Documentation Guidelines
Direct Service Activity Records and Volunteer Visit Notes
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.
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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.
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
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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 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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