

## The Office of Patient Experience Volunteer Position Description

VOLUNTEER: \_\_\_\_\_

TRAINER: \_\_\_\_\_

DATE: \_\_\_\_\_

<p><b>WHERE YOU’LL BE SERVING:</b> <i>(Department, Program or Service)</i></p>	<p>Patient Care Units (E100, E200, E400, D100, D200, C100, F200, SCN, Mom’s Place and the Emergency Department) Main focus point: D100 and D200 effective 12/2022</p>
<p><b>YOUR ASSIGNMENT TITLE:</b> <i>(For ID Badge)</i></p>	<p>Volunteer Patient Experience Rounder</p>
<p><b>YOUR IMMEDIATE SUPERVISOR:</b> <i>(Name, Title &amp; Ext)</i></p>	<p>Anastasia Luby, Director Patient Experience, ext. 6069</p>
<p><b>CARE UNIT SUPERVISOR:</b></p>	<p>Unit Director or Charge Nurse on each respective unit</p>
<p><b>WHY WE WANT YOU:</b> <i>(Purpose of the assignment. Please Note: Volunteer assignments will supplement, but not replace, paid staff positions.)</i></p>	<p>CMC has established a Patient Experience volunteer program known as “The Voice of the Patient” to help improve patient and family experiences by identifying areas for improvement and providing a coordinated process for addressing immediate needs, managing concerns, and assuring appropriate follow-up and response.</p>
<p><b>SKILLS AND ABILITIES YOU WILL NEED:</b> <i>(Include physical, mental, &amp; visual abilities from attached ADA checklist)</i></p>	<p>In this assignment as a Volunteer Patient Experience Rounder you must:</p> <ul style="list-style-type: none"> <li>• Be compassionate and outgoing, and have a friendly personality;</li> <li>• Be proactive, self-directed and able to function independently with good judgement and minimal supervision;</li> <li>• Have effective communication and interpersonal skills;</li> <li>• Be objective and not personalize your experiences with patients or families;</li> <li>• Maintain patient confidentiality at all times, and understand that all conversations with patients are private and to be shared only with the Patient Experience team, PFAC members or Care Unit Supervisor;</li> </ul>

	<ul style="list-style-type: none"> <li>• Be able to represent and promote positive patient relations;</li> <li>• Be able to devote two and a half hours to volunteer rounding on patients/ uploading patient feedback into iRound.</li> </ul>
<p><b>REQUIREMENTS YOU MUST COMPLETE and/or ADHERE TO:</b></p>	<p>You are required to:</p> <ol style="list-style-type: none"> <li>1. Successfully complete all orientation &amp; training, including HIPAA training and completion of a confidentiality form;</li> <li>2. Use good judgment, and respect confidentiality at all times;</li> <li>3. Understand, accept and adhere to organizational and departmental policies and procedures that pertain to your capacity as a volunteer and as a patient experience rounder.</li> <li>4. Read, understand and stay within the bounds of this Position Description;</li> <li>5. Decline any request that is not within the bounds of this Position Description, or if you are physically or emotionally unable to manage that specific task.</li> <li>6. Wear your CMC name badge identifying you as “Volunteer Patient Experience Rounder” whenever serving in this role.</li> <li>7. Maintain confidentiality of patient and organizational sensitive information;</li> <li>8. Adhere to Infection Control practices at all times, i.e., wear appropriate mask, wash hands and use hand sanitizer when interacting with patient.</li> </ol>
<p><b>WHEN YOU’RE NEEDED:</b></p>	<p>You must be willing and able to volunteer a <u>minimum</u> of two and a half hours each week for at least six (6) consecutive months, with a preference of a one year commitment.</p>
<p><b>LIST OF YOUR TASKS:</b></p>	<p><u>Overview:</u> Perform outreach to our patients and family members in the inpatient and waiting areas by meeting with patients/families to:</p> <ul style="list-style-type: none"> <li>• Address immediate needs;</li> <li>• Identify areas of improvement;</li> <li>• Recognize and reward staff;</li> <li>• Determine whether CMC is meeting the needs and expectations of patients and families;</li> <li>• Improve the patient experience;</li> <li>• Collect data.</li> </ul> <p><u>Specifically:</u> The Volunteer Patient Experience Rounder will:</p> <ol style="list-style-type: none"> <li>1. Report to Office of Patient Experience to retrieve survey forms and/or computer tablet.</li> <li>2. Arrive to the patient area and check in with charge nurse. Receive report and any recommendations on patients to visit or</li> </ol>

