two units chosen had the highest percentage of falls; the fact that the units were in close proximity to one another made initial monitoring easier.

Volunteers were solicited and screened by the volunteer services department and interviewed for appropriateness by the physical therapist, who was responsible for the volunteer training. The majority of volunteers have been college students enrolled in health-related programs or interested in applying to such programs. Volunteers must possess excellent interpersonal skills in order to make patients feel comfortable and gain their confidence.

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Volunteer training has consisted of one large group orientation session and two three-hour individual training sessions on the units, practicing the role with a trainer. During orientation the program’s philosophy, patient rights, infection control, safety and fall prevention, communication strategies, and role responsibilities are discussed. Volunteers also receive hands-on practice with guarding techniques and the management of hospital equipment, such as IV poles, urinary catheter bags, oxygen tanks, hospital beds, bed and chair alarms and gait equipment. The physical therapist performed all training during the pilot process. As the program has grown, experienced rehabilitation assistants and long-term volunteers have assisted with some of the individual training sessions.

Though numerous tasks make up the mobility volunteer role, the primary responsibility of the mobility volunteer is to walk with patients assigned by the physical therapist or nurse. Following the patient encounter, the volunteer is responsible for documenting the outcome in a binder on the nursing unit. If a patient refuses or has some concerning symptoms, the volunteer is instructed to report this directly to the nurse. The nurse essentially takes responsibility for supervising the mobility volunteer through thoughtful referrals and being present on the unit for questions. The mobility volunteer also has access to the physical therapist for specific or general questions.

Nurses partner with physical therapists, volunteers
The mobility volunteer program has provided an opportunity for physical therapy and nursing to create a partnership focused on a shared desire to improve patient outcomes. Mobility volunteers arrive on the identified medical/surgical units and are trained to connect with the bedside nurses to assist with appropriate patient selection. This input from the bedside nurse is crucial because not all patients are suited to work with volunteers, and the program’s success depends on efficient and accurate identification of candidates. The patients must be able to walk with no more than minimal assistance and be deemed medically safe by the nurse to do so. Nurses have been instructed to assign a patient only if they have first hand knowledge that the patient is able to walk well enough to ambulate outside of their hospital room.

The volunteers touch base with the assigned nurses by calling their individual phones and notifying the nurse that they are on the unit and available. The volunteer collects names and important clinical information from the nurses and nursing assistant about each patient to determine whether that patient uses a device, needs oxygen to walk, and the distance usually tolerated. The unlicensed staff, under the direction of the supervising registered nurse, also has had an important role in this process, with many serving as teachers of important safety information. It is common for volunteers and nursing staff to work together to mobilize patients requiring assistance from multiple individuals at once.

The nursing staff and volunteers work together as a team to plan and implement safe mobility opportunities for patients. Intermittent communication between the program coordinator and the volunteers is important. It not only makes the volunteers feel supported, but acts as a means to solicit feedback from the volunteers. This feedback may serve to improve the program’s quality or safety, in addition to enhancing the satisfaction of volunteers, staff and patients.

Results from the program
Over a two-year period, 111 volunteers have devoted approximately 3,313 hours to this program, including training, participating in 3,150 mobility episodes on six units. Responses to this program have been overwhelmingly positive. The patients have expressed confidence in each volunteer’s ability to assist them with safe mobilization and often request the volunteer by name.

The nursing staff has been appreciative of the volunteer’s assistance in meeting the mobilization needs of the patients. The majority of the nursing staff reported that this program led to prioritization of planning, carrying out, discussing and documenting patient mobilization. The volunteers felt comfortable in their role and valued by both patients and staff.

This program has been a change agent and stimulant to making mobilization of patients a priority at Hartford Hospital. Several mobilization initiatives have sprung from this program, including a “Mobilize to Maximum Potential” order upon admission and unit-based scheduled walking times. Early and regular mobilization can improve patient outcomes. Replication of this volunteer program is required only minimal equipment purchases, along with staff time, and brings great gains to patient care.

Benefits, challenges ahead
Although volunteer services and nursing play a vital role in this program, physical therapy has the biggest time commitment during the training. Coordinating the time of the trainings, as well as the availability of the volunteers, can become complex as the numbers of interested volunteers continues to grow. The hospital is exploring additional ways to support this program without increasing cost.

Another challenge faced by the nursing staff and volunteers was providing a mobilization experience at a time acceptable to the patient. Approximately 40 percent of the requests made by the staff were unable to be completed by the volunteer. Reasons included patient unavailability (at a test/procedure, asleep, showering, eating or with visitors) or unwillingness (too tired, weak, or not feeling well). This often led to underutilization of the volunteer’s time. The program’s leaders are working on strategies to improve the timing and patient willingness to mobilize. This includes sharing information with the patient upon admission about the importance of mobilization and the expectation that the patient will make every effort to participate, in order to avoid the complications of immobility.

