

Hospice and Palliative Care of Kodiak, Inc.
Volunteer Hospice License Policies and Procedures

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Hospice and Palliative Care of Kodiak, Inc. Volunteer Hospice License Policies and Procedures

Article I – Purpose

The purpose of these policies is to promote our organization's interest in obtaining and maintaining a license issued by the Alaska Department of Health and Social Services. These policies are intended to supplement but not replace any applicable state laws governing volunteer hospice organizations.

Article II – Licensure and Inspections

1. COMPLIANCE WITH REGULATIONS (7 AAC 12.312)

Policy Statement:

Hospice and Palliative Care of Kodiak (HPCK) operates and furnishes services in compliance with all applicable federal, state and local laws, regulations and mandates related to hospice care and the health and safety of clients.

Procedures:

- A. HPCK employees and volunteers are provided training during orientation and on a regular basis regarding applicable federal, state and local laws and regulations, with which they are required to comply.
- B. HPCK's administrative and personnel policies and procedures shall be in accordance with applicable laws and regulations.
- C. Failure to comply with regulations is grounds for disciplinary action, up to and including termination of any relationship with HPCK.

2. LICENSURE AND INSPECTION (7 AAC 12.312 and .314)

Policy Statement:

HPCK maintains licensure, issued by the Alaska Department of Health and Social Services (DHSS).

Procedures:

- A. In order to operate as a hospice agency, HPCK's Executive Director will maintain licensure with the DHSS.
- B. HPCK will be available for inspection by DHSS.¹

Article III – Scope of Services

1. SCOPE OF SERVICES (7 AAC 12.317)

¹ According to 7AAC 12.314(b), DHSS will announce in advance any visit conducted in the home of a hospice client and will visit only with the client's permission and considering the health of the client. A client's refusal to permit a home visit by the department does not affect the hospice agency's licensure.

Policy Statement:

HPCK provides palliative care (see Definitions) and end-of-life support services, including bereavement support, to clients/families experiencing chronic health issues or a terminal illness. Only volunteers trained to specifically work with children may assist anyone under the age of 18.

Procedures:

- A. HPCK will provide:
- Direct service volunteers;
 - Short-term volunteer respite care for the client's caregiver(s);
 - Volunteer spiritual and emotional support services for the client, the client's family and caregiver(s) if these services are desired;
 - Supervision, orientation and training to direct service volunteers and other HPCK staff;
 - Bereavement services to assist the client's family and caregiver(s) in coping with grief experienced after the client's death; and
 - A plan of care for each client, approved by the attending physician or advanced nurse practitioner and by the HPCK Executive Director or Volunteer Coordinator.

2. EMOTIONAL SUPPORT SERVICES (7 AAC 12.317(a)(2))Policy Statement:

HPCK assists clients and families in obtaining emotional support as needed.

Procedures:

- A. HPCK staff makes a reasonable effort to arrange for emotional support visits as requested.
- B. A visit by an emotional support services volunteer shall be offered to each client. If the client/caregiver declines services, the refusal shall be documented in the client service log.
- C. HPCK emotional support volunteers document their services in the client service log.

3. SPIRITUAL CARE (7 AAC 12.317(a)(2))Policy Statement:

HPCK assists clients and families in obtaining spiritual support to meet their spiritual needs in a manner consistent with their beliefs and desires.

Procedures:

- A. HPCK staff makes a reasonable effort to arrange for clergy or other spiritual support visits as requested.
- B. A visit by a volunteer hospice chaplain or other spiritual support provider shall be offered to each client. If the client/caregiver declines spiritual care services, the refusal shall be documented in the client service log.

- C. If the volunteer hospice chaplain or spiritual support provider makes contact with the client/family, the date and time of the visit shall be documented in the client service log.

4. PRIMARY HEALTH CARE PROVIDER (7 AAC 12.317(d))

Policy Statement:

HPCK shall follow the initial and ongoing management of the medical component of the client's care as provided by the client's primary health care provider and/or the Providence Kodiak Island Medical Center (PKIMC) Palliative Care Team.

Procedures:

- A. At the time of admission to HPCK, the client or representative designates a local primary health care provider who will have the most significant role in the determination and delivery of the client's medical care.
- B. The primary health care provider must be either a doctor of medicine or osteopathy or an advanced nurse practitioner, licensed to practice in Alaska, who may perform the duties of an attending physician.
- C. The representative of the PKIMC Palliative Care Team participating at this level must be either a doctor of medicine or osteopathy or an advanced nurse practitioner, licensed to practice in Alaska, who may perform the duties of an attending physician.

5. BEREAVEMENT COORDINATOR (7 AAC 12.317(a)(4))

Policy Statement:

HPCK shall offer bereavement services to assist the client's family and caregiver(s) in coping with grief experiences following the client's death.

Procedures:

- A. The bereavement program is under the supervision of HPCK's Bereavement Coordinator who has experience with grief and loss counseling.
- B. HPCK's Executive Director, together with at least one member of the Board of Directors, shall appoint an experienced individual to serve as Bereavement Coordinator who will implement a bereavement program.
- C. The Bereavement Coordinator shall:
 - Facilitate at least one regularly scheduled bereavement support group that is open to anyone in the community;
 - Oversee the bereavement services;
 - Help with selection and training of bereavement volunteers; and
 - Be available to provide or facilitate community education related to bereavement services.

6. COMPLAINT/GRIEVANCE RESOLUTION (7 AAC 12.317(c) and 12.320(b)(2)(J))

Policy Statement:

HPCK has a complaint/grievance resolution procedure process that is implemented whenever a complaint is received.

Procedures:

- A. HPCK clients/caregivers are informed upon admission of their right to file complaints without fear of discrimination, reprisal or interruption of care, treatment and services.
- B. Individuals will be notified of their right to communicate with DHSS if they have a complaint or grievance that they are not comfortable providing to HPCK. This will include the following address, telephone number and hotline:
 - Health Facilities Licensing & Certification
 - Attn: Complaint Coordinator
 - 4601 Business Park Blvd., Bldg. K
 - Anchorage, AK 99503
 - Phone: 907-334-248
- C. Complaints/concerns brought to the direct attention of any HPCK employee or volunteer shall then be brought to the attention of the Executive Director and addressed within five working days whenever possible. If the complaint is related to the Executive Director, it shall be brought to the attention of the President of the Board of Directors. Appropriate personnel will conduct a documented investigation of all written or verbal complaints received by HPCK.
- D. A written acknowledgement is provided to the client or person who submitted the grievance along with information about how to contact DHSS. All complaints, incidents and grievances will be tracked and analyzed.
- E. HPCK employees and volunteers receive training regarding the complaint resolution process.

7. POLICIES AND PROCEDURES (7 AAC 12.317(e))

Policy Statement:

HPCK shall develop, maintain and utilize administrative, personnel and client care policies and procedures to direct the daily operations of each service provided.

Procedures:

- A. All HPCK policies and procedures are consistent with regulatory requirements and standards of practice and are in accordance with applicable federal and state laws.
- B. When the need for a new policy and procedure is identified, the Executive Director may delegate responsibility for its development.
- C. All employees and volunteers are informed about applicable policies and procedures during orientation and on an ongoing basis as policies and procedures are developed or revised.

- D. A paper copy of these policies and procedures is located in the HPCK office. The policies are also available electronically on the HPCK website: <http://hospiceandpalliativecareofkodiak.org/>
- E. Policies and procedures are reviewed at least annually by the Executive Director and Board of Directors.

8. HOSPICE AND PALLIATIVE CARE REFERRALS

Policy Statement:

HPCK accepts referrals for hospice and palliative care from medical providers, clients/families/caregivers, the Kodiak Area Native Association, the Senior Citizens of Kodiak and PKIMC medical staff.

Procedures:

- A. As shown on the HPCK flowchart (see Appendix), referrals are taken by the Executive Director, Volunteer Coordinator, or other trained volunteer who completes the referral form and explains the services provided by HPCK as well as its limitations.
- B. If the referral is initiated by a client/family/caregiver, a release of information will be obtained and a call will be made to the client's medical provider to confirm a life limiting diagnosis or one appropriate for palliative care. The medical provider will also be informed of the request for services from HPCK. Written confirmation of the diagnosis/life expectancy will then be sent to the health care provider for signature and return.

Article IV – Admission Criteria

1. ADMISSION CRITERIA (7 AAC 12.318)

Policy Statement:

HPCK will accept clients for care only when there is a reasonable expectation that HPCK will adequately meet their needs. Clients are accepted regardless of race, color, sexual preference, age, disability, gender, communicable disease or religion.

