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A STUDY OF THE VOLUNTEER SERVICES GENERAL LEONARD MOOD
ARMY COMMUNITY HOS. (U) ACADEMY OF HEALTH SCIENCES
(ARMY) FORT SAM HOUSTON TX HEALTH C. C D BROWN AUG 81

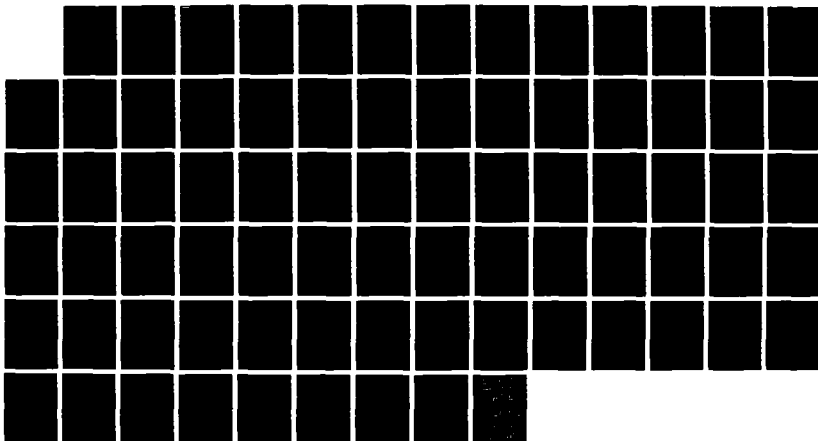
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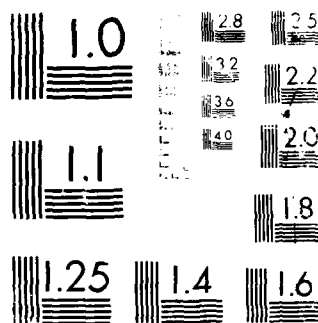
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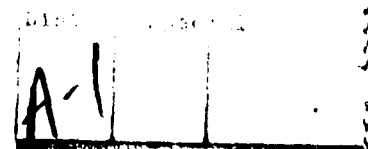
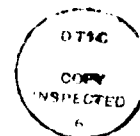
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CHAPTER I

INTRODUCTION

General Information

"Withnever a blare of trumpets
Withnever a surge of cheers
They march to the unseen hazard
...Patient Volunteers...."

Mark Anthony De Wolfe Howe

Voluntarism is a national tradition. Even though much of our population benefits from the work of volunteers, there is always a need for more. The success of voluntarism is dependent upon the spirit of neighbor helping neighbor. It will increase only through constant interpretation and publicizing of needs. The support and understanding of people as a whole is necessary for voluntarism to flourish.¹

Cost containment has been a concern of hospital management for several years. One way to save money is to utilize trained volunteers to perform routine nontechnical tasks. Experience has proven that volunteers can provide many services ordinarily performed by staff.² Additionally, acute shortage of health care providers has increased the importance of the volunteer. The use of volunteers is not only desirable, but a necessity to allow the health care staff to do those things for which they are specially trained to do.

The forty-one signers of the Mayflower Pact became the earliest volunteers in America when they pledged to work for a "just and equal way of life" and offered themselves for any services or undertaking. This established a pattern of "voluntary common effort for the common well-being."

Voluntarism, as we know it today, took form after the Revolutionary war. The problems of social well-being and health made it necessary that those less fortunate be helped by the more fortunate. This was done primarily by churches and other religious organizations, but voluntarism was also demonstrated through such efforts as volunteer fire departments and "barn raisings."³

Prior to the Civil War, most of the voluntary effort was by men in doing "good works" and "charity" as a part of civic life. This volunteer service was considered a mark of social and business leadership. During the Civil War, when men were besought with other responsibilities, women took up the volunteer effort of providing material gifts to the poor and needy. This created what is known as the "Lady Bountiful" image.⁴

Hospital auxiliaries originated in 1752 when a group of women at Pennsylvania Hospital in Philadelphia organized to raise funds to pay for the shipping costs of drugs from London, England.⁵ However, the first formal recognition of volunteer services was granted by the Pennsylvania Hospital through its governing board on November 24, 1913. The governing board recognized the "auxillary committee of ladies" as consultants to the board in matters relating to their work of social and fund raising activities.⁶

During World War I, volunteers assumed responsibilities for direct personal services to patients on the wards. It was at this time that the American Red Cross expanded the use of volunteers in hospitals. Also, during this period the Red Cross Gray Lady Program was first established at Walter Reed General Hospital and became well known for carrying out a program of serving patients' needs.⁷

World War II military requirements created professional personnel shortages which were, in part, made up through an expansion of volunteer programs. An example of this was the Red Cross' nurses' aide program which was expanded to provide personnel to offset the nurse shortage. Even after the war, the increased usage of hospitals due to the population growth, coupled with the failure to train an adequate number of health care providers, created an expanded need for volunteers in hospitals. Additionally, advanced knowledge and technology added to the number of services being provided by hospitals, raising costs and making it advantageous for hospitals to use "free" volunteers to the maximum.

The American Hospital Association recognized and gave voluntarism official sanction when it created the Council of Hospital Auxillaries, a sanction which has resulted in the inclusion of auxillaries and volunteers in most hospitals.⁸ Today, the volunteer department has become an integral part of nearly all hospitals. The auxillary remains an activity separate from the hospital, and provides volunteers for use in the hospital.⁹

The role that volunteers have played in hospitals have varied in different hospitals. However, there are three areas in which the volunteer has played a major role. These include volunteer services, fund-raising and public relations.

Volunteer services include such tasks as sewing, working in gift shops or snack bars, recreation, nurses' aides, office work, messengers, or related services. Volunteers can play an important role in humanizing a patient's hospital stay. Providing personal services to patients, such as letter writing, reading, feeding, etc. frees the trained health care providers to perform their primary functions more efficiently.

Utilizing volunteers in public relations has been a valuable asset to many hospitals. Volunteers automatically become one of the key elements in hospital public relations. Because of the volunteer's association with the hospital, they become a channel of public relations to the community whether it be formally or casually.¹⁰ Properly trained and indoctrinated volunteers that are articulate have served as "the voice" of a cause. The ability of volunteers to communicate the desired image of the hospital to the community has always largely depended on the ability of the organization to create interest and enthusiasm in the volunteer. Because of this, great value has always been put on volunteers who are trained in communication of opinion and ideas.¹¹ Some hospitals have used volunteers strictly for public relations work. When used for this purpose, the volunteer has had access

access to full information and had the full cooperation of the professional staff. An important benefit of using volunteer public relations workers has been that the recruiting of other volunteers has been made much easier.

All fund raising for hospitals must be dignified and ethical. Many hospitals have found that the volunteer solicitor has proven to be one of the most effective fund raisers. Since people do not ordinarily give unless they are asked, and since the voluntary solicitors ask, they have been successful.¹² Hospitals that have been successful using volunteer fund raisers have placed the volunteer in key leadership positions in the effort. They do this because the volunteer is trustworthy, and they are already knowledgeable of hospital operations and requirements making them well equipped to operate a fund raising campaign with only planning guidance coming from the staff.