The program has produced benefits other than patient mobility. It has served to expose different types of students to nursing staff personnel. Unexpected interactions with these volunteers have led to rich discussions about patients, clinical situations and volunteers’ personal career goals. These volunteers quickly became part of the group...
and a tremendous addition to the nursing units to which they provide service. Observations have shown that patients enjoy the added benefits of socialization and personal attention from the mobility volunteers. Overall, it has been a win-win-win situation for patient, nursing staff and volunteer.

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Helping Volunteers to Help Patients: The ED Volunteer Rounder Program

Similar to many other hospitals across the country, volunteers have played an integral role in the growth and support of Summa Akron City Hospital for decades. In the early days, hospitals relied on volunteers to function—they were the foundation upon which the hospital was built. Our volunteers want to be with the patients. They want to help them, to comfort them, and make a difference—no matter how small. In fact, the vast majority of volunteer applicants state at the interview that they prefer a patient contact role. In other words, they did not seek us out to file records in the basement.

We know our nursing areas are in a constant state of change. The staff has had to adapt to the implementation of electronic medical records, new regulations, and the list goes on and on. So many tasks take nurses away from having more time with the patient that nurses often cannot provide the “little things” which enhance a patient’s stay. We wondered what we could do to fill the gap.

Start of the journey

During our monthly forum with our CEO and a representative from each department, an opportunity was presented to partner volunteers with the emergency department (ED). A staff nurse from the ED stated that she saw some improvement in patient satisfaction scores for a short period of time when a light duty nurse—who could not perform all the rigorous tasks of regular work due to a temporary condition—spent her time rounding on patients addressing their non-clinical needs. She emphasized the importance of this type of rounding for patient satisfaction, and noted that this improvement in satisfaction was validated in nursing literature. The light duty nurse had recovered and was returning to full duty. The audience of employees asked this nurse how she could continue this program, and she said that the staffing was not available to continue it. At that moment, our volunteer coordinator raised her hand and said, “Volunteers can do it!”

Before the ED Volunteer Rounder Program could be implemented, ED nursing staff members created measurable goals for the Volunteer Rounder Program to increase the value of the services provided to our patients. The goals of the program included:

- Improved Press Ganey Patient Experience Survey percentile scores in the ED
- Developing a tracking system to document the number of non-clinical needs addressed during a patient’s stay in the ED.

ED nurses worked in conjunction with the volunteer services department and developed a program that engaged volunteers to participate in this high-impact assignment. By setting goals for the program, the group was able to create key tools, such as scripts for volunteers to clearly communicate with our patients. These tools assisted us with achieving our desired outcomes. For example, raising percentile scores directly reflects our efforts to create a positive environment for improved patient care.

The foundation of our success was a volunteer service description outlining the requirements and expectations for the ED Volunteer Rounder Program. We identified tasks that would help us in meeting our initial goals, such as: assisting patients in the discharge process, offering comfort needs (beverages, blankets, etc.) to patients and families, and gathering patient belongings and valuables for admissions. A tracking form was created to capture the frequency that the tasks were performed by our volunteers.

The volunteer services department was instrumental in screening and identifying appropriate candidates to meet the needs of our diverse population. The volunteer coordinators were tasked with recruiting prospective volunteers, interviewing and placing them in the program, and managing their weekly schedules. Recruitment of volunteers for this assignment occurred in numerous different ways: internal assignment postings, recruitment websites (such as VolunteerMatch), the Summa Health System website, flyers and posters, and recruitment events throughout the year.

At first, we tried orienting our volunteers through a combination of nursing staff members, but this model lacked consistency. Thus, we assigned one specific ED staff member as the volunteer orientation coordinator. She handled all one-on-one volunteer orientations, thus keeping the training for all volunteers consistent and efficient. We knew that by teaching volunteer rounders to focus on one task and one patient at one time, we would make the patient experience in the ED more individualized and focused on their care.

Orientation booklets for volunteers included maps of the hospital, a list of hospital resources, and sample scripting to assist the volunteers with frequently asked questions or concerns received by patients and visitors. An orientation checklist and a scavenger hunt were developed to assist the volunteers to retain the information they learned. We added a personal touch by including a “welcome” page to thank the volunteers for willingly giving their time to help us in this program.

The volunteer services department still plays an active role in this program. They continue to screen individuals for the program and they provide support in all aspects of the program. For example, the manager of volunteer services visits the ED to gather feedback from the volunteers to address concerns and/or discuss areas of improvement. The director of volunteer services also acts as an advocate for the program, highlighting its benefits and achievements to hospital leadership on a regular basis.