Procedures:

- A. During the admission process, HPCK staff determines the client's eligibility for hospice or palliative care services based on the following criteria:
 - The client resides in the Kodiak Island Borough;
 - HPCK staff and volunteers will be adequate and suitable to provide necessary services;
 - Clients, caregivers and families are aware of their rights and responsibilities;
 - The client understands the palliative nature of hospice care, agrees that he/she would benefit from such services, and wishes to receive services;

- Certification can be obtained within two days that the client has a terminal illness or can benefit from palliative care. If written certification cannot be obtained within two days, HPCK will obtain verbal certification within two days and then get written certification from the primary health care provider within 21 days;
 - There are caregivers who are available, able and willing to participate in the client's care. If no caregiver is available, the client agrees to assist HPCK in developing a plan of care to meet future needs;
 - HPCK is assured that services can be effectively coordinated through liaison with organizations and individuals also providing care to the client; and
 - The client acknowledges that in the absence of an advance health care directive, a Physician's Orders for Life-Sustaining (POLST), Physician's Orders for Life-Sustaining (DNR), HPCK shall call 911 in the event of a medical emergency or death.
- B. If it is determined that the client does not meet the criteria for admission, the reasons shall be documented in the referral log and communicated to the referring party as well as the client/caregiver(s) as appropriate. Efforts are made to refer non- admitted clients to other appropriate community resources as needed.

2. INTAKE AND ANNUAL REVIEW ASSESSMENT

Policy Statement:

Under the supervision of the Executive Director, HPCK's Volunteer Coordinator conducts and documents an intake and annual review assessment to identify the client/family needs.

Procedures:

- A. The Volunteer Coordinator performs the initial assessment to determine the client's immediate care and support needs.
- B. The Volunteer Coordinator reviews the assessment and determines the volunteer needs.
- C. The Volunteer Coordinator conducts an annual plan of care (POC) review with the primary care provider's signature.

3. DIVERSITY (7 AAC 12.318(c))

Policy Statement:

HPCK is committed to diversity throughout the organization including, but not limited to Board recruitment, selection and training as well as staff recruitment, selection, advancement and education.

Procedures:

- A. Recognizing that culture, language, spirituality and ethnicity all have considerable impact on access and response to hospice and palliative care, HPCK:
- Supports and promotes attitudes, behaviors, knowledge and skills necessary to work respectfully and effectively with clients, families and staff members from diverse community populations;
 - Develops and promotes strategies for effectively addressing diverse populations from within diverse environments; and
 - Ensures that a client's primary spoken language, religion or spiritual preferences (if specified) and a self-identified race/ethnicity are included in the clinical records.

Article V – Advance Health Care Directives and Client Rights

1. INFORMED CONSENT (7 AAC 12.320)

Policy Statement:

HPCK shall obtain informed consent to receive hospice or palliative care from the client or legal representative and document it in the HPCK clinical record.

Procedures:

- A. Prior to admission, all clients are given a description of the palliative and hospice care services provided by HPCK.
- B. The Volunteer Coordinator obtains a signed consent form from each client or their legal representative and places it in the client's file. Services are not provided until a signed consent form is received.
- C. If a client is a minor or has been determined to be incompetent, the person appointed to act on the client's behalf shall sign the consent form.

2. ADVANCE HEALTH CARE DIRECTIVES (7 AAC 12.320(a)(1-4))

Policy Statement:

HPCK complies with all state and federal laws regarding advance directives and informs and distributes written information to clients on their right to formulate advance directives. The provision of palliative care by HPCK is not conditioned upon whether the individual has executed an advance directive.

Procedures:

- A. During the admission process, clients will be provided with written and verbal information regarding their rights to make health care decisions under Alaska law, including:
- The client's right to formulate an advance directive and designate a health care agent; and
 - The right to accept or refuse medical or surgical treatment, including "Do Not Resuscitate" (DNR) orders.
- B. A copy of any advance health care directive and the client's wishes, a POLST are placed in the client's file. In the absence of an advance

health care directive, a POLST, or DNR, the client's file will contain the client's acknowledgment that HPCK will call 911 in the event of a medical emergency. These items are communicated to members of the HPCK team and the primary care provider.

3. CLIENT AND FAMILY RIGHTS AND RESPONSIBILITIES (7 AAC 12.320(b))

Policy Statement:

HPCK assures the protection and promotion of the rights of each client and the client's family.

Procedures:

- A. Before services are provided, clients and/or their representatives are provided with verbal and written notice, in a language they understand, of the client's rights and responsibilities, as well as HPCK's obligations.
- B. Documentation in the client's HPCK client service log indicates that client and/or their representatives have received and reviewed the written notice of rights and responsibilities and plan of care.
- C. The notice of the client's rights and responsibilities and HPCK's obligations includes, but is not limited to, the client's right:
 - To courteous and respectful treatment of person and property;
 - To be free from physical and mental abuse, neglect or mistreatment;
 - To care and services from employees and volunteers who are properly trained;
 - To identification by name and title of each employee or volunteer who provide care to that client;
 - To confidentiality with regard to information about the client's health, social life and activities in the client's home;
 - To participate in developing his or her plan of care and any changes to it;
 - To the following information in advance of care or services:
 - The care and services to be provided;
 - Any changes in the care or services to be provided;
 - The frequency of proposed visits for care or services;
 - HPCK's expectations of the client's responsibility to participate in the client's own care or services; and
 - The name of the person supervising the care or services, and how to contact HPCK;
 - To be informed of the reason for impending discharge, transfer to another agency or facility, change in the level of care, ongoing care requirements and other available services and options, if needed; and
 - To submit a grievance related to services provided by HPCK.
- D. Education regarding client and family rights and responsibilities is provided during the orientation to HPCK for new employees and

volunteers to ensure that all personnel protect and promote the clients' exercise of their rights.

Article VI – Abuse, Neglect and Mistreatment

1. ABUSE, NEGLECT AND EXPLOITATION (7 AAC 12.321)

Policy Statement:

HPCK strictly prohibits the abuse, exploitation, mistreatment or neglect of clients. Suspected cases of abuse, neglect or exploitation, including elderly, disabled adults and children, are investigated, documented and reported.

Definitions:

Abuse – The willful injury, unreasonable confinement, intimidation, or punishment resulting in physical harm or pain or mental anguish. The willful deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Also, a non-accidental, non-therapeutic infliction of physical pain, injury or mental distress.

Verbal Abuse – Any use of oral, written or gestured language that willfully includes threats and or disparaging and derogatory terms to or about clients or their family, within hearing distance of any client regardless of their age, ability to comprehend or disability.

Sexual Abuse – This includes but is not limited to, sexual harassment, sexual coercion or sexual assault.

Mental Abuse – Any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity, and verbal assault that includes ridiculing, intimidating, yelling or swearing.

Physical Abuse – The willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical restraints unless the restraints are consistent with the licensing requirements, and includes restraints that are otherwise being used inappropriately.

Exploitation - An act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another. Alaska Statute 47.24.900 defines exploitation as an unjust or improper use of another person or another person's resources for one's own profit or advantage.

Misappropriation of Property – As defined in 42 CFR 488.301, the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a person's belongings or money without the person's consent. In some cases, it is financial.

Financial Exploitation – The illegal or improper use of property, income, resources or trust funds of the vulnerable adult by another person for any person's profit or advantage.

Neglect – As defined in 42 CFR 488.301, the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. As defined in AS 47.24.900, the intentional failure by a caretaker to provide essential care or services necessary to maintain the physical and mental health of the vulnerable adult.

Accident – As defined in 42 CFR 483.25, an unexpected, unintended event that can cause a client bodily injury.

Procedures:

- A. All HPCK employees and volunteers shall receive instruction regarding legal requirements for reporting suspected abuse, neglect and exploitation.
- B. Suspicion of abuse, neglect and/or exploitation by any HPCK employee, volunteer, client, family member or caregiver is documented and immediately brought to the attention of the Executive Director who will do the reporting to the appropriate state agency for further investigation as necessary.
- C. HPCK is subject to the reporting requirements of AS 47.17.020 and 47.24.010. Suspected cases of abuse must be reported within 24 hours to the State of Alaska and then five days will be given for an investigation. On the fifth day, a final report must be provided to the state. Initially, all reports, regarding adults and children, shall be made in writing and sent by fax to the state's confidential reporting hotline 1-907-334-2682. Then, as to children, reports shall be made within 24 hours to the Kodiak Office of Children's Services (OCS) at 1-800-478-4444. As to adults, reports shall be made within 24 hours to Adult Protective Services (APS) at 1-800-478-9996. Reports can be made to local law enforcement agencies in the event that a report cannot be made to APS.²
- D. HPCK will document the result of the investigation and the corrective action taken within five days after it becomes aware of an incident described above and the documentation will be submitted to DHSS.
- E. If it is within the power of HPCK, action will be taken to investigate and remove the potential for further abuse, neglect, or mistreatment of a client or further misappropriation of a client's property.