The future should bring auxiliaries and volunteers to play even larger roles in providing health care. Former President Carter has stated that "volunteers can substantially enhance and expand efforts in Health" and that "volunteering is a right and a responsibility of every American." ¹³

Recent trends indicate that future volunteers may have a different motivation for doing volunteer work. Volunteers are still willing to help someone else, but now also want something in return. Most see this as a beneficial attitude because it is thought that this will bring an increased interest and commitment to the job. Volunteers will no doubt take on new and different responsibilities because they hope to gain new

skills as one method for getting a paying job. Some will volunteer in order to get additional training or to develop a new interest. While some may view these motivations as selfish on the part of the volunteer, they will probably broaden, diversify, and strengthen the volunteer programs.¹⁴

There is some evidence to indicate that in the future many institutions may give some sort of educational credit volunteer experiences, either in the form of "points" toward employment or, perhaps, as college credits. There are also movements among governmental agencies to require the recognition of volunteer experience on job applications. This is already being done by the US Civil Service Commission.

Other changes which appear to be in the making include a widening of the age and economic and social backgrounds of volunteering. Volunteers are becoming more choosy and will hold out for a job that is going to lead to a paying job or an educational degree. It would appear from these trends that few volunteers are going to work because of pressures of neighbors, churches or spouses.¹⁵

Hospital Setting

Fort Leonard Wood, one of the Army's largest basic training centers in the United States, has introduced well over one million men and women to the Army since its establishment in 1940. The post is made up of almost 70,000 acres of national forest and farmland in the rolling hills of the south-central Missouri Ozarks. With its population of around 30,000 and all the necessities of a self-sufficient community, Fort

Leonard Wood ranks among Missouri's larger cities. Its central location provides access to major cities and tourist attractions of the midwest. Interstate 44 passes two miles north of the post and leads straight to St. Louis, 130 miles to the northeast and Springfield, 80 miles to the southwest. A small community, St. Roberts, is immediately outside the main gate, and Waynesville with a population of about 3,000 lies seven miles northwest. Most personnel and their families who are assigned to Fort Leonard Wood reside in post housing.

Members of the Fort Leonard Wood community receive their medical care from the 523 bed General Leonard Wood Army Community Hospital. Dedicated in 1965, it is ranked among the largest Army hospitals and is an example of the latest design techniques. The hospital recently completed a \$22,000,000 expansion consisting of an additional 170,000 square feet including a new 180 bed nursing tower. Other hospital facilities are extensive and include a chapel, post exchange, snack bar, barber shop, library and post office.

Professional medical care is available in many varied inpatient and outpatient specialties to include: Dermatology, General Medicine, Pediatrics, Anesthesiology, General Surgery, Thoracic Surgery, Obstetrics and Gynecology, Ophthalmology, Optometry, Orthopaedics, Otolaryngology, Physical Therapy, Podiatry, Occupational Therapy, Neurology, Pathology, Psychiatry, Radiology, and Respiratory Therapy.

To support the professional staff, the hospital includes modern medical equipment and a large administrative staff. The hospital actively

participates in an ongoing equipment modernization plan to keep pace with the advances in medical technology. The Medical and Surgical Intensive Care Units have computerized cardiac monitoring devices, providing individualized patient observation. The Department of Radiology is equipped with the latest and most modern radiographic, zerographic, ultrasound and nuclear medicine devices capable of rendering complex and comprehensive diagnostic and treatment services. Similarly, Department of Pathology has the most modern laboratory equipment.

The Hospital supports a total population of approximately 130,000 within the geographic area of central and eastern Missouri and central and southern Illinois. Although active duty personnel comprise the majority of the patient workload, the range of patients includes newborn through geriatric. General Leonard Wood Army Community Hospital has the unique role of being the largest and most comprehensive medical care facility in the area and thus provides assistance to nearby community hospitals. This is the reverse of the normal role most Army hospitals have and provides for good community relations as well as assuring the best care for civilian emergency patients with life threatening injuries or illnesses.

Conditions Which Prompted the Study

Cost containment has been a concern of hospital management for several years. Budgetary constraints have necessitated military hospitals to look at efficiency in operations and at alternate methods to assist in

overcoming a shortage of resources. One way to save money is to augment the work force through the use of volunteers. History has proven that volunteers can provide many services in a hospital which are normally performed by staff. Volunteers today perform functions of primary importance in the hospital structure. An ever increasing need for volunteers can be attributed to an ever decreasing number in terms of authorized and assigned staff.

In order for the hospital to be able to continue to perform the services to its customers, the optimal mix of assigned staff and volunteers is required. Not only is it necessary to have these two main ingredients, they must also be put together in the correct numbers and with the right amount of disciplines represented.

The Volunteer Services, General Leonard Wood Army Community Hospital, Fort Leonard Wood, Missouri has a need for a comprehensive study to determine how it can best assist the hospital in serving its consumers, the patient and the physician. The need for this study is prompted by management's desire that General Leonard Wood Army Community Hospital operates with effectiveness and efficiency. One area that can assist in ensuring efficiency of hospital operations is an effective volunteer service program. A thorough review of the entire volunteer service program is necessary to determine whether the current program can be improved so that the hospital can be more efficient in its operation.

Statement of the Problem

The problem is to determine the most effective volunteer service

program for General Leonard Wood Army Community Hospital, Fort Leonard Wood, Missouri.

Objectives

Major objectives, which are necessary for completing the project, are to:

1. Identify all components of the present volunteer service program.
2. Evaluate existing operating procedures and guidelines with good management concepts and practices.
3. Determine if problems exist at present.
4. Provide recommendation to alleviate actual or potential problems, in order to improve the effectiveness and efficiency of the hospital volunteer service program.

Criteria

The following criteria are used to evaluate the reliability of the approaches used and recommendations forwarded:

1. Data must be valid and relevant.
2. The volunteer service program must provide the highest degree of service to the professional staff and patient.
3. The volunteer service program must not be detrimental to quality of care provided by the hospital.
4. Volunteers must be given duties which are based on hospital needs, while to the extent practical, still give fulfillment to the volunteer's motivational needs.

5. The volunteer service program must allow for integration with the existing organization.

Limitations

The following are limitations applicable to this study:

1. The study is confined to the General Leonard Wood Army Community Hospital Volunteer Service.
2. Costs to operate any volunteer service program must remain within current budgetary constraints.

Assumptions

The following are assumptions applicable to this study:

1. The command element will continue to desire to maintain patient satisfaction while still increasing effectiveness and efficiency.
2. The hospital workload and staffing will remain relatively constant.
3. The need for hospital volunteers will continue in the future.
4. There are adequate potential volunteers in the surrounding area to meet hospital requirements.

Research Methodology

An examination of the present volunteer service program was undertaken to determine its strengths and weaknesses. The study for the project involved the use of: (1) personal interviews, (2) study of

workload data, (3) check of existing SOPs, (4) on-site observations, and (5) use of quantitative techniques to predict future volunteer availability.

In addition to the on-site study, a comprehensive review of the literature was conducted to locate any information which was relevant to the subject.

Literature Review

A review of health care literature revealed that while there is much written concerning volunteers in hospitals, there is little which has been documented concerning the military hospital's use of volunteers.