	<p>NOT to visit, (precautions, confused, combative, or monitored patients).</p> <ol style="list-style-type: none"> <li>3. Follow guidelines established in the training program for visiting with patients/families.</li> <li>4. Use AIDET communication tool.</li> <li>5. Introduce yourself to the patient and/or family; explain the purpose of the visit, and your role as a hospital volunteer.</li> <li>6. Ask the patient if CMC is meeting their expectations, if there is anyone that they would like to recognize, and if there are any recommendations for improvement.</li> <li>7. Remind patient that they will receive satisfaction survey in mail by handing out the reminder card. Encourage them to complete the survey. Ask them if they are willing to complete a staff recognition card, to recognize someone on their care team for a job well done.</li> <li>8. Support nursing staff by answering non-clinical inquiries from patient/family. Have a general conversation with the patient, if appropriate.</li> <li>9. Assess the environment: Assist with non-clinical patient care: Move items within reach (table, call light, phone, water, etc.)</li> <li>10. Identify any issues or concerns raised by the patient or patient's family. Depending on the patient's need, get RN or LNA when applicable or requested.</li> <li>11. Document your visit appropriately on the encounter form or in the computer or on the tablet. Return encounter forms or tablet to the Office of Patient Experience.</li> <li>12. Respect patients' right to privacy at all times.</li> <li>13. Demonstrate neutrality during each encounter.</li> <li>14. Follow sound practices for approaching patients by: <ul style="list-style-type: none"> <li>- Recognizing the boundaries of a patient's comfort zone;</li> <li>- Knowing when NOT to approach a patient/ family member;</li> <li>- Knowing when to end an interaction, etc.</li> </ul> </li> <li>15. The Patient &amp; Family Advisor is encouraged to identify patient safety issues.</li> </ol>
<p><b>YOUR RESTRICTIONS / LIMITS:</b></p>	<p>The Patient Experience Volunteer will <u>NOT</u>:</p> <ol style="list-style-type: none"> <li>1. Have any contact with patients diagnosed as requiring isolation;</li> <li>2. Enter any patient room marked as isolation;</li> <li>3. Enter any restricted area;</li> <li>4. Offer medical advice, opinions, assumption or counseling to any patient;</li> </ol>

	<ol style="list-style-type: none"> <li>5. Transfer any patient into or out of wheelchairs;</li> <li>6. Provide any direct patient care;</li> <li>7. Have access to any patient’s medical record;</li> </ol>
<p><b>WHAT YOU CAN EXPECT:</b></p>	<p>The Volunteer Rounder can expect:</p> <ol style="list-style-type: none"> <li>1. To serve as an advocate for any patient, but will forward patient concerns with appropriate member of patient care team;</li> <li>2. To have processes/terminology explained as needed and a de-briefing after each meeting if requested;</li> <li>3. To be assigned a PFAC mentor for two weeks to help get oriented and to be a resource for questions;</li> <li>4. To be listened to and respected for their insight and suggestions;</li> <li>5. A safe environment to discuss concerns;</li> <li>6. To be asked to attend meetings or provide other input on a regular basis.</li> <li>7. Participation is voluntary and may be withdrawn at any time with notice. A minimum of a one-year commitment is desired, but a minimum of a six-month commitment is required.</li> </ol>
<p><b>YOUR SUPERVISOR’S RESPONSIBILITIES:</b>  <i>By accepting a volunteer in your department, you accept the individual as an “unpaid” member of your team and thereby accept the following responsibilities regarding your departmental volunteer(s).</i></p>	<p>The Supervisor will:</p> <ul style="list-style-type: none"> <li>– Provide the volunteer with adequate training, direction and supervision;</li> <li>– Ensure that the volunteer performs only those duties defined in this Position Description, and consult with the Volunteer Services Department before adding additional tasks to the volunteer’s responsibilities;</li> <li>– Provide recognition in conjunction with the Volunteer Services Department;</li> <li>– Provide the volunteer with feedback regarding his/her performance. <i>This includes addressing issues of inadequate performance as well as positive reinforcement of acceptable/commendable performance.</i></li> </ul>
<p><b>CARE UNIT SUPERVISOR’S RESPONSIBILITIES:</b>  <i>By accepting a volunteer in your department, you accept the individual as an “unpaid” member of your team and thereby accept the following responsibilities regarding your departmental volunteer(s).</i></p>	<p>The Care Unit Supervisor will:</p> <ul style="list-style-type: none"> <li>– Distribute and oversee daily assignments and scheduling issues;</li> <li>– Answer questions and provide assistance with problem resolution;</li> <li>– Educate new and existing department staff about the volunteer's role.</li> </ul>
<p><b>ORIENTATION, TRAINING, AND</b></p>	<p>The Volunteer Patient Experience Rounder will be given an</p>

<b>SUPPORT YOU'LL RECEIVE:</b>	orientation to Catholic Medical Center through the Volunteer Services Department, and will receive additional orientation and on-the-job training specific to this assignment by the departmental staff/volunteers before beginning the assignment.
<b>EFFECTIVE DATE:</b>	04/11/2017
<b>DATE LAST REVIEWED:</b>	01/04/2023
<b>DATE LAST REVISED:</b>	01/04/2023

**SIGNATURES:**

I hereby acknowledge that I have read and received a copy of this Position Description and understand the duties, responsibilities and limitations of this volunteer assignment.

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Care Unit Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Volunteer \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM, WITH VOLUNTEER & SUPERVISOR SIGNATURES, TO THE VOLUNTEER SERVICES DEPARTMENT WITHIN TWO WEEKS OF THE VOLUNTEER'S START DATE.**