² Local law enforcement agencies are mandated to investigate and take appropriate action to protect vulnerable adults. The Report of Harm Form can be found at www.hss.state.ak.us/dsds/docs/D-ClientRights.doc

- F. All assessments, interventions, discussions and follow-up with the state agency are documented and kept confidential, in the HPCK office, subject to review by the Board of Directors.
- G. Alaska Statute 13.26.358 prohibits an HPCK employee or volunteer from obtaining a client's power of attorney or designation as health care agent (except as permitted for relatives).

Article VII – Governing Body

1. GOVERNING BODY (7 AAC 12.325)

Policy Statement:

HPCK is governed by a Board of Directors and it operates in accordance with its bylaws. The Board assumes full legal and financial authority and responsibility for determining, implementing and monitoring policies governing HPCK's total operation.

Procedures:

- A. Prospective members of the Board shall complete a Board of Directors Interest Form (see Appendix) and be invited to attend a Board meeting to confirm interest prior to appointment. Members shall be elected by the Board. Efforts shall be made to select Board members who reflect the diversity of the community served by HPCK.
- B. Responsibilities of the Board of Directors include but are not limited to:
 - Adopting and revising written bylaws that provide for election or appointment of officers and committees and establishing the frequency of meetings;
 - Establishing a written mission statement that is consistent with the hospice philosophy (see Definitions);
 - Ensuring that services provided are consistent with the hospice philosophy and the requirements of 7 AAC Chapter 12;
 - Hiring, terminating and providing for supervision of the Executive Director;
 - Designating an Executive Director who meets the requirements of 7 AAC 12.329(b);
 - Delegating to the Executive Director the authority and responsibility for the daily operations of HPCK in accordance with state and federal regulations;
 - Providing for systematic and effective communication between the community, governing body and the Executive Director;
 - Overseeing the management and fiscal affairs of HPCK, including approving the budget and monitoring financial information and organizational operations; and
 - Engaging in short and long-range planning.
- C. Board members have authority only when acting as a body duly in session. The Board shall not be bound by statement or action of an individual Board member, volunteer or employee of HPCK except as

such statement or action is in accordance with the instructions of the Board.

- D. New members of the Board of Directors will receive a New Board Member Binder containing Board of Directors job description, the articles of incorporation, the bylaws and these policies and procedures. Each new Board member is encouraged to participate in an initial orientation program and continuing education opportunities intended to prepare Board members for their role and responsibilities. Following the annual meeting, every Board member will acknowledge the responsibilities of being a Board member and sign a Confidentiality and Conflict of Interest form (see Appendix).
- E. At least two Board members will be appointed to the following committees and a Board member will be the chair of each committee:

Board Development Committee: Ensure effective Board processes, structures and roles, including retreat planning, committee development, and Board evaluation; sometimes includes role of nominating committee, such as keeping list of potential Board members, orientation and training.

Finance Committee: Oversees development of the budget; ensures accurate tracking/monitoring/accountability for funds; ensures adequate financial controls; often led by the Board Treasurer; reviews major grants and associated terms.

Fundraising Committee: Oversees development and implementation of the Fundraising Plan; identifies and solicits funds from external sources of support, working with the Development Officer if available; sometimes called Development Committee.

Policy Committee: Works with the Executive Director to conduct the annual review of the policies and procedures manual; drafts proposed changes to present to the Board of Directors; from the Board of Directors, solicits and reviews proposed policy changes.

Board Officers

President – The principal duties of the President shall be to:

- Preside at all meeting of the Directors; and
- Provide general supervision over the affairs of the corporation.

Vice-President - The principal duties of the Vice-President shall be to:

- Perform the duties of the President in the event of his/her absence or disability; and
- Perform other duties as may from time to time be assigned by the president of the Board.

Secretary - The principal duties of the Secretary shall be to:

- Keep minutes of the meetings of the Board;

- Assign this duty to another Board member in his/her absence from a meeting;
- Sign, with the President, all deeds, bonds, and contracts and other documents in the name of the corporation;
- Keep a permanent file of the minutes and the policies of the Board;
- Keep a record of the names and addresses of the Board members and officers.

Treasurer - The principal duties of the Treasurer shall be to:

- Actively monitor the Executive Director's management of the funds and investments of the corporation;
- Assist the Executive Director in the preparation of the annual budget;
- Report quarterly to the Board at its meetings;
- Track the financial status of the corporation;
- Monitor payroll; and
- Assure compliance with the Accounting Procedures (Article VIII, Section 2, below)

2. MISSION & VISION STATEMENT (7 AAC 12.325(2))

Policy Statement:

The HPCK mission statement is developed and regularly reviewed by the Board of Directors. It is consistent with hospice philosophy.

Mission Statement – To join the journey of those facing life-threatening illness or loss; meeting needs, reducing fears, and offering comfort.

Vision Statement – An organization of neighbors helping each other finish life's journey with dignity and compassion.

Procedures:

- A. The Board of Directors develops the vision and mission statements in accordance with the commitment to provide the highest quality care and services.
- B. Copies of the vision and mission statements are provided to staff and volunteers during orientation to HPCK and they are available to staff, volunteers, clients, referral sources and the general public.
- C. HPCK's performance in relation to its vision and mission statements is evaluated every three years during strategic planning by the Board of Directors.
- D. The vision and mission statements are reviewed and revised as needed.

3. STRATEGIC PLANNING

Policy Statement:

HPCK, via its Board of Directors and staff, shall ensure that there is an ongoing process for strategic planning and resource management.

Procedures:

- A. The Board of Directors promotes a strategic planning process that may include, but is not limited to:
 - Assessing HPCK's vision, mission and goals to ensure that care and services are consistent with stated objectives;
 - Analyzing data related to client /caregiver satisfaction, such as surveys, complaint forms, incident reports, and a quality assurance program; and
 - Developing a strategic plan that addresses both short term and long-range goals related to HPCK's mission.
- B. Documentation of the strategic planning process shall be maintained in the minutes of the meetings of the Board of Directors and reflect planning related to all aspects of HPCK's operations. (See the Appendix for a copy of the current strategic plan.)
- C. The Board of Directors shall solicit input from internal and external stakeholders and the community at large for inclusion in the strategic planning process.
- D. HPCK's strategic plan is communicated to all staff and volunteers.

4. FINANCIAL AND FIDUCIARY RESPONSIBILITY (7 AAC 12.325(6))

Policy Statement:

HPCK, via its Board of Directors, Executive Director and all employees and volunteers, shall demonstrate fiscal and fiduciary responsibility for the HPCK program.

Procedures:

- A. The Executive Director, along with the Treasurer, will assume the responsibility of preparing the annual budget for presentation to and review by the Board. The Board will approve the budget by majority vote at a regularly scheduled meeting or at a special meeting called for that purpose.
- B. The HPCK accounting system will provide an accurate record of financial transaction consistent with approved accounting practices.
- C. Funds of the corporation shall be held in a checking and/or savings account, or Certificates of Deposit at a financial institution subject to withdrawal by the signature of the Executive Director and one Officer of the Board. _Additionally, upon Board approval, a portion of the fund balance may be placed in an uninsured investment account.
- D. Personnel or Board members who expect to incur expenses in carrying out Board-authorized duties shall submit to the Executive Director an estimate of the expenses to be incurred. Upon approval by the Executive Director and actually spending funds, reimbursement shall be made upon submission of a properly completed reimbursement form and such

- supporting receipts as required. Such expenses will be incurred and approved in line with budgetary allocation for specific types of expenses.
- E. Travel expense reimbursement and/or mileage will be paid at a rate authorized by the Board. Persons who travel at the corporation's expense will exercise the same economy as a prudent person traveling on personal business, and will differentiate between expenditure for corporate business and those for personal convenience.
 - F. The Executive Director shall maintain a petty cash fund not to exceed \$200.00 for reimbursement of petty cash expenditures.
 - G. Financial records shall be retained for three years following the month in which the financial statements are presented to the Board of Directors or in accordance with state or federal requirements, whichever is longer.
 - H. There are two pay periods each month. For an employee's vacation/sick leave deduction to appear on a paycheck, a request for leave (see Appendix) must be submitted in writing and approved at least three days in advance. If the request was not submitted within three days of the payday, the vacation/sick leave will be deducted the following pay period (i.e.: if an employee is sick on the 14th of the month, the request for leave form must be submitted in writing and approved at least 3 days prior to the following pay period.) Pay checks will be delivered and direct deposits made on the fifteenth and last day of each month. If any of these dates fall on a weekend or a holiday, the action is to occur on the last applicable business day.
 - I. For non-salaried employees, HPCK will pay overtime for over 8 hours a day, or 40 hours a week. The rate will be time and a half. Salaried employees will not receive overtime pay .