Volunteer training has been highlighted as an important aspect of a successful volunteer program. Heman describes the importance of the training which must be provided volunteers and how that often staff fail to train because they think that since volunteers are not paid, they aren't "important" for what they do. He advocates that training volunteers is as serious an undertaking as the training of any other group in the hospital.¹⁶

Barbelto and Hoel see the recruitment of the right kind of volunteer and in the right numbers to be a tremendous problem for volunteer programs. They note that the traditional volunteer is white, middle class, married women and between the ages of 25 and 44. What is needed now is to recruit the nontraditional volunteer to meet the total needs of hospitals.¹⁷

Kieffer sees a potential for filling part of the volunteer gap by tapping the abilities of the retired force as a method of helping the volunteer effort. He sees this as a potential for not only helping the hospitals but also for contributing to the well being of the retired person by keeping them mentally and physically active.¹⁸

Scheier believes that staff members may be a hospital's greatest asset in retaining the services of their volunteers. Staff members can help hospitals not only through their contributions based on their job skills but also through their positive and helpful attitudes toward volunteers. Also, he advocates that it is up to hospital administrators and department heads to develop this asset.¹⁹

Martin advocates the importance of a proper job description for volunteers. Job descriptions are necessary to make the task of selecting volunteers easier, for an effective training tool for new volunteers, and for a fair and honest performance evaluation. He also believes that proper job descriptions help establish an organizational authority to direct and control the activities of volunteer workers to provide better services to clients.²⁰

Much of the current literature involves theories concerning the proper management of volunteers in terms of recruiting, orienting, assigning, training, and evaluating, as is indicated from the examples above. There is a lack of any current statistical data relevant to volunteer services. The last figures released were in

1971 when the American Hospital Association released the figures from a 1968 survey it had conducted. A telephonic call to the American Hospital Association confirmed that the 1968 survey was the last one conducted. Edwards cites the significant statistics of that survey. Of significance in that survey was that over 60 per cent of the nonfederal hospitals which responded to the survey had volunteer service programs and over 86 percent of the federal hospitals had inservice volunteers (Appendix A). The jobs which most of the volunteers were assigned consisted of escort duties, manning information desks, assisting nursing service personnel with patients, working in the hospital library, messenger service, and helping in the children's clinic. Despite the many duties that volunteers provided, the actual percentage of volunteers to the total staff was small ranging from one to three percent. Also of significance was that the smaller the hospital the higher percentage of volunteers to total staff. A majority of the civilian hospitals surveyed have salaried volunteer directors who can devote full time to the director duties.²¹

FOOTNOTES

¹David M. Church, "How to Succeed with Volunteers", (National Public Relation Council of Health and Welfare Services, Inc., 1962):32.

²Robert M. Cunningham, "We'll Never Know Unless We Try", Hospitals 63 (January 16, 1979): 98.

³David M. Church, "How to Succeed with Volunteers", (National Public Relation Council of Health and Welfare Services, Inc., 1962):6.

⁴Ibid., p. 7.

⁵Patricia Sussman, "History of Auxillaries", Hospitals XXXVI (January 1962):7.

⁶Raymond P. Sloan, Today's Hospital: A Guide for Trustees, Administrators and Volunteers, (New York: Harper and Row, 1966): 141.

⁷American National Red Cross, Red Cross Volunteer Nurses' Aide Services, (Washington, D.C.: American National Red Cross, 1961): 1,2.

⁸Raymond P. Sloan, Today's Hospital: A Guide for Trustees, Administrators and Volunteers, (New York: Harper and Row, 1966):34.

⁹Phillip C. Breunle, "Thesis - A Study to Determine the Most Effective Volunteer Service Programs for Lutheran General Hospital", (Waco: Baylor University, 1972): 5.

¹⁰John R. McGibony, "Introduction to the Hospital for the Auxillary. A Guide to Service for the Volunteer", (Chicago: Hospital Topics. Inc., 1965):18.

¹¹David M. Church, "How to Succeed with Volunteers", (National Public Relation Council of Health and Welfare Services, Inc., 1962):25.

¹²Ibid., p. 26.

¹³ Marilyn T. Bryant, "Voluntarism: Much Done, Little Published", Hospitals 52 (April 1, 1978):164.

¹⁴ Ibid., p. 165.

¹⁵ Ibid., p. 165.

¹⁶ Hillary Heman, "Voluntary Training", Volunteer (July, 1979): 32.

¹⁷ Carol L. Barbelto and Robert Hoel, "Recruitment: A supermarket f volunteers", The Volunteer Leader (Spring, 1978): 30-36.

¹⁸ Jarold A. Kieffer, "A Strategy for Keeking Longer Life Productive," Hospitals 54 (May 16, 1980): 73.

¹⁹ Ivan H. Scheier, "Positive Staff Attitude Can Ease Volunteer Recruiting Pinch." Hospitals 55 (February 1, 1981); 61.

²⁰ Hope Martin, "The Why and How of Volunteer Job Description," The Volunteer Leader (Fall, 1978): 11-15.

²¹ Mary Edwards, "Survey of Auxiliaries and Volunteers: An American Hospital Association Survey, Hospitals 56 (March 16, 1971): 103.

CHAPTER II

DISCUSSION

General

The effectiveness of providing health care should increase through the efforts of volunteers. However, unless properly utilized, volunteers can be a liability. Whether they are a help or a hinderance depends primarily on how well the volunteer, as well as the hospital staff, understands the ground rules. Attitudes, working relationships, and training all contribute to the success or failure of the volunteer effort.

In evaluating a hospital's volunteer service program it is necessary to keep in mind that programs will vary from any recognized or advocated standard because of the uniqueness that a particular hospital might have. In evaluating the volunteer service program at General Leonard Wood Army Community Hospital, the discussion will cover first, the present volunteer service program, and second, the proposed improvements of the volunteer service program that will add to the effectiveness and efficiency of the program.

Present Volunteer Service Program

The Red Cross is the sanctioned agency for volunteer services in the General Leonard Wood Army Community Hospital. Within the

hospital, voluntary services are composed of a non salaried Director of Hospital Volunteers and a variable number of volunteers. Salaried Red Cross personnel consist of a secretary/clerk and a case worker. The Director of Hospital Volunteers has occupied the position for approximately eight months and is scheduled to depart in the next few months. This position has a high turnover rate since it is invariably filled by the wife of a transient military member.

The director's immediate supervisor is the hospital's Executive Officer. Appendix B depicts the hospital organization. There is no specific or set time that the director regularly meets with the Executive Officer, but the director has direct access at any time required. The lines of communication between the hospital staff and the volunteer director are considered to be excellent. The director has excellent rapport with all hospital volunteers and displays an interested, enthusiastic attitude toward her position and responsibilities. The director does not attend any of the hospital staff meetings and participates in few professional seminars or workshops.

Space allocation for the volunteers consists of one small office located in the hospital's Department of Psychiatry and Neurology area. There are no windows and no storage space for any additional equipment or supplies other than the desks and file cabinet.

Except for the one salaried Red Cross secretary/clerk, the director has no administrative assistance to help in fulfilling the responsibilities of the position. Because of the many other responsibilities she has as a wife, mother, and performing duties required as a Brigade Commander's wife, the time that the director can spend in accomplishing the duties as a Director of Hospital Volunteers is limited. As a result, most volunteers come and go to their jobs within the hospital with only infrequent contact with the director.

During calendar year 1979, approximately 7,062 volunteer hours were provided the hospital with a daily average of 33 volunteers (Appendix C). In calendar year 1980, the number of volunteer hours was 4,446 with a daily average of 21 volunteers (Appendix D). Despite the drastic reduction in the number of hours that volunteers worked in 1980, the average number of hours worked per volunteer per day remained at approximately 4 hours.

An assessment of the current level of the hospital's unfilled need for volunteer services was made. The data used was the most current available - calendar year 1979 and 1980. A review of the requirements which had been developed from input from all hospital departments showed that there was a requirement of 580 hours of volunteer work needed per week (Appendix E). To convert these figures to numbers of volunteers, the two years of data were analyzed to determine how many hours per week was donated by the average volunteer. Calendar years 1979 and 1980 yielded the following data:

Number of volunteer hours: 11,508

Average number of volunteers: 27

With these figures, the average hours per week devoted per volunteer was calculated.

