
Documentation Guidelines

**Direct Service Activity Records and
Volunteer Visit Notes**



That's more than healthcare. That's smartcare.

REASONS FOR DOCUMENTATION



- **Federal and State Mandates**
- **Summa Requirements**
- **Recertification or Discharge of hospice patient**

- Following are a list of **DOCUMENTATION MUSTS** and **DOCUMENTATION REMINDERS**.
- **DOCUMENTATION MUSTS** are items that **CANNOT BE** wrong on your paperwork when it is returned.
- **DOCUMENTATION REMINDERS** are items which **SHOULD NOT** be wrong on your paperwork when it is returned.

Mistakes Matter!

- All activity records and visit notes **MUST** be in black or **blue** ink;

Do not use other colors or pencil.

- When a mistake is made, you **MUST** cross out the mistake with 1 line and initial.

NEVER write over, scribble out,
use white-out or erase.

Proper Names Only!

- The full patient name **MUST** be on both the activity record and visit note; not the first initial of the first name, not the nickname, not the slang name.

EXAMPLE:

Patient Assigned: Joseph “Bobby” Smith

On Visit Note & Activity Record, write in:

Joseph “Bobby” Smith

Do NOT write

J. Smith, Bobby Smith, Joe Smith

Spelling Counts!

- You **MUST** spell both the first name and last name correctly each and every time you complete an activity record or visit note.
- Refer to your Volunteer Request Form for the correct spelling. Do not go by memory or how you think it is spelled.

Prompt Return Required!

- **ALL Activity Records and Visit Notes **MUST** be returned within seven (7) days of the visit to the Hospice Office.**
- **Write your activity record and visit note before leaving the home or nursing facility!**
- **Put completed forms in the business reply envelopes and drop in the mailbox on your way home from your volunteer visit.**

VOLUNTEER VISIT NOTE- SAMPLE



■ Volunteer Visit Notes

- Obtain the patient's signature on the note. If the patient is unable to sign, have the caregiver sign. In an extended care facility or in-patient unit, have a nurse sign.

IT MUST BE SIGNED before you turn it into the hospice office.

- Print and sign your name in the appropriate place.

YOU MUST SIGN IT before you turn it into the hospice office.

DOCUMENTATION MUSTS

- **Starting IMMEDIATELY, all Hospice of Summa volunteers visiting patients in the extended care facilities (ECF's) MUST do the following:**
 - Sign the Hospice of Summa sheet in the front of the patient's chart in the ECF.
 - Leave a copy of your Visit Note in the patient chart behind the purple tabbed Volunteer Section. You may leave the yellow copy, which is currently labeled for Volunteer Coordinator.
 - Return only the white copy to the Hospice office.

■ Volunteer Visit Notes

- Write your notes using three bullet points:
 - What was happening when you arrived
 - What happened while you were there
 - What happened when you left
- Document as to “paint the picture”
- Document accurately – if it wasn’t written, it WASN’T done!
- Proofread what you write before submitting it.

REMEMBER...it is an official patient document that is being placed in the patient chart.

■ Direct Service Activity Record

- REMEMBER to write your name on the top – not the patient name.
- Place the date under the correct day.
- Record your time in and out adding “A” for am and “P” for pm
- Circle Psych / Spirit / Del

DIRECT SERVICE ACTIVITY RECORD- EXAMPLE



■ Direct Service Volunteer Activity Records

- Complete the **first** section if you are providing psychosocial support, spiritual care or making a floral delivery to a patient in their home or nursing home.

- ALSO complete the **first** section, when providing a Vigil within the hospital setting:
 - Acute Palliative Care Unit (APCU) 3 East or 7 East at Akron City
 - 7 East at St. Thomas
 - 2 West at Cuyahoga Falls.

■ Direct Service Volunteer Activity Records

- Complete the **second** section if you are volunteering on the APCU as an Inpatient & Family Services Volunteer or Music Ministry Volunteer
 - Write in the Census # (total number of patients on the APCU)
 - Write in the Hospice # (total number of patients on the APCU who are hospice patients)
 - Do not write in the shaded area Hospice Hours

You get these numbers from the printed census you receive at the beginning of your shift on the APCU.

- **Direct Service Volunteer Activity Records**

- Complete the third section if you are volunteering to help with bereavement services:
 - Make bereavement calls, or
 - Make a support visit to a family member following the death of the patient, or
 - Attend a Hospice Memorial Service.

First Time

- 1. Contacted by telephone by the Volunteer Coordinator to discuss the Documentation MUST error (inaccurate/missing information and/or lateness of returned documentation).**
- 2. Provided with verbal guidance on how to correct it.**
- 3. The documentation will be corrected by the Volunteer Coordinator, if possible.**

Second Time

- 1. Contacted by phone and/or e-mail by the Volunteer Coordinator to discuss the Documentation **MUST** error (inaccurate/missing information and/or lateness of returned documentation).**
- 2. Provided with verbal and written guidance on how to correct it.**
- 3. The documentation will be returned to the volunteer for correction, with the expectation it will be corrected and returned within five (5) days.**

Third Time

- 1. Contacted by phone and/or e-mail by the QAPI Nurse to discuss the Documentation MUST error (inaccurate/missing information and/or lateness of returned documentation).**
- 2. Provided with verbal and written guidance on how to correct it.**
- 3. The documentation will be returned to the volunteer for correction, with the expectation it will be corrected and returned within five (5) days.**

Fourth Time

- 1. Contacted by phone by the Volunteer Coordinator to set up a time to meet to discuss Documentation MUST error (inaccurate/missing information and/or lateness of returned documentation).**
- 2. Provided with verbal and written guidance on how to correct it at this meeting.**
- 3. Will make the corrections and/or rewrite the note at this meeting.**
- 4. Given warning that if a another “documentation must” error occurs, the volunteer will be asked to stop visiting current patients.**

Fifth Time

- 1. Contacted by phone by the Volunteer Coordinator to set up a time to meet to discuss the continuation of the volunteer role/assignment.**
- 2. Possible reassignment to a role, which does not require patient documentation.**

**If you have any questions about
completion of your documentation,
please contact**

Kathy Head, Volunteer Coordinator

330-379-8111

Susan Mattucci, QAPI Nurse

330-379-9539



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