Article VIII – Administration

1. ADMINISTRATION (7 AAC 12.325 (3) and 12.329(b))

Policy Statement:

The HPCK Board of Directors shall hire and appoint a qualified individual to serve as Executive Director who will be responsible for the day-to-day operations of the program.

Procedures:

- A. The Board of Directors conducts a search to find the most qualified, experienced and competent individual who has education, experience, and knowledge related to hospice care or related home health program care appropriate to the fulfillment of responsibilities outlined in the Executive Director's job description.
- B. The Executive Director, as the chief executive officer of HPCK, reports to the Board of Directors and fulfills the responsibilities outlined in the job description for this position, including, but not limited to:
 - Overseeing all activities of the hospice and palliative care program;

- Managing the business affairs and overall operations;
 - Receiving and depositing funds;
 - Maintaining all receipts and records of expenditures and keeping accounting books for the corporation;
 - Filing and maintaining papers required by the IRS;
 - Implementing and regularly evaluating these policies and procedures;
 - Evaluating the overall program performance of HPCK;
 - Ensuring that employees and volunteers receive appropriate orientation, continuing education and evaluation;
 - Assuring conformance with applicable state and federal laws, these policies and procedures and applicable professional standards;
 - Reporting in writing to the Board of Directors at each regular meeting of the Board;
 - Maintaining a liaison between the Board of Directors, the staff and volunteers;
 - Preparing board meeting agendas;
 - Evaluating the recommendations of committees and consultants;
 - Consulting with the treasurer in the preparation of the annual budget;
 - Submitting an annual calendar of events to the Board for its input;
 - File the biennial report of nonprofit status, as required by the State of Alaska;
 - Working with the Board to develop and maintain community awareness of HPCK;
 - Preparing Hospice and Palliative Care of Kodiak Newsletters;
 - Assisting the Board with fundraising and sustainability planning;
 - Communicating with other agencies;
 - Maintaining the Hot Dates calendar ;
 - Updating the website to ensure current events and documents are posted; and
 - Serving as the HPCK Program Director (See 7AAC 12.329).
- C. Daily operations for the HPCK are from 8:30-3:30 p.m., Monday-Friday. In the event of an absence, staff shall leave a message on the office telephone answering machine indicating the expected date of return and contact procedures during the absence, as well as post a sign on the HPCK office door indicating the same. Staff shall make use of out-of-office messages for email accounts during any absence whenever possible.
- D. In the absence of the Executive Director, the authority and responsibility for daily operations are delegated to the Volunteer Coordinator or another person as designated by the Board of Directors.
- E. The Board of Directors evaluates the performance of the Executive Director annually.

- F. The Executive Director conducts a search to find the most qualified, experienced and competent individual who has education, experience, and knowledge related to hospice care or related home health program care appropriate to the fulfillment of responsibilities outlined in the Volunteer Coordinator's job description.
- G. The Volunteer Coordinator reports to the Executive Director and fulfills the responsibilities outlined in the job description for this position, including, but not limited to:
- Recruiting, training, supporting and coordinating volunteers;
 - Receiving potential client referrals, completing intake/needs assessment for each family/client, developing a plan of care to meet client/family needs and assigning an appropriate volunteer;
 - Reporting monthly volunteer hours, obtaining volunteer documentation and monitoring the bereavement process;
 - Maintaining client and volunteer files;
 - Coordinating and presenting quarterly trainings;
 - Developing and providing annual volunteer training;
 - Providing information to individuals and community groups about hospice volunteer services; and
 - Assisting the Executive Director with Hospice and Palliative Care of Kodiak Newsletters
- H. The Executive Director evaluates the performance of the Volunteer Coordinator annually.

2. ACCOUNTING PROCEDURES

Policy Statement:

HPCK shall maintain its accounts in accordance with generally accepted accounting procedures.

Procedures:

- A. HPCK shall use the following accounting system:
- QuickBooks;
 - The Executive Director shall prepare, and the Board of Directors shall approve a chart of accounts;
 - All records will be maintained on an accurate and timely basis; and
 - Accounting records shall be maintained on an accrual basis, utilizing fund accounting procedures in conformance with generally accepted accounting principles and procedures for non-profit organizations.
- B. The Executive Director shall use the following means of financial reporting:
- Monthly income and expense reports and a balance sheet shall be provided to the treasurer within 15 days of the end of the month;

- A year to date versus budget report, an income and expense report and a balance sheet shall be provided to the Board at its meetings in April, July and October of each year;
 - Annual financial statements shall be provided to the Board at its January meeting of each year. (These statements shall include a year to date versus budget report, an income and expense report, a balance sheet, a petty cash register journal, a savings account register journal, end of year bank statements and reconciliation reports);
 - The fiscal year runs from January 1- December 31. The annual budget will be compiled and submitted to the Board for approval by November 30 of each year; and
 - All tax returns will be filed in a complete, accurate, and timely manner. The federal payroll tax report and the state unemployment tax report will be filed within 15 days of the end of each quarter. The federal annual income tax return will be filed before May 15 of each year.
- C. Hospice and Palliative Care of Kodiak shall maintain the following bank accounts at First National Bank Alaska (FNBA): business checking account; savings account; and certificate(s) of deposit (if needed). The Executive Director shall keep the check book and prepare checks. The Executive Director and an officer of the Board are signers on all financial accounts and only they are authorized to sign checks, make withdrawals or transfer money from the bank accounts. Additionally, upon Board approval, a portion of the fund balance may be placed in an uninsured account which appears likely to produce a higher return than FNBA certificates of deposit.
- D. Bank statements are to be reconciled on a monthly basis by the Executive Director and then reviewed by the Treasurer. All bank reconciliations will be made in accordance with generally accepted accounting practices using QuickBooks.
- E. Hospice and Palliative Care of Kodiak shall maintain a petty cash fund as follows:
- A petty cash fund of \$200 will be established and maintained by the Executive Director for the purchase of day-to-day items as required. Petty cash funds will be kept in a locked filing cabinet in the office and only the Executive Director will have access to it; and
 - All petty cash receipts should be entered into the petty cash register on a weekly basis. Petty cash funds will be replenished once the funds are below \$10, or at the end of each quarter regardless of the amount of funds left. A petty cash reimbursement check will be issued, signed by two officers of the Board, upon receipt of a petty cash fund reconciliation form. Each time the petty cash funds are replenished, a copy of the petty cash register should be printed and filed with the petty cash receipts, reconciliation form and bank disbursement slip attached to it.

- F. HPCK shall use debit cards as follows:
- The Board of Directors shall approve each request for a corporate debit card. The Executive Director obtains a debit card from FNBA and issues the card to the authorized individual. Each person receiving a debit card must read and sign the “Debit Card Agreement” (see Appendix) before receiving the card. That individual is responsible for meeting all of the requirements of the agreement. The original signed copy is kept in the administrative bank file and a copy is given to the individual receiving the card;
 - The Treasurer reviews the completed “Reports of Debit Card Use” forms for each individual with a debit card on a monthly basis for patterns of potential or suspicious card activity, or failure to follow the letter of agreement terms. Should any such issues be identified, the issue will need to be addressed in writing as soon as possible. The information related to the problem and its resolution should be formally reported to the Board of Directors in a timely manner; and
 - A receipt must be obtained for all debit card transactions. For all receipts, the Executive Director shall note the budget line item(s) from which the funds should be reported. The Executive Director will track all transactions and report all documentation to HPCK’s accountant to record into the accounting system. The Executive Director will also regularly monitor online the account balances. The debit card will be surrendered to the treasurer as requested by the Treasurer. The “Debit Card Agreement” must be signed by both the individual returning the card and the Treasurer to verify that the card was properly returned. Returned cards will be shredded by the Treasurer.
- G. HPCK shall follow these cash procedures when cash is received:
- All cash donations should promptly have a receipt issued as well as a thank-you card. All relevant information should be recorded in Network for Good;
 - Cash should be deposited on a regular basis, at least once a week. A cash deposit summary needs to be made for each deposit. The bank receipt for each deposit needs to be attached to the summary and filed; and
 - All un-deposited cash will be kept in a secured storage cabinet inside the HPCK office.
- H. HPCK shall follow these accounts payable procedures:
- Processing and payment of invoices for goods and services will be done on a monthly basis;
 - Payments for goods and services shall be made within appropriate timelines. Payment scheduling will take advantage of purchase discounts when possible and will be made so as not to incur late charges or penalties;
 - Invoices must accompany all payments and will be coded to the appropriate expense account; and

- All payment checks will be approved and signed by the Executive Director and one or two officers of the Board of Directors (two signatures are required).
- I. HPCK shall acknowledge its donors as follows:
 - HPCK depends on the generous financial support of many individuals and businesses. To nurture this critical source of support it is very important that we promptly and properly acknowledge all gifts. As a 501(c)(3) public charity we have the ability to provide income tax deductions for our donors;
 - Within two weeks of receiving a gift, an acknowledgment shall be sent to the donor; and
 - By January 31 of each year, a donation receipt (which will include all donations made by the donor during the preceding year) will be sent to each donor.
 - J. HPCK reserves the right to decline any gift that is deemed not to be in the best interest of the group or that is beyond our resources to manage.