11,508 hours/27 volunteers = 426 average hours a month
for two years per volunteer
426 hours/104 weeks = 4.1 average weekly hours per volunteer.

Based on the 580 hours of volunteer work which has been requested by hospital departments, there is indication that there is a need for approximately 140 volunteers to work in the hospital. If this is a true indicator, the current volunteer force has only been providing about 20 per cent of the hospital need for volunteer services. This shortfall is startling even if the departments are highsiding their requests.

With this indication of the significant shortfall of needed volunteers at the hospital, it must be realized that if the hospital is to operate at peak efficiency the volunteer efforts of the hospital must be expanded drastically. The current situation was shown to be even bleaker when trend analysis over the past two years shows a graphic picture of what is happening to the number of volunteers working in the hospital. Table 1 shows the monthly average of Red Cross volunteers for the past two years.

TABLE 1

MONTHLY AVERAGE - RED CROSS VOLUNTEERS

	<u>1979</u>	<u>1980</u>
January	31	29
February	39	26
March	39	31
April	38	24
May	36	20
June	33	15
July	29	14
August	40	14
September	31	24
October	30	22
November	29	18
December	24	17
<u>Total</u>	<u>399</u>	<u>254</u>
<u>Monthly Average</u>	<u>33</u>	<u>21</u>

SOURCE: Data extracted from records of General Leonard Wood Army
Community Hospital Red Cross Office.

A close look at the figures in Table 1 show a significant decrease over the past two years in the average number of volunteers which are participating within the hospital. When this information is used for forecasting what can be expected in the future in terms of the number of volunteers which can be expected to participate, it is clearly indicated that the situation must be reversed through action or the volunteer input will become so insignificant that the whole volunteer program will be in jeopardy. Appendix F shows the calculations used to forecast what the future volunteer participation will be if the current trend continues. An application of linear regression techniques are used to the data and indicates that if the current trend continues by the fall of 1981 the number of volunteers participating in the program at the hospital will be insignificant in terms of volunteers required. Whether this trend and the figures are accurate is not as important as the fact that they clearly show that the current situation is unsatisfactory, given the needs which have been developed.

New volunteers are primarily dependents of officers and non-commissioned officers in the 30 to 40 age group. Reasons given for volunteering include: have spare time, want to continue career, convenient, work part time only but want to be fully employed, have specific interest in an area of the hospital, and skill development.

Recruitment is primarily done by word of mouth, announcements at wives' clubs, publicity in local papers, and radio announcements.

Application procedures include the completion of an application form (Appendix G). The application is filled out at the same time as an interview is accomplished. During this time, the director gives a mini orientation of the volunteer program, what records are kept, overall hospital operations, ethics, areas where volunteers are needed, uniform requirements, etc. No screening is done except what is written on the application. Volunteers are told that if they are not happy to let the director know. The volunteers are also given a copy of the "Do's and Don'ts for volunteers serving in Hospitals" (Appendix H).

Applicants are allowed to pick where they wish to work if a volunteer position is available. Skills or a lack of skills have not been a problem due to the large number of volunteer openings and the skills that the volunteers possess. There are no medical checks to determine the medical condition of the applicant. The director schedules the place and time of duty of each volunteer. As stated previously, most volunteers pick where and when they work because of the large number of openings. A schedule showing the various assignment areas is posted on a bulletin board in the director's office. The director or the secretary usually is notified if the volunteer cannot work. However, due to the shortage of volunteers, there is usually no one to fill in for those volunteers who cannot work.

A more formal orientation is provided all newly assigned volunteers when briefings are provided by the command element

of the hospital, the Red Cross Field Director, and the Chief, Department of Nursing (Appendix I). A further orientation of the specific job is accomplished by the supervisor at the place of assigned duty.

Normally, volunteers do not go by the director's office when reporting for duty. They usually go directly to their assigned place of duty operating only with the supervision of the staff. No official logs are kept to show sign in or sign out. Hours are recorded based on what the volunteers tell the secretary.

There is no formal evaluation system for volunteers. Any feedback concerning the performance of volunteers is strictly informal. Certificates and pins are given as rewards for service, but currently there is no formal ceremony scheduled on a regular basis to provide recognition to volunteers. The Red Cross does provide day care up to 16 hours for a maximum of two children by administering a fund from the wives clubs (Appendix J). However, transportation and uniform costs must be borne by the volunteer. The hospital does allow volunteers who are on duty to eat in the cafeteria for a fee. Any conflicts which arise are dealt with on a case by case basis.

Job descriptions are practically non existant. Examples of what are loosely called job descriptions are at Appendix K.

Proposed Improvements of the Volunteer Service Program

As it should be, the Director of Hospital Volunteers is under the supervision of and responsible to the Hospital Executive Officer. In order for a program involving utilization of volunteers to succeed, it must have support and approval of the governing authority and the fullest cooperation of hospital administration. Close contact with administration is vital to the success of the volunteer services program since it provides a continuing source of encouragement and prepares the regular hospital staff for the effective use of volunteers. Regularly scheduled periodic meetings between the Executive Officer and the Director of Hospital Volunteers is considered essential for improving the current hospital volunteer program. It would also be beneficial for the Director of Hospital Volunteers to attend regularly scheduled staff meetings. Of particular importance would be the Commander's Joint Conference Committee. This would provide the opportunity for the director to receive first hand information from the hospital staff on matters affecting hospital operations and the hospital's policies and procedures. Another benefit would be the acceptance of the director as a member of the hospital staff through visibility and participation.

In addition to the guidance and support provided the Director of Hospital Volunteers by the Executive Officer, it would be beneficial for the hospital to form an advisory committee from various segments of the hospital and from the community. This advisory committee could render considerable assistance to the volunteer

effort through recommendations concerning purposes and policies to the Director of Hospital Volunteers. The advisory committee could also provide assistance to the director in matters involving overall policies and procedures, evaluating the objectives of the program, and marketing to the community in enlisting support, interest, and cooperation.

Current space allocation for the Red Cross staff and the Director of Hospital Volunteers is totally inadequate. The secretary's office is so crowded that there is virtually no room for filing records and reports or to meet the needs of visitors who periodically need to be in the office to obtain or pass on information. The director's office is also totally inadequate, with only enough room for one individual to perform a task. A larger area should be provided the director so that the individual would not only have enough room for privacy in accomplishing the director's duties, but also provide space for volunteers to assist the director in administrative matters, space for a waiting area, and space for storage of supplies. Additionally, it would be advantageous for a dressing room and locker room space for the use of volunteers. It would appear that no relocation would be necessary to provide the director additional administrative space for the volunteer services program since additional space could be made available from office areas adjacent to the current Red Cross/director's offices. Locker/dressing room space would need to be allocated in other areas at the hospital.

It must be recognized that a staff of volunteers may be composed of individuals with a range of skills as varied as those of the paid staff. Many of the duties require only minimum training and can be readily performed by a person willing to serve. For others, volunteers with special aptitudes or experience must be recruited. The number of volunteers depends on the size of the hospital, the types of services provided, and the patient load. The volunteers must be dependable to provide a certain amount of work each week, and they must approach their assigned duties as conscientiously as they would any paid job. The trend in the numbers of volunteers who are providing service to the hospital has been decreasing. Recruitment of additional volunteers to fill the widening gap of requirements to available volunteers must be accomplished. There currently needs to be developed new and innovating programs to attract new volunteers. The hospital staff has done little to assist the director in developing any programs to increase the recruitment effort. Neither is there any meaningful system developed to evaluate the worth of the volunteers now serving.