Lessons learned

Beginning a new program did not come without challenges. Engaging our ED staff in the program was critical to us. Before the program’s inception, we made a point of introducing the volunteer program at ED staff meetings to allow staff to ask questions and to provide feedback. Most were open to the idea; however, some staff members
did not understand the role of the volunteer. It took a few months of adjustment, but our staff has now come to depend on the volunteers to supplement their role in caring for our patients. We continue to in-service our staff through staff meetings and e-mails on methods to keep volunteers engaged during their service.

Another hurdle we have encountered is keeping in communication with volunteers after their departmental orientation, especially those who are assigned weekend shifts. We have created a communication page in their volunteer rounder toolkit to write any concerns or questions for ED staff members to respond. To enhance communication during the week, the staff is encouraged to check in with volunteers and make sure they have the necessary supplies to carry out their duties.

Most importantly, we have learned that this program could not have attained its full potential without the support of ED management. For example, each of our volunteer rounders receives special recognition letters from the ED unit director. The letter states the ED management’s appreciation and also shares any personal thank you comments received by patients about the volunteer. This has encouraged the volunteer rounders to continue their volunteerism and serves as a reminder that they each have a role to play in enhancing the patient’s experience at Summa Health System. In addition, the ED medical director supported the program through educating the physicians on the volunteer’s role.

**Successful outcomes**

Since the ED Volunteer Rounder Program’s inception in 2010, we have met each of our initial program goals. Throughout the program’s three years, a total of 118 volunteers have served hundreds of patients and families. Today, a total of 37 volunteers are in the program.

With respect to our first goal, our Press Ganey Patient Experience Survey overall satisfaction scores demonstrate a high degree of improvement, as seen in the bar graph (Figure 1). We feel that the ED Volunteer Rounder Program was a key contributor to this improvement.

The overall patient satisfaction ranking can also be broken down into specific categories where volunteers play a key role. Two of these standard categories are “Family and Friends” (Figure 2) and “Personal Issues” (Figure 3). Both incorporate the patient’s feelings related to the care and courteousness they received at Summa Health System and the amount of information relayed to them. There has been significant improvement in these two categories. On both Figures 2 and 3, the small decrease in 2012 is attributed to the opening of our new ED. After the construction was completed, it took us several months to orient volunteers to the new setting, equipment and processes.

In addition to the patient satisfaction surveys, it is important to review data on the volume and types of tasks the volunteers complete on an annual basis. With respect to our second goal, we were able to establish a tracking system for volunteer tasks. In 2012, volunteers completed a total of 28,866 tasks for patients and families. Figure 4 gives more detailed information on the types of tasks that were delivered. These tasks completed by volunteers support our ED staff and allow our staff to focus on clinical needs. The volunteers assist in creating a positive experience while the patient’s medical plan of care is being addressed by staff.
Satisfaction all around

Patient and guest comment cards have also been created to track comments about interactions of patients with both the staff and volunteers. These comment cards were implemented in the ED around the same time the ED Rounder Program began. In 2012, the ED received 568 of these cards. One-sixth of them mentioned a volunteer by name with positive feedback. For example, one patient wrote: “Clifford was very friendly and helpful to us. He explained how things worked in the ER. He even got us coffee and water to drink. I would say he went far beyond the call of duty to assist us. You can be proud of this type of volunteer. We sure appreciate him!” Another patient and family wrote: “Tom is an extremely wonderful person. Tom continued to come around and make sure that there is nothing that we needed. This has been a great experience. Thank you so much!” Along with tracking the positive comments, the comment cards support a relationship to our improved patient satisfaction scores.

The ED Volunteer Rounder program also has had a positive impact on our staff. They call on the volunteers regularly to help with many tasks. One nurse commented, “From a staff perspective, our volunteers have proven to be a valuable asset to our team. Their presence and comfort to our patients is unequaled. The support they provide is excellent. I appreciate each one and am grateful for their help.” Another sent an email crediting a volunteer for the “tremendous help that was given to a patient and family that just needed someone to listen and assist with comfort needs.”

This program has helped volunteers to help patients. The volunteers themselves have described their experience with deep appreciation. Feelings of mutual trust and respect have developed between the staff and volunteers. A volunteer rounder said, “This program is beneficial because it can help relieve the stress and fears that patients and family members may experience. As a volunteer, we never know what may touch someone as special or extraordinary. It is often the small things that mean the most, such as spending a few minutes with the patient or family, or even getting them something to drink. Being a part of the ED Volunteer Rounder Program has and continues to be a very heartwarming experience.”