3. COMPUTER USE

Policy Statement:

HPCK will safely maintain computer systems for the purpose of collecting, storing, analyzing, utilizing and reporting business information and data.

Procedures:

- A. HPCK will protect all data and information, limiting and controlling access, while giving employees, volunteers and authorized members of the Board access to the resources, information and data necessitated by their responsibility.
- B. HPCK will determine the need for each person's access to computer systems, and appropriate levels of security and confidentiality. The Executive Director or Board of Directors may ask for further explanation or justification of the level of access requested does not seem appropriate. The Board of Directors will have the final decision on any disputed access.
- C. Users must be trained and oriented volunteers or employees who have gone through and passed a State of Alaska background check.
- D. HPCK computer systems shall not be used for any personal purpose.
- E. Employees shall not delete any emails related to HPCK business.
- F. To efficiently provide access to reliable computer systems for business and support while at the same time protecting all information and data from unauthorized or unnecessary use and users, and to ensure data security, integrity, and confidentiality, the following steps shall be followed:
 - Users will be given access upon the approval of the Executive Director and/or Volunteer Coordinator as deemed appropriate for the task assigned;

- A complete list of all users along with passwords will be kept by the Executive Director or Volunteer Coordinator and stored in the HPCK office;
 - Upon the disassociation of a user, all passwords and authorized access will be terminated appropriately;
 - The Executive Director must assign each eligible person a password for logging on and off of any approved device and system(s);
 - This information, whether temporary or long term, will be recorded in the file of the volunteer as well as with the Executive Director;
 - All users will receive proper training and instruction on the use of the program(s) they are authorized to use;
 - Any questions and desire for increased training is to be brought to the attention of the Executive Director so that proper use is ensured;
 - A Contract of Computer Use form must be signed by the user and the Executive Director (see Appendix); and
 - HPCK reserves the right to terminate any user who violates the agreement.
- G. The Executive Director ensures data is only being saved in HPCK's secure Google Drive with which the organization has a Business Associate Agreement (BAA; see definitions).

4. DONOR CATEGORIES

Policy Statement:

HPCK shall encourage and recognize all financial donations.

Definitions:

1. Mainstay Donors: Businesses or individuals who donate at least \$10,000 in a given year.
2. Beacon Donors: Businesses or individuals who donate \$5,000-\$9,999 in a given year.
3. Pillar Donors: Businesses or individuals who donate \$1,500-\$4,999 in a given year.
4. Society of a Thousand Donors: Businesses or individuals who donate \$1,000-\$1,499 in a given year.
5. Friends of Hospice: Individuals or businesses that donate less than \$1,000.00 a year as a direct or in-kind donation

6. Hospice Charity Gala Sponsors: Businesses or individuals who specifically underwrite HPCK's annual fundraising gala; Sponsor categories change yearly dependent upon theme.
7. Grantor: Organizations or entities who have awarded HPCK a grant through an application and review process.

Procedures:

- A. Upon donation or grant receipt, a thank you letter will be sent to donor or grantor within 14 days; if appropriate, a hand-written thank you note and phone call will be provided by the Executive Director or staff.
- B. Donors and Grantors will be acknowledged on HPCK's website, newsletter, annual report, and in HPCK's fundraising gala program. Additional efforts will be made to thank donors throughout the calendar year.
- C. Donor Recruitment –
 - In April of each year, a fund raising committee is appointed by the HPCK Board of Directors. Members of the committee will identify potential new donors. Then, committee members will contact prospective members in the most appropriate fashion.
 - The Executive Director will organize a spring and winter appeal every April and November; new donors will be recruited through bulk mailings, community tabling, and online campaigns .
- D. All Grantors will be listed on HPCK's website under "partners"; HPCK will follow all applicable grantee stipulations by means of grant agreement.

5. GAMING PERMIT

Policy Statement:

HPCK will comply with all State of Alaska Statutes and Regulations governing Charitable Gaming.

Procedures:

- A. HPCK will maintain a separate banking account for gaming activity.
- B. HPCK will not allow other organizations to use its gaming permit.

Article IX – Volunteer Services

1. **VOLUNTEER SERVICES (7 AAC 12.317(a)(1), (3) and (5)(f), 12.336 and 12.338)**

Policy Statement:

HPCK relies on its direct care, indirect care and general volunteers to accomplish the mission of HPCK. Volunteers may function in a variety of roles.

Procedures:

- A. Volunteer job description:

- Direct care volunteers provide hospice, palliative care, and bereavement services to clients and their families.
 - Indirect volunteers assist with routine office matters, indirect client care needs and may handle confidential information.
 - General volunteers assist with fundraising and community outreach.
- B. Volunteer services are directed by a Volunteer Coordinator who is responsible for:
- Implementing a direct service volunteer program;
 - Coordinating the orientation, education, support and supervision of direct service volunteers;
 - Interviewing potential volunteers and selecting those appropriate for the program and the volunteer needs;
 - Making home visits to the client/family to complete a needs assessment;
 - Assigning volunteers to specific clients as appropriate;
 - Limiting services to the scope of function;
 - Organizing team conferences as needed to discuss client care; and
 - Planning volunteer team meetings at least quarterly.
- C. Volunteers report to and are supervised by the Volunteer Coordinator and are used in a variety of roles including, but not limited to:
- Providing emotional and practical support to clients and families;
 - Providing short-term respite for a client's caregiver(s);
 - Assisting in community education and outreach activities;
 - Assisting with fund raising activities;
 - Assisting with program administration and development; and
 - Assisting with office and administrative duties.
- D. Volunteer Files – a file is maintained for each volunteer that contains each of the items listed on the checklist (see Appendix):
- A completed volunteer application;
 - The volunteer's emergency contact information;
 - Two references with verification notes;
 - Copies of driver's license and vehicle insurance and proof of an acceptable driving record (if applicable);
 - A signed confidentiality statement;
 - Documents relating to performance and performance letters;
 - A signed volunteer agreement;
 - An orientation checklist;
 - Criminal background check information (for care volunteers with contact with clients or access to confidential client information); and
 - Proof of initial Tuberculosis test (TB) with negative results or note from doctor with clearance if test results are positive.
 - Proof of training compliance.

- E. Volunteer activity – upon request, HPCK may provide documentation of volunteer activity for use in resumes, tax records or professional activity.
- F. Personal information – The volunteer is expected to keep the Volunteer Coordinator updated as to his/her address, phone number, health, training and availability, and current auto insurance and driver's license information.
- G. Active and inactive direct care volunteer status – a direct care volunteer will be on active status for one year following the last visit with a client or family as recorded on a client service log. After one year, the volunteer will be on inactive status. An inactive volunteer may not be assigned to a client. Any inactive volunteer desiring to return to active status must first meet with the Volunteer Coordinator to determine the amount of training which may be needed to resume service.

Article X – Hiring, Orientation and Training

1. HIRING OF CREDENTIALLED EMPLOYEES

Policy Statement:

HPCK shall ensure the highest quality of credentialed employees by screening their qualifications.

Procedures:

- A. The Board of Directors will take each of the following actions when a credentialed employee is being considered for hire:
 - Verify with the State of Alaska that the individual is currently licensed and is in good standing;
 - Obtain a photocopy of the state license;
 - Review and investigate any missing or inaccurate information;
 - Check references and criminal history;
 - Investigate any information such as terminations, loss of license or malpractices claims; and
 - Require documentation of previous professional coverage by a certificate of insurance.

2. HIRING OF OTHER EMPLOYEES

Policy Statement:

HPCK shall ensure the highest quality of all other (i.e., non-credentialed) employees by screening their qualifications.

Procedures:

- A. The Board of Directors will take each of the following actions whenever a non-credentialed employee is being considered for hire:
 - Check references and criminal history; and
 - Investigate any information such as terminations.

- B. The President of the Board of Directors will ensure that all successful candidates complete the New Hire Hospice Orientation (see Appendix).
- 3. APPLICATION AND SCREENING OF VOLUNTEERS (7 AAC 10.900(b), 12.336(a)(2) and 12.338)**

Policy Statement:

HPCK shall ensure the highest quality of volunteers available by screening them for appropriateness.

Procedures:

- A. The Volunteer Coordinator conducts a brief phone or in-person interview to determine interest, appropriateness, availability and commitment of the applicant as well as training requirements.
- B. The applicant completes a written volunteer application.
- C. The volunteer is accepted into training program.
- D. Training is provided.
- E. Background check is completed.³
- F. A final interview is conducted to determine the volunteer's appropriate role.⁴
- G. Orientation assures completion of the documents in the volunteer file (see Article IX, section 1D, above).