One of the director's major responsibilities is recruiting additional volunteers. However, this cannot be done by the director alone. Recruiting must be an integrated effort of the entire hospital staff and the community it serves. Requirements have been determined by department and activity chiefs. The target population for recruiting needs to be defined before any major

recruitment program is initiated. The wives groups and clubs on Fort Leonard Wood have been the primary target groups in the past. Local church groups, the retired population, college groups, social organizations, civic groups, etc. must not be overlooked. Within the hospital the public affairs officer, who also serves as the hospital Adjutant, is in the best position to influence these target populations. Recruitment of volunteers should be integrated into the overall hospital publicity program. Publicity for the volunteer services program and the need for additional volunteers should make maximum use of newspaper feature articles, television and radio announcements and interviews. The current program has an absence of young and the older volunteer. Particular *emphasis should be placed on the need to recruit volunteers of a wide variety of ages and skills.*

The Director of Hospital Volunteers has used the public affairs officer very little in past recruitment efforts. The coordinated effort by the director and the public affairs officer toward recruitment should yield significant results. While there is a current list of requirements for needed volunteers, departments should be required to periodically reevaluate and justify their needs for volunteers. These justified requirements should receive a major effort for priority filling. Spontaneous requests should not be filled except in cases of emergencies.

A potential problem which requires immediate attention is the current failure to have any medical checks on volunteers

before they are accepted. All applicants should be required to show evidence of a physical examination. This examination may be conducted by a physician of the volunteer's choosing provided the physician is recognized to be qualified by the hospital.

The lack of a Volunteer Policy and Procedures Manual creates a void in being able to adequately train and orient volunteers. A volunteer manual should be developed and published. At a minimum the manual should include the policies of the hospital, the rules and ethics of patient relationships, and specific information about the hospital's volunteer service program. Further, every volunteer should be required to read the volunteer manual and to sign a receipt slip acknowledging that they understand all policies and procedures. *This not only may assist in future volunteer evaluations but can* also be a valuable tool in improving patient/staff/volunteer relations.

Training of volunteers needs more emphasis. Both inservice and continuing education programs should be provided. This can be accomplished not only in classes which can be coordinated by the director or supervisor but also through newsletters and periodicals giving pertinent information concerning volunteer service items of interest. Additionally, the hospital should subscribe to appropriate volunteer service literature and make this literature accessible to hospital volunteers.

There is currently no formal method for evaluating the volunteers who work in the hospital. A volunteer evaluation form needs to be developed. The evaluation should be accomplished by the

supervisor and be designed and used to help the volunteer understand what is expected in their duties and how their job performance can be improved. Each evaluation should be explained to the volunteer by the supervisor and a copy provided the Director of Hospital volunteers.

Currently, volunteers are given their choice of duties for the most part. Certain places of duty are more popular than others. As a result, there is a tendency for there to be an overabundance of volunteers for some jobs and a critical need in others. Due to the severe shortage of volunteers at this time, the volunteers can pick their jobs for the most part. With strong recruitment programs and with more volunteers coming on board, there may be a time when there will be a surplus of volunteers for some jobs and a shortage for others. If this happens, it must be remembered that the primary reason for the volunteer is to serve the needs of the hospital and not the hospital to primarily serve the needs of the volunteer.

A better volunteer utilization record system is needed. To ensure that accurate hours for volunteers are kept, there should be a sign-in/sign-out system developed and operated within the office area of the director. This would not only require the volunteer to make an appearance at the volunteer director's office where the volunteer identity would be strengthened, but would also provide a basis for better determining the actual hours worked. Further, it would provide the director's office direct contact with volunteers coming to duty so that any changes in instructions or assignments

could be discussed. A formal monthly activities report should then be prepared and kept on file for historical reference data with a copy to the Executive Officer.

Certificates and pins for services performed are motivational rewards which need more emphasis. While they are provided the volunteers, there is no recognition ceremony that allows these rewards to be given in front of and with the recognition of their peers, staff and management of the hospital. A periodic, perhaps quarterly, awards ceremony needs to be held for the specific purpose of recognizing faithful volunteer service. Additionally, at least annually, an awards dinner needs to be held. Cost of the event should be borne by either the wives club or other eligible group. Additional rewards such as silver trays should be given at the annual dinner to super achievers.

Meaningful job descriptions for the director and volunteers need to be developed. The job descriptions for volunteers need to be developed by those requesting volunteer services and should be written as part of the justification of the requirement. The job description should then become the basis for evaluating the performance of the volunteer. The job description for the director should not be general in nature but rather should have detailed tasks identified. The director should be a full-time manager of volunteers and, if at all possible, should not perform the duties of a volunteer anywhere in the hospital. A suggested job description for the Director of Hospital Volunteers is at Appendix L.

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

It is determined that the most effective volunteer service program for General Leonard Wood Army Community Hospital, Fort Leonard Wood, Missouri would be achieved by first, coordinating and integrating the carrying out of defined responsibilities of the Director of Hospital Volunteers with other administrative staff members of the hospital.

Additionally, there must be developed and implemented new and innovating recruitment programs that are designed to and will attract additional volunteers of a variety of age groups. These new volunteer recruitment efforts must not only solicit and attract new volunteers from the on post military community but must also be targeted towards the largely untapped civilian community which surrounds the post.

It is also concluded that for the hospital volunteer service program to be truly successful in meeting the needs of the patients and the professional staff it supports, accepted principals of management must be used in administering the program. These accepted principals of management should apply in all areas to include the "hiring", training, evaluating and rewarding of volunteers.

Recommendations

Based on the above conclusions, it is recommended that General Leonard Wood Army Community Hospital:

1. Develop a definitive job description for the position of Director of Hospital Volunteers.
2. Establish a Hospital Volunteer Advisory Board or Committee from various segments of the hospital and from the community to provide assistance to the director in matters involving overall volunteer policies and procedures.
3. Include the Director of Hospital Volunteers as a member of the Commander's Joint Conference Committee.
4. Provide the Director of Hospital Volunteers additional administrative and storage space.
5. Utilize a volunteer as an administrative assistant to the director and that either the assistant or the director be available in the hospital during normal duty hours.
6. Develop and implement inservice and continuing education programs for the volunteers, to include subscriptions to volunteer oriented literature.
7. Develop a public relations program with the emphasis on volunteer recruitment that will be appealing to a variety of ages both on-post and off-post.
8. Require that volunteers have a medical check before being placed in volunteer duties in the hospital.

9. Develop and publish a Volunteer Policy and Procedures Manual to be read by and issued to each volunteer.

10. Develop an evaluation form for use by the supervisors of volunteers that can be used to help the volunteer understand what is expected in their duties and how their job performance can be improved.

11. Develop a standardized Volunteer Utilization Report which would be filled out monthly to provide relevant current and historical data concerning volunteer availability and usage.