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In order to become a volunteer nurse, he or she must:
• Have an active license from the state of Missouri Boards of Nursing. In the event the nurses’ license is inactive, the program director will assist to reactivate the license.
• Exhibit traits such as excellent customer service skills to promote and maintain a positive relationship within the hospital community and those being served.
• Have a minimum of two years’ experience actively participating in the practice of nursing.
• Complete a two-day orientation and competency class which includes CPR certification.

Our volunteer nurses perform tasks such as feeding patients, passing food trays and providing additional support for patients and families. With extra training they can determine blood sugar values, insert Foley catheters and start IVs, among other tasks.

Volunteer nurses can practice in the inpatient units and education departments, assisting with staffing, scheduling, and nursing policies and procedures. As an example, one of the volunteer nurses was a former educator. She chose to serve as a volunteer as new nurses joined an inpatient unit and became a second set of eyes and ears to support the new hires.

Many of the volunteer nurses are retired, however, there are those who were practicing nurses and then no longer practiced. The program attracts nurses who love nursing and want to make a difference. Unlike paid staff, volunteers aren’t assigned patients. They can spend as much time as they’d like with any one patient. The quality of expertise that comes to the bedside benefits both the patient and the nursing staff.

Sometimes the volunteer program results in new possibilities for the volunteers. One example involved a nurse who sustained a back injury as a result of providing patient care. The nurse had not practiced for several years due to the disability; however, she was intrigued when she saw the call for interested volunteer nurses in her local Springfield, MO, newspaper. After nearly a year as a volunteer, an opportunity opened up as a telephone triage nurse. This setting required her professional degree as a registered nurse, yet did not impact her physically. She applied for the job and was hired.

Currently the program is in four of our 33 facilities, and our goal is to extend the volunteer program throughout Mercy. The stories from our staff, patients and volunteers have been heartwarming, as these volunteer nurses provide such an important role. As we enter a time when many nurses will retire, it will be important that organizations stay in contact with these workers with valuable knowledge. As resources continue to decrease, this role can be pivotal in so many ways.

The Volunteer Nurse program at Mercy has proven itself with nearly 12 years of success and sustainment. This program has received the American Hospital Association’s Award for Volunteer Excellence; the Missouri Hospital Association’s Award for Excellence and the AHVRP Award for Excellence.

Effectively engaging volunteers and nursing services
While time-honored healthcare volunteer services such as patient transport and information desks remain active service areas, new avenues to enhance patient engagement and supplement paid staff have evolved in recent years. Across the country, volunteer service areas contribute to the success of reducing avoidable readmissions, increasing patient satisfaction, reducing patient falls and improving patient outcomes.

Such efforts are coordinated in tandem with many departments throughout the hospital, including nursing, inpatient rehab, pharmacy, physical therapy and other patient care areas. Volunteer Services often comprises the largest department in a hospital. Some 300 to 600 volunteers serve in medium-sized hospitals, while the largest health systems engage more than 2,000 active volunteers.

Following is a checklist of legal issues and best practices to consider when enlisting volunteer support.
Legal considerations:
• Federal law prohibits volunteers from performing paid staff duties—even for brief periods, such as vacation relief. They are allowed to perform some of the duties paid staff performs, but when looking at the positions side by side, the responsibilities must be substantially different. Remember that volunteers support the functions of paid staff. Their duties must supplement, and not supplant, employees’ jobs.
• Volunteers receive training and are required to comply with the same confidentiality and patient privacy standards as paid staff.
• Volunteers undergo screening, background checks and medical clearances similar to paid staff.

Best Practices:
• Be open to the possibilities of utilizing volunteers in different and creative ways to help patients.
• Gain support and input from nursing staff prior to starting a new service.
• Understand that while there are many benefits to engaging volunteers in your area, there is some responsibility for directly managing them, as well.
• Work with the director of volunteers to develop position descriptions and reporting structures for assignments.
• Volunteers typically serve in the range of four to eight hours per week. Identify a lead staff member to coordinate the volunteers’ day-to-day activities.
• Determine in advance whether scheduling is conducted by nursing or volunteer services.
• Work with Volunteer Services to monitor metrics demonstrating impact.
• Determine in advance the required training/competency, frequency of training and evaluation, and who is responsible for performing training and evaluation.
• Understand Volunteer Services’ policies for coaching, disciplining and severing ties with volunteers.
• Ensure the nursing staff are trained in how to work with volunteers.
• Continually engage nursing staff and volunteers in evaluating the service area and making improvements.
• Treat volunteers as part of your team including them in staff meetings and celebrations.

Nursing executives are continually challenged with increasing capacity and improving patient engagement. Forging strong partnerships with volunteer administrators may be one strategy to support frontline nursing staff and improve the patient experience.