4. VOLUNTEER TRAINING (7 AAC 12.317(F) AND 12.338)

Policy Statement:

HPCK shall provide training to all volunteers.

Procedures:

- A. The training program for volunteers is tailored to the volunteer position and coordinated and supervised by the Volunteer Coordinator.
- B. The length of the training program is variable but must include, at a minimum, the following core modules, taught by qualified individuals:
- Hospice philosophy, organization, services and goals;
 - Volunteer role, duties, responsibilities and expectations;
 - Identification of resource people;
 - Ethics and confidentiality;
 - Safety practices; and

³ All volunteers who have unsupervised contact with clients/families or access to client information pertaining to personal or financial records must: 1) complete a criminal background check including finger printing; and 2) provide two references that are to be confirmed by the Volunteer Coordinator or designated staff person. Background checks are valid for six years online. See Appendix regarding background check requirements.

⁴ Before a volunteer is approved as a direct service volunteer, the Executive Director, the Volunteer Coordinator and the applicant must all so agree.

- Abuse and neglect reporting.
- C. Training for direct care volunteers must also include:
- Comfort measures;
 - Psychosocial and spiritual issues related to death and dying;
 - Family dynamics and psychosocial issues surrounding terminal disease, death and bereavement and specific training will be offered for children;
 - Client/family rights and responsibilities;
 - Signs and symptoms of approaching death;
 - Procedures following the death of a client/funeral arrangements;
 - Infection control, safety and emergency preparedness;
 - Record keeping requirements;
 - Safety practices related to client services;
 - Personal issues and death awareness;
 - Communication skills; and
 - Self-care/stress management.
- D. The orientation and training for volunteers who do not provide direct care is modified to meet the needs and interest of the volunteer and the volunteer assignment.
- E. Before a direct care volunteer can provide any hospice services, training of at least twenty-one hours specific to hospice services must be completed. Indirect volunteers must complete at least four hours of training before providing services to HPCK. General volunteers must complete training that addresses hospice philosophy and confidentiality requirements.
- F. Additional on-going training opportunities will be offered to existing volunteers (see section 5, below).
- 5. ASSIGNMENT OF VOLUNTEERS TO CLIENTS (7 AAC 12.336(A) AND (B)(4), (5), (7) AND (8))**

Policy Statement:

HPCK shall assign volunteers in a timely and appropriate manner to provide care and services in accordance with the client's plan of care under the supervision of the Volunteer Coordinator.

Procedures:

- A. Request for volunteer – During the first visit, the Volunteer Coordinator provides the client/family with information regarding the services provided by volunteers.
- B. Assignments - Volunteer assignments are made as soon as possible after notification of the request. The volunteer may either accept or decline the assignment.
- C. Plan of care - If accepted, the volunteer will be informed of the plan of care and a medical emergency plan with the expectation that the volunteer is to follow this plan.

- D. Schedule - Direct care volunteers are to establish a regular schedule of visits (if possible). A call/text is to be made before each visit and the volunteer is expected to be prompt. A call/text/email should be made to the Volunteer Coordinator if s/he is unable to make a scheduled appointment.
 - E. Referrals/Doctor calls - The volunteer should never make a referral or call the client's primary health care provider directly unless instructed to do so by the Volunteer Coordinator. All concerns should be shared with the Volunteer Coordinator.
 - F. A volunteer should not offer opinions, advice or criticism of medical, psychosocial, or spiritual services or treatments.
- 6. RECRUITMENT AND RETENTION OF VOLUNTEERS (7 AAC 12.336(b)(1))**

Policy Statement:

HPCK shall engage and treat all volunteers and volunteer applicants on the basis of qualifications, competence and ability to do the job without regard to age, gender, religion, race, color, marital status, creed, national origin, sexual orientation, disability, handicap, or other non-job-related factors.

Procedures:

- A. Volunteers are recruited from a broad cross section of the Kodiak community. Prior to a volunteer training program, a recruitment effort is initiated.
- B. The Volunteer Coordinator shall maintain a spreadsheet that tracks the number of clients receiving services and all volunteer hours on a monthly basis.
- C. The Volunteer Coordinator shall maintain a list of the expiration dates of critical items for each volunteer (including auto insurance, TB test dates, driver's license information and background checks).
- D. The Volunteer Coordinator completes interviews with each volunteer on an annual basis to ensure that the volunteer gets appropriate feedback and recognition regarding their performance and to ensure that the volunteer's goals as a volunteer are being met.
- E. HPCK will document on-going efforts to recruit and retain volunteers.
- F. Volunteers will be informed of the dismissal policy in the Volunteer Training Manual. A volunteer may be dismissed for failure to follow any of the outlined policies. A termination interview will be held between the Executive Director, the Volunteer Coordinator, the volunteer and at least one Board member before a termination of the volunteer's services takes effect.
- G. Volunteers must be at least 18 years of age.

7. SUPPORT, EDUCATION AND RETENTION OF VOLUNTEERS (7 AAC 12.338(k))

Policy Statement:

HPCK shall provide on-going support and continuing education opportunities in order to retain qualified and competent volunteers.

Procedures:

- A. Support is provided to HPCK volunteers through activities such as:
 - A formal volunteer recognition event held annually;
 - Regular and consistent contact with the Volunteer Coordinator; and
 - Attendance at the quarterly volunteer meetings.
- B. Continuing education opportunities for volunteers may include:
 - Notification of/invitation to in-services provided to hospice staff; and
 - Specialized in-services on topics relevant to volunteer duties.

8. VOLUNTEER ROLE AND EXPECTATIONS

Policy Statement:

HPCK volunteers perform duties as outlined in their volunteer job description and only within the scope of their training.

Procedures:

- A. Meals at a client's home - A volunteer may accept the offer of a snack or meal at a client's home, but should never expect such an offer.
- B. Foods gifts for clients - A volunteer should only provide food to a client after checking with the Volunteer Coordinator or family/caregiver about any dietary restrictions;
- C. Gifts - The volunteer should not accept gifts from the client/family. Small gifts may be accepted if the refusal of such a gift would damage the volunteer/client relationship. Volunteers may give small gifts provided they check first with the Volunteer Coordinator.
- D. Money - Under no circumstances should a volunteer accept money from a client or family member. If the family would like to give a monetary gift, direct them to the HPCK office. A volunteer shall not transport money to the office.
- E. Drugs/alcohol - A volunteer must never visit a client, or perform any function for HPCK, while under the influence of narcotics or alcohol. Volunteers must decline any offer of alcohol or drugs from the client/family. Volunteers may not purchase drugs or alcohol for a client.
- F. Smoking – A volunteer must not smoke in a client's home or in the presence of the client.
- G. Giving rides to clients – Volunteers may use their vehicles to give clients rides provided they have each of the following:
 - A current driver's license;
 - Proof of insurance on file in the HPCK office;
 - An acceptable driving record; and
 - Completed the HPCK driver safety program.

- H. Funerals – A volunteer is encouraged, but not required, to attend the client’s funeral.
- I. Post-death visits –A volunteer is encouraged to make one or more post-death visits when possible.

9. BEREAVEMENT SERVICES (7 AAC 12.317(a)(4))

Policy Statement:

HPCK shall provide bereavement services for the client’s family members, caregivers and significant others and to the community at large.

Procedures:

- A. Volunteers assigned to support bereaved clients shall have received appropriate training and are subject to the policies and procedures of all HPCK volunteers.
- B. HPCK provides bereavement services to the family, caregivers and/or significant others of deceased clients for at least 13 months following the client’s death. These services may include, but are not limited to:
 - Letters;
 - Phone calls or visits;
 - Support groups; and
 - Community referrals as appropriate.
- C. Mailings are sent to identified family members or significant others of deceased clients on the client’s birthday and at these intervals during the year following the client’s death:
 - Within one week of a client’s death – a sympathy card signed by the HPCK staff and volunteers along with an explanation of HPCK’s bereavement services; and
 - Then at intervals of thirty days, three months, six months, nine months, eleven months, thirteen months and on holidays.
- D. Bereavement files are securely retained for five years after end of service.
- E. Bereavement services are also provided to members of the community and may include support groups, one-on-one volunteer support, community education, crisis support, and working with schools or businesses impacted by loss.

10. PROFESSIONAL BOUNDARIES

Policy Statement:

HPCK shall assure that all staff members and volunteers maintain a professional relationship with one another, clients and the families served by HPCK.

Procedures:

- A. The behaviors and interactions of HPCK employees or volunteers with the client/family are limited to those called for by the demands of the services being rendered.