12. Organize formal awards ceremonies to recognize volunteers that have given faithful volunteer services.

13. Develop a meaningful job description for each required volunteer position.

14. Require that the hospital staff properly use and supervise volunteers.

APPENDIX A

STATISTIC TABLE FROM

AMERICAN HOSPITAL ASSOCIATION

STUDY

PERCENTAGE AND NUMBER OF REPORTING HOSPITALS WITH
INSERVICE VOLUNTEERS AND AVERAGE NUMBER OF
VOLUNTEERS PER HOSPITAL, 1968^a

Type of Facility	Hospitals with Volunteers		Number of Volunteers Reported by Hospitals	
	Number	Per Cent	Total Volunteers	Average Number of Volunteers ^b
NONFEDERAL				
Community				
6-24 beds	76	21.7	1,450	36
25-49 beds	424	37.1	24,430	91
50-99 beds	682	56.4	47,733	93
100-199 beds	820	76.3	143,252	210
200-299 beds	457	89.3	107,372	254
300-399 beds	300	95.5	83,311	300
400-499 beds	150	95.5	47,604	335
500 and over	181	96.8	70,868	417
Total Community	3,090	62.5	526,020	209
Noncommunity				
Psychiatric	289	63.7	96,142	370
Tuberculosis	25	27.5	1,050	44
Long-term				
General	168	67.2	27,950	179
Total Noncom- munity	482	60.6	125,142	284
TOTAL NONFEDERAL	3,572	62.2	651,162	221
TOTAL FEDERAL	333	85.8	94,762	290
TOTAL UNITED STATES	3,905	63.7	745,924	227

Number of hospitals responding to question on volunteers is 6,130.

Average number of volunteers is based upon the number of hospitals reporting volunteers (3,280).

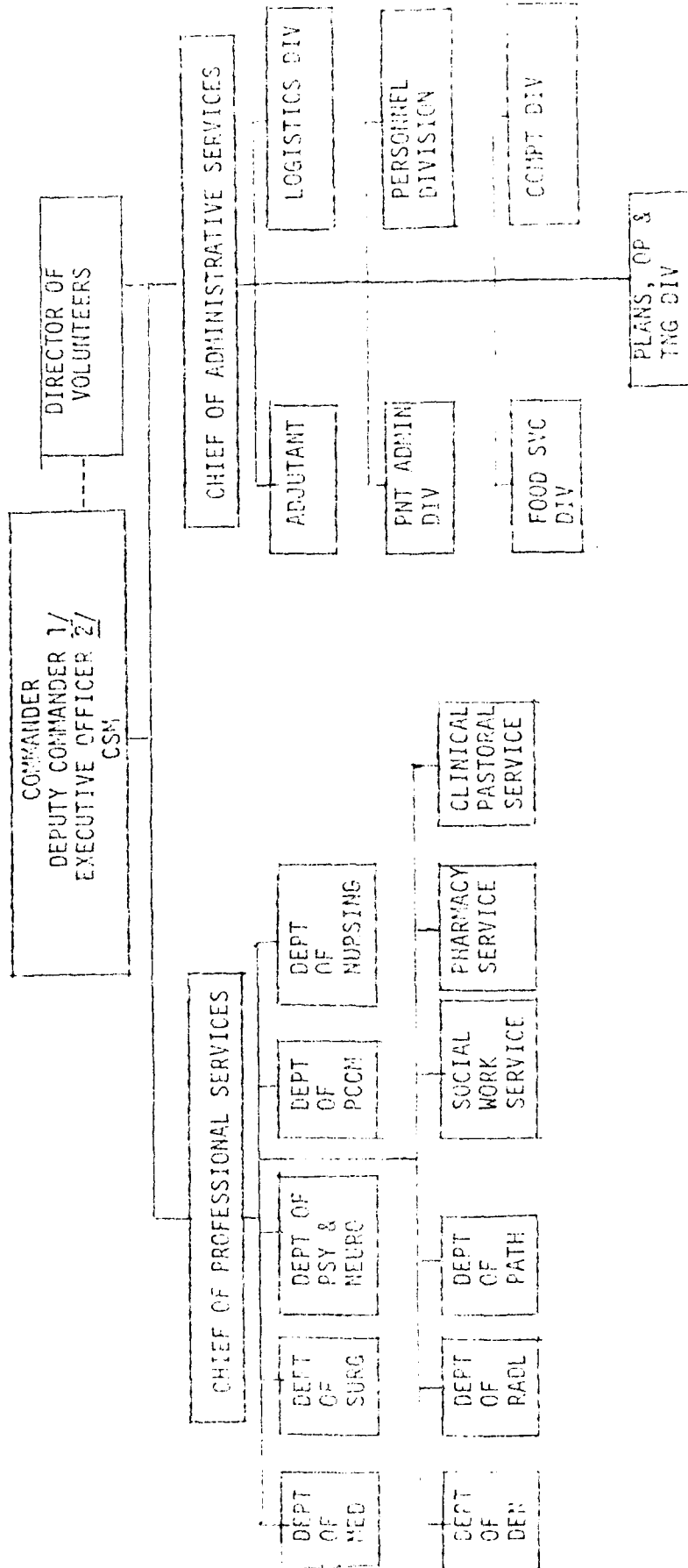
SOURCE: Philip C. Breunle "A Study to Determine the Most Effective Volunteer Service Program for Lutheran General Hospital" Baylor University (1972), 58

APPENDIX B
GENERAL LEONARD WOOD ARMY COMMUNITY HOSPITAL
ORGANIZATION CHART

ORGANIZATION CHART

UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY (MEDDAC), FORT LEONARD WOOD

U.S. GENERAL LEONARD WOOD ARMY HOSPITAL



1/ Serves as Chief, Professional Services
 2/ Serves as Chief, Administrative Services

APPENDIX C
AVERAGE NUMBER OF VOLUNTEERS
AND HOURS WORKED (1979)

GENERAL LEONARD WOOD ARMY COMMUNITY HOSPITAL
AVERAGE NUMBER OF VOLUNTEERS AD HOURS WORKED 1979

MONTH (1979	Average Number Volunteers	Number Hours
January	31	277
February	39	510
March	39	705
April	38	710
May	36	596
June	33	912
July	29	701
August	40	1009
September	31	462
October	30	528
November	29	407
December	24	245

APPENDIX D

AVERAGE NUMBER OF VOLUNTEERS
AND HOURS WORKED (1980)

GENERAL LEONARD WOOD ARMY COMMUNITY HOSPITAL
AVERAGE NUMBER OF VOLUNTEERS AND HOURS WORKED (1980)

MONTH (1980)	AVERAGE NUMBER OF VOLUNTEERS	NUMBER HOURS
January	29	577
February	26	305
March	31	360
April	24	280
May	20	229
June	15	591
July	14	754
August	14	350
September	24	382
October	22	299
November	18	201
December	17	118

APPENDIX E
HOSPITAL REQUIREMENT
FOR VOLUNTEERS

General Leonard Wood Army Community Hospital
Requirement for Volunteers

<u>AREA</u>	<u>NUMBER VOLUNTEERS</u>	<u>HOURS</u>
Medical Ward	2	8 hrs/da. 5 da/wk
Preventive Medicine	1	4 hrs/da. 5 da/wk
Patient Administration	2	8 hrs/da 5 da/wk
Psychiatric Services	1	8 hrs/da 5 da/wk
Newborn Nursery	1	8 hrs/da 5 da/wk
Pathology	2	8 hrs/da 5 da/wk
OB/GYN Clinic	2	4 hrs/da 3 da/wk
OB/GYN Clinic	2	4 hrs/da 4 da/wk
Orthopaedic Clinic	3	8 hrs/da 3 da/wk
Occupational Therapy	1	8 hrs/da 5 da/wk
Eye, Ears, Nose, Throat Clinic	1	8 hrs/da 5 da/wk
X-Ray	1	8 hrs/da 5 da/wk
Pediatric Clinic	2	4 hrs/da 5 da/wk

APPENDIX F
FORECASTING THE NUMBERS
OF
AVERAGE VOLUNTEERS

Forecasting the Numbers of Average Volunteers

(SEE GRAPH NEXT PAGE)

Once the data has been obtained one can predict into the future by relating time (independent variable X) with the number of average volunteers (dependent variable Y). Pragmatically, the above trend can simply be examined visually or a straight line with an equal number of points on either side can be drawn to enable the manager to estimate the future. This method may provide sufficient information in decision making.

Fitting a line mathematically requires use of more sophisticated techniques, but it provides greater precision in the forecast. The method used to mathematically find the best fitting trend line is linear regression which is also called the least squares method.

$Y = a + bX$ is the equation for a fitted straight line.

Y = number being estimated (average volunteers)

a = point at which the line intercepts the Y axis

b = rate of change (slope) of the line (decrease in volunteers per year)

X = independent variable - time

Solving two equations is necessary to find the slope (b) and the Y intercept (a).

$$(1) \quad b = \frac{N \sum XY - \sum X \sum Y}{N \sum X^2 - (\sum X)^2}$$

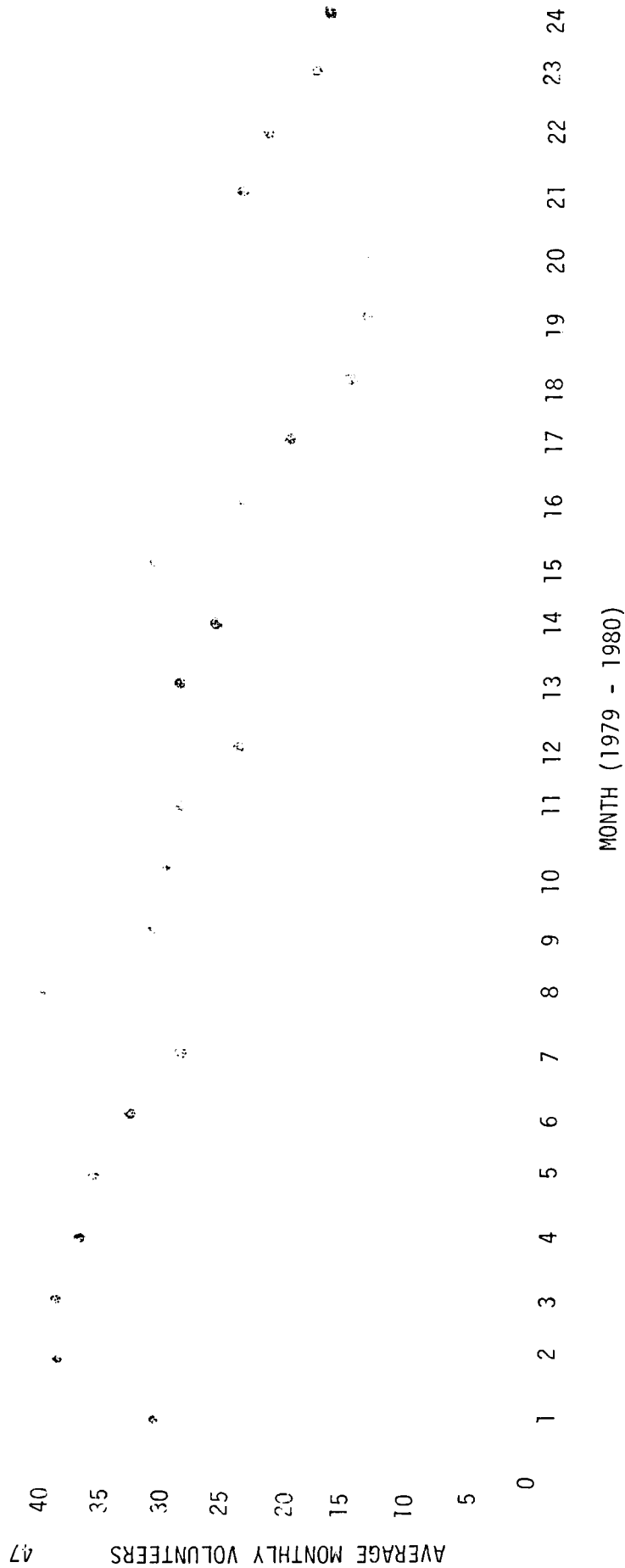
N - Number of data points (24 in this case)

$$(2) \quad a = \bar{Y} - b\bar{X}$$

$\bar{Y}$ = average of the Y values (average of volunteers)

$\bar{X}$ = average of X values (sequential numbers assigned to months)

FORECASTING THE NUMBERS OF AVERAGE VOLUNTEERS



To gain the necessary elements to solve these equations, a table is useful.

<u>Data Point</u>	<u>X (Month)</u>	<u>Y (Avg Vol)</u>	<u>(X)(Y)</u>	<u>X²</u>
1	1 (Jan, 79)	31	31	1
2	2	39	78	4
3	3	39	117	9
4	4	38	152	16
5	5	36	180	25
6	6	33	198	36
7	7	29	203	49
8	8	40	320	64
9	9	31	279	81
10	10	30	300	100
11	11	29	319	121
12	12	24	288	144
13	13	29	377	169
14	14	26	364	196
15	15	31	465	225
16	16	24	384	256
17	17	20	340	289
18	18	15	270	324
19	19	14	266	361
20	20	14	280	400
21	21	24	504	541
22	22	22	484	484
23	23	18	414	529
24	24 (Dec, 80)	17	408	576
N = 24	X = 300	Y = 653	$\Sigma XY = 7021$	$\Sigma X^2 = 4900$
	$\bar{X} = 12.5$	$\bar{Y} = 27.21$		

These calculations enable solution of the b and a equations.

$$b = \frac{24(7021) - (300)(653)}{24(4900) - (300)^2} = -.993$$

$$b = -.993$$

$$a = 27.21 - (-.993)(12.5) = 39.62$$

$$a = 39.62$$

The trend line equation for this data then is $Y = 39.62 - (.993)X$

Now, since we are interested in predicting for 1981, any number from 25 to 36 can be inserted in place of X in the equation.

For example:

$$\text{April, 1981} \qquad Y = 39.62 \quad (-.993)28 = 11.8$$

Accordingly, one can predict that approximately 12 volunteers will be available in April, 1981, if nothing is done to alter the current the current trend.

The reliability of this forecast may be suspect due to using only two years worth of data. However, prediction resulting from this technique portrays a bleak picture for General Leonard Wood Army Community Hospital's volunteer future and suggests that strong action to recruit volunteers is required.

APPENDIX G
APPLICATION FORM
FOR
VOLUNTEERS

CONFIDENTIAL - SECURITY INFORMATION

Copy available to DTIC does not
permit fully legible reproduction

DATE _____

NAME _____ PHONE _____

LAST _____ FIRST _____

HOME ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

SPOUSES FIRST NAME, (IF APPLICABLE) _____

IN CASE OF EMERGENCY CONTACT _____ PHONE _____

EDUCATION OR SPECIAL TRAINING _____

WORK EXPERIENCE (PAID)

PRESENT _____ NUMBER OF YEARS _____

FORMER _____

VOLUNTEER EXPERIENCE

RED CROSS: WHERE _____ WHEN _____

SERVICE _____ CHAPTER, ETC _____

VOLUNTEER JOB _____

OTHER AGENCIES OR ORGANIZATIONS: (CHURCH, HOSPITAL, CIVIC, SOCIAL, ETC.)

AGENCY _____ WHERE _____ WHEN _____ JOB _____

AGENCY _____ WHERE _____ WHEN _____ JOB _____

LEADERSHIP POSITIONS: (COMMITTEE CHAIRMAN, BOARD MEMBER, ETC.)