- B. HPCK employees and volunteers may not perform any banking or other financial transactions for clients or families.
- A. HPCK employees and volunteers may not act as Power of Attorney or Health Care Agent for an active HPCK client.
- C. HPCK employees and volunteers may not impose their personal religious or political beliefs on clients or families.
- D. HPCK employees and volunteers are prohibited from engaging in intimate relationships with any client, family member or other caregiver.
- E. Any HPCK volunteer who has a prior relationship with a client/family must inform the Volunteer Coordinator to ensure that appropriate assignments are made.
- F. Questions regarding conduct, ethics and or this procedure should be presented to the Executive Director.

Article XI – Clinical and Administrative Records

1. RECORDKEEPING FOR VOLUNTEER HOURS (7 AAC 12.339)

Policy Statement:

HPCK shall record volunteer hours of service.

Procedures:

- A. Volunteers are required to complete and submit the volunteer service hour record for all volunteer service.
- B. The Volunteer Coordinator verifies that documentation has been provided for each client/family visit or contact listed on the volunteer time sheet.
- C. The Volunteer Coordinator summarizes the volunteer activity each month and reports are forwarded to the Executive Director for inclusion in reports to the Board of Directors.
- D. Data from the monthly volunteer activity summaries is compiled annually to document and demonstrate the services provided by HPCK volunteers for the annual 990 tax reporting form.
- E. Client services logs - Upon completion of each client/caregiver visit or phone contact, the volunteer completes the volunteer note via Track-It-Forward, or brings it into the HPCK office, mails, faxes, or emails the completed documentation to the Volunteer Coordinator. All volunteer documentation must be submitted as soon as possible and within one (1) week of the client contact for incorporation into the client's clinical record.

2. CLINICAL RECORDS (7 AAC 12.339)

Policy Statement:

HPCK shall establish and securely maintain a client file for each client receiving care and services from HPCK.

Procedures:

- A. Each client's file includes, at a minimum, the following:
- Demographic data;
 - Name of the primary care physician or advanced nurse practitioner;
 - Referral information and pertinent medical history;
 - Signed informed consent for HPCK services which includes information related to:
 - 1) The process for filing complaints;
 - 2) Client rights and responsibilities;
 - 3) Advance directive, POLST, and/or DNR ;
 - 4) Release of Information (ROI) for medical providers and other agencies involved in care; and
 - 5) The client's or client's attorney-in-fact's signed acknowledgment that in the absence of an advance directive, a POLST, or a DNR HPCK shall call 911 in the event of a medical emergency;
 - Copies of an advance directive, a POLST, or a DNR;
 - Initial and updated plan of care;
 - Progress notes – signed and dated;
 - Copies of any summary reports sent to the medical provider;
 - Copies of any transfer information sent with the client; and
 - A discharge summary.
- B. Clinical records are kept in locked filing cabinet and are safeguarded against loss or destruction. They must be readily available to authorized personnel during HPCK operating hours.
- C. Access to client clinical records is restricted to staff and volunteers involved in the client's care.⁵
- D. Upon request, clinical records will be transferred with the client to another agency or health facility; the transferred record may be a copy or an abstract and summary report.
- E. The client's file is closed within 30 days of the client's discharge and stored with other closed files in a locked file cabinet.
- F. After discharge from bereavement care the file is transferred to the locked permanent client record files.⁶
- G. If HPCK ceases to operate, records will be maintained in accordance with Alaska law. The budget will include a line item for this expense.
- H. Clinical records are disposed of using methods that will prevent retrieval and subsequent use of information.

3. **PROGRESS NOTES (7 AAC 12.339)**

⁵ If electronic clinical records are kept, they must be protected by security software designed to ensure confidentiality.

⁶ Alaska law requires that client records be retained for at least five years after the date of discharge, or in the case of a minor, for three years after the client turns 21, whichever is longer.

Policy Statement:

HPCK staff and volunteers document services provided to the client.

Procedures:

- A. Progress note documentation is completed by all staff and volunteers related to:
 - Client/caregiver visits;
 - Client/caregiver phone conversations;
 - Other communications with client/caregivers; and
 - Community resource referrals.
- B. Documentation must be legible, accurate and signed using complete first and last name within seven days of service.

4. RETENTION OF ADMINISTRATIVE RECORDS (7 AAC 12.339(e))

Policy Statement:

HPCK maintains administrative records in accordance with federal and state laws and regulations.

Procedures:

- A. Administrative and financial records are maintained in accordance with applicable law and regulations. These records include:
 - Minutes of Board meetings;
 - All receipts and expenditures; and
 - Training provided to staff and volunteers.

5. DEATH OF A HOSPICE CLIENT

Policy Statement:

HPCK shall provide end-of-life information to clients and their caregivers. Support is offered at the time of or following the death as staffing allows and the family desires.

Procedures:

- A. HPCK staff or volunteers may visit the home of a client when notified that the client has died if the family desires.
- B. HPCK staff or volunteers may remain at the residence until the body has been removed if the family desires.
- C. HPCK staff will speak with the client/ authorized representative about placing the client's name on the HPCK memorial list. Only if written consent is given may a name appear on that list.

6. COMMUNITY EDUCATION AND OUTREACH

Policy Statement:

HPCK provides education regarding hospice services and palliative care to community groups and referral sources as requested with the goal of increasing awareness of and access to hospice and palliative care.

Procedures:

- A. Speakers may be provided upon request from community groups or referral sources to provide information and targeted education on topics that may include, but not be limited to:
 - Advance care planning/Advance Directives;
 - Grief and loss;
 - Admission criteria and scope of services;
 - Spiritual concerns of the dying;
 - Pain and symptom management;
 - Caregiver support and education; and
 - Cultural attitudes towards death and bereavement.
- B. HPCK staff shall document HPCK's community education efforts.

Article XII – Employee and Volunteer Health**1. EMPLOYEE AND VOLUNTEER HEALTH – TB TESTING (7 AAC 12.340)**Policy Statement:

HPCK requires that each employee or volunteer be tested for pulmonary tuberculosis.

Procedures:

- A. Except as provided in B, below, each employee and volunteer shall be tested for pulmonary tuberculosis within the first two weeks of service and annually thereafter.
 - B. An employee or volunteer who has never had a positive tuberculin skin test result must have a tuberculin Mantoux skin test. A further annual tuberculin testing is not necessary if:
 - The test is negative;
 - The employee or volunteer is never required to be in a room where a client might be present; and
 - The employee or volunteer does not handle clinical specimens from a client or other material from a client's room.
 - C. An employee or volunteer who has had a positive Mantoux skin test must provide a note from the individual's health care provider that the employee or volunteer is not contagious.
 - D. Documentation of TB screening is kept in the employee's or volunteer's personnel file.
- 2. EMPLOYEE AND VOLUNTEER HEALTH – PANDEMIC OR EPIDEMIC RESPONSE (AS 18.15.395(9) and 7AAC 110.750(a))**

Policy Statement:

HPCK shall minimize the risk to clients in the event of a pandemic or epidemic.

Procedures:

- A. When the relevant governmental agency has declared that a pandemic or epidemic exists, all staff and direct care volunteers shall immediately follow the Tier Guidelines (see Appendix).

Article XIII – Infection Control – Safety**1. INFECTION CONTROL (7 AAC 12.341)**Policy Statement:

HPCK uses universal precautions in the care of all clients, regardless of diagnosis or presumed infection status.

Procedures:

- A. Employees and volunteers shall:
 - Wear gloves when touching blood, body fluids, secretions, excretions or contaminated items such as linens, clothing, skin or equipment. Remove and discard gloves promptly after use; and
 - Wash hands (preferred) with warm water and plain soap (or use a hand sanitizer) for routine hand washing after removing gloves or touching blood, body fluids, secretions, excretions, and contaminated items.
- B. As a volunteer agency HPCK does not provide direct patient care and as such does not handle and dispose of pathological, biohazardous, or infectious material.

2. SMOKE-FREE WORKPLACEPolicy Statement:

HPCK is a smoke-free workplace.

Procedures:

- A. Smoking by employees and volunteers is prohibited in the client's home.
- B. The HPCK office is a non-smoking facility.
- C. Direct client care staff and volunteers must ensure that their person, clothing, and any accessories do not have an odor of smoke at any time while working on behalf of HPCK.

3. SAFETY PROGRAMPolicy Statement:

HPCK maintains a safety program that manages the security of clients and staff, volunteers and visitors, and encompasses the client and office environments.

Procedures:

- A. Information is provided during training for new employees and volunteers concerning HPCK's safety practices, including, but not limited to:
 - Body mechanics and proper lifting techniques;
 - Infection control program;
 - Automobile safety;
 - Incident reporting;
 - Office safety;
 - Home visit safety;
 - Client/caregiver safety;
 - Equipment safety;
 - Fire safety; and
 - Actions required in the event of an accident.
- B. Ongoing education and training for relevant safety issues is provided during in-services as needed or upon request.

4. AUTOMOBILE SAFETY REQUIREMENTS

Policy Statement:

HPCK employees and volunteers must obey all traffic laws while driving any vehicle when on company business.

Procedures:

- A. All employees and volunteers who drive on HPCK business must have a current, valid motor vehicle license at all times. Seat belts must be worn at all times.
- B. Employees are required to carry and maintain in their personnel files a current copy of automobile liability insurance coverage.
- C. To transport a client in their personal vehicle, an employee or volunteer must carry the following insurance: \$100,000 (bodily injury per person)/\$100,000 (bodily injury per accident)/\$25,000 (property damage)/\$25,000 (medical payments).
- D. Driving a client's vehicle is strictly prohibited.
- E. Employees and volunteers using their vehicle for HPCK business must maintain their vehicle in good running and operational condition.
- F. In the event of any on-the-job accident, an employee or volunteer shall make an immediate report of it to their supervisor and shall follow all instructions to obtain an independent drug/alcohol test.
- G. All employees and volunteers who drive on HPCK business must have an acceptable driving record. To determine if a driving record is acceptable, the employee or volunteer must provide proof of the following:
 - No more than three moving violations;
 - No more than one chargeable accident in the past 36 months;
 - No major convictions (driving under the influence, refusal to provide a breath sample or felony level moving violation) within the past seven years; and

- No license suspensions or revocations within the past seven years.
- H. All employees and volunteers who drive on HPCK business must participate in the HPCK driver orientation and safety program. This program consists of the following items:
- Verification of driver's license;
 - Verification of auto insurance coverage;
 - Annual motor vehicle records check; and
 - Education regarding the need to perform periodic preventative maintenance according to the vehicle manufacturer's suggested guideline and to follow safe driving practices (e.g., use of seat belts, no eating or use of cell phones while the vehicle is in operation).

5. HOME VISIT SAFETY

Policy Statement:

HPCK staff and volunteers are provided with education and training related to personal safety during home visits.

Procedures:

- A. Staff and volunteer safety responsibilities include but are not limited to:
- Immediately reporting unsafe situations to a supervisor;
 - Parking in well-viewed and well-lit areas whenever possible;
 - Using the front door to gain access to a client's home;
 - If unfriendly pets are on the premises, asking the family to place them in another room during the home visit;
 - Being alert and aware of people in the home and their behavior;
 - Not leaving a purse or clinical records visible in the vehicle;
 - Not carrying large sums of money or credit cards; and
 - Having a cell phone available.
- B. When presented with an unsafe situation, the employee or volunteer must exit the home immediately, call 911 (as appropriate) and contact the Executive Director as soon as possible.
- C. Examples of unsafe situations may include but are not limited to:
- Presence of weapons;
 - Presence of unfriendly animals;
 - Concern of illicit drug or alcohol use or abuse;
 - Verbal or physical threats;
 - Neighborhood risks or impeded access to home;
 - Unsafe road conditions or environmental hazards;
 - Client has a known history or violence.

6. INCIDENT REPORTING

Policy Statement:

HPCK requires that any event that deviates from accepted practice or is potentially harmful and/or has resulted in harm to a HPCK client, family member, employee, volunteer, visitor, or the property of any of those stated, be reported and investigated to determine the appropriate corrective action and response.

Procedures:

- Any employee or volunteer who is involved in, witnesses or discovers any event that is not consistent with routine operations, or has resulted in, or has the potential to result in, injury or harm, is required to complete a written incident report.
- Examples of reportable incidents include, but are not limited to:
 - Damage to client, family or HPCK property;
 - Employee, volunteer, client or family injury or endangerment, including falls;
 - Equipment malfunction or failure;
 - Suicide attempts or ideation;
 - Automobile accidents; and
 - Violations of privacy and/or security policies and procedures.
- The incident report must be accurately completed on the standardized incident reporting form as soon as possible and submitted to the Executive Director.
- The Executive Director is responsible for immediate follow-up and corrective action as appropriate to the incident.
- The Executive Director will contact the appropriate health care provider related to the incident if appropriate. Incidents will be tracked at least annually and all results will be reported to the Board of Directors.
- Documentation of all follow-up and corrective action is completed and maintained by the Executive Director, along with the original incident report.
- Documentation of privacy or security incidents is maintained by the Executive Director and for six years from the date of the incident.
- A root cause analysis is conducted by the Board of Directors when an adverse or Sentinel Event (see Definitions) occurs to determine causes and prevent future occurrences. This analysis shall be documented and shall identify:
 - The underlying cause of the event;
 - Why the event was not anticipated; and
 - What can be done to prevent a recurrence.

Article XIV - Definitions

1. Advance Health Care Directive - an instruction described in AS 13.52 regarding the provision or non-provision of health care.
2. Bereavement counseling - emotional support services to assist a client's family or caregivers in coping with the client's death.

3. Business Associate Agreement (BAA) - a legally binding contract that outlines the responsibilities and obligations of both parties with regard to the handling and protection of Protected Health Information (PHI).
4. Client - an individual with a terminal illness who has been accepted to receive hospice care or one referred for palliative care.
5. Credentialed Employee – a person required by the State of Alaska to have a license before engaging in a profession (for example, a medical doctor or a registered nurse).
6. Direct Service - service provided directly to a client receiving services in a hospice program.
7. Epidemic - the occurrence in a community or region of a group of similar conditions of public health importance that are in excess of normal expectancy and derived from a common or propagated source AS 18.15.395
8. Employee - a paid staff person.
9. Executive Director - the individual hired by the Board of Directors to be responsible for the daily operations of the organization.
10. Family:
 - individuals related to a client by blood, marriage, or court decree; and
 - one or more individuals who have a significant personal relationship with a client and who have been designated, by mutual agreement between each individual and the client.
11. Hospice Philosophy – a philosophy that is life affirming, recognizes dying as a normal process of living, focuses on maintaining the quality of remaining life, neither hastens nor postpones death, strengthens the client’s role in making informed decisions about care, and stresses the delivery of services in the least restrictive setting possible and with the least amount of technology necessary by volunteers and professionals who are trained to help a client with the physical, social, psychological, spiritual and emotional issues related to terminal illness so that the client can feel better prepared for the death that is to come. (AS 47.32.900)
12. Hospice Services – a range of interdisciplinary palliative and supportive services. (AS 47.32.900).
13. Palliative Care - care provided for the reduction or abatement of pain, for physical symptoms, and for psychosocial or spiritual needs of an individual with a terminal illness; "palliative care" does not include treatment provided solely to cure a medical condition or disease or to artificially prolong life; however, treatment that is curative in nature may be provided if the purpose of the treatment is to reduce or abate pain or other symptoms, or to slow the progression or reduce the psychological effects of the terminal illness.
14. Plan of Care - the plan described in 7 AAC 12.317(d), “A volunteer hospice agency shall ensure that each client has a plan of care approved by the attending physician or advanced nurse practitioner, and by the program manager.”

15. POLST - This Alaska document protects patients from unwanted resuscitation efforts at the time of death. The POLST must be signed by the client's attending physician or advanced nurse practitioner.
16. Program Manager - the individual hired by the Executive Director who manages the Volunteer Program, Bereavement Program, and all client care services.
17. Respite Care - care provided to an individual with a terminal illness to provide temporary relief to a primary caregiver.
18. Sentinel Event - an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.
19. Terminal Illness - an illness for which an individual has a life expectancy of less than six months if the illness runs its normal course, and for which the individual is no longer receiving curative treatment.
20. Volunteer - a trained individual who works for HPCK without compensation.
21. Volunteer Coordinator – the individual hired by the Executive Director to be responsible for recruiting, training and supervising volunteers as well as being the primary point of contact for client referrals and services. The Program Manager, if one has been hired by the Executive Director, shall be responsible for these duties.
22. Volunteer Hospice Agency- a hospice agency that provides all direct client care at no charge.

Article XV – Abbreviations

1. AAC means Alaska Administrative Code.
2. APS means the Alaska Adult Protective Services.
3. AS means Alaska Statutes.
4. CFR means Code of Federal Regulations.
5. DHSS means the Alaska Department of Health and Social Services.
6. DNR means Do Not Resuscitate.
7. FNBA means First National Bank of Alaska.
8. HPCK means Hospice and Palliative Care of Kodiak.
9. IRS means the Internal Revenue Service.
10. MOST means Medical Orders for Scope of Treatment.
11. OCS means the Alaska Office of Children's Services.
12. PKIMC means Providence Kodiak Island Medical Center.
13. POLST means Physician Orders for Life Sustaining Treatment.
14. ROI means release of information.
15. TB means pulmonary tuberculosis.

ATTESTED to this 17th day of October, 2023

Meghan Kelly, Secretary

APPROVED:

Alan L. Schmitt, President