AVAILABILITY: MORNING _____ AFTERNOON _____ ALL DAY _____ EVENING _____ WEEKEND _____ EMERGENCY _____

PREFERRED DAYS OF WEEK TO WORK _____

ARE YOU WILLING TO PAY A NOMINAL FEE FOR A UNIFORM? _____

ARE YOU WILLING TO TAKE SUCH TRAINING AS MAY BE REQUIRED? _____

HAVE YOU EVER TAKEN: FIRST AID _____ CPR _____ LIFE-SAVING _____ HOME NURSING _____ NURSE'S AIDE _____

WOULD BE WILLING TO HELP IN CASE OF A LARGE DISASTER IN OUR AREA: YES _____ NO _____

HOW DID YOU BECOME INTERESTED IN RED CROSS VOLUNTEERING? _____

(OVER)

INDICATE ANY SKILLS (S) OR INTERESTS (I):

☐ Working with youth	☐ Teaching children	☐ Service to Mil.
☐ Leading groups	☐ Sewing, quilting, etc.	☐ Day Care Centers
☐ Art or displays	☐ Crafts	☐ Home or Social Wk.
☐ Public Relations	☐ Receptionists	☐ Working with elderly
☐ Newsletter	☐ Typing	☐ Music or drama
☐ Nurse Aide work	☐ General clerical	☐ Driving
☐ Nursing Home work	☐ Working with physically,	☐ Chapter Staff Aide
☐ Occupational Therapy	☐ mentally or emotionally	☐ Hospital Work
☐ Disaster Action Teams	☐ handicapped	☐ State Hospital
☐ Veterans Hospital	☐ Swimming	

PLEASE GIVE AS REFERENCES, TWO ADULTS WHO ARE NOT RELATIVES:

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
RELATIONSHIP _____	RELATIONSHIP _____

AS A RED CROSS VOLUNTEER I UNDERSTAND AND AGREE TO:

- ☐ Uphold the high standards of service maintained by the Red Cross throughout the world.
- ☐ Not expect or accept pay for my service as a Red Cross volunteer.
- ☐ Attend required Red Cross orientation and/or training before starting volunteer job.
- ☐ Consider my volunteer work as a firm commitment, reporting on time each day.
- ☐ I am scheduled unless I am ill, in an emergency situation, or on a planned vacation.
- ☐ Always notify my supervisor of any changes or absences.
- ☐ Purchase and wear the appropriate uniform when on duty and adhere to the Red Cross dress code.

(applicant's signature)_____
(interviewer's signature)_____
(assignment)_____
(date)

APPENDIX H
DO'S AND DON'TS FOR VOLUNTEERS
SERVING IN HOSPITALS

Office of the Surgeon General, Department of the Army, Washington, D.C. 20304
 The following information is being furnished to you for your information and guidance.

DO'S and DON'TS FOR AMERICAN RED CROSS VOLUNTEERS

You, in your uniform, are a representative of the total Red Cross. Your appearance, what you say, what you do, and how you do it can create either a favorable or an adverse reaction toward Red Cross in the minds of the public. Be a good representative of the American Red Cross always. "The Red Cross serves all, regardless of race, color, creed, or ability to pay." Let's respect and live up to that ideal.

HERE ARE A FEW DO'S:

1. DO contact the nurse in charge when you enter her division of the hospital. She can be of real help to you for she knows the patients and their needs.
2. DO regard confidences as sacred. (Refrain from gossip--simply see and hear twice as much as you speak. What you'd gossip about anyway has been entrusted to you in confidence and is not for you to relate.)
3. DO leave the patient's room when doctor enters unless the doctor instructs you to remain. (If the doctor requests you to do something not in line with your duties, explain to him you are not prepared to carry out his orders. Inform the head nurse of his request so she may attend to the order.)
4. DO everything possible to make the visitor's entry and exit as pleasant as possible. Remember, visitors are guests of the hospital and you are part of the treatment team.
5. DO report as quickly as possible to the head nurse:
 - a. Any accident to a visitor.
 - b. Any unusual happening or behavior on the part of the visitor.
6. DO accept supervision graciously.
7. DO walk and speak quietly. (Added warning: Sense of hearing is the first to be recovered after unconsciousness tho the patient is seemingly asleep, and the last sense to go before death.)
8. DO give the patient a receipt if you have taken money to make a purchase for him, using shopping envelope receipt form, provided for personal service volunteers.
9. DO keep your dealings with patients on an IMPERSONAL TROUGH FRIENDLY basis.
10. DO wear your uniform at all times while on duty.
11. If illness or other emergency will keep you from working on your appointed day, DO let your chairman know of it at the first possible moment. Don't call clinics direct!

ARC Vol Form 49.1
 (5/10/62-100)

DO'S and DON'TS for VOLUNTEERS SERVING in HOSPITALS 100-1000000
AWAY WE GO TO THE DON'TS:

1. DON'T discuss one patient with another.
2. DON'T discuss an employee with patient.
3. DON'T discuss a doctor or nurse with patient.
4. DON'T discuss politics or religion with patient.
5. DON'T discuss any facts you know about the patient's case history.
6. DON'T discuss standards of other hospitals.
7. DON'T use cosmetics excessively.
8. DON'T accept personal gifts from the patient if you can avoid doing so. (Express sincere appreciation for his thoughtfulness and explain that it might prove embarrassing to another patient who was not financially able to purchase a gift. If you HAVE to accept it - accept it in the name of all RED CROSS Volunteers who serve that hospital or institution.)
9. DON'T wear uniform when keeping personal appointments - unless unavoidable.

AND HERE ARE SOME NEVER, NEVER, NEVER'S:

1. NEVER touch a patient's chart; purchase or recommend medication.
2. NEVER talk about a patient outside the hospital or with other patients.
3. NEVER discuss patient's illness or injury with him. (Let him talk about it himself since it is good for him, but divert the conversation as soon as possible into other channels.)
4. NEVER jar a bed, lean on the foot of the bed, or sit on a bed.
5. NEVER call the doctor for a patient. (Relay the request or message to nurse.)
6. NEVER extend to or accept from a patient a personal invitation - (REMEMBER - DON'T GET INVOLVED!)
7. NEVER promise anything to a patient you cannot fulfill. (If you cannot fulfill a request immediately, explain why.)
8. NEVER interfere with the work of the professional. (You are in the hospital to supplement - not supplant!)
9. NEVER Chew gum while on duty.

DO'S and DON'TS for VOLUNTEERS SERVING IN HOSPITALS (CONT'D) Page 3

10. NEVER smoke in patient's room, the ward, or in the halls. (Smoke only in designated places.)
11. NEVER use or wear costume jewelry while in uniform.
12. NEVER forget for a minute that other volunteers in this hospital and on this post are motivated by the same desire you are - the desire to serve their fellowmen - and are due the same respect and courtesies that you expect them to give you in return.

NOW TO THE USE DISCRETION IN:

1. Timing your visit with patients (Observe rest periods.)
2. Discussing your personal affairs.
3. Showing sympathy regarding illness - REMEMBER: "Empathy." Sympathy means - I feel as you do. Empathy means - I know how you feel.
4. Fulfilling patient's requests when not in line with your assigned responsibilities. When in doubt, check with nurse in charge.

Examples:

- a. Elevating or lowering patient's bed.
 - b. Serving foods or liquids; without OK from nurse who knows about diet restriction.
 - c. Making phone calls (come and take me home) or purchases (chlorox) when there's anything unusual about the request.
 - d. Sending spectacles out to optometrist for repairs.
5. Giving your name - you can usually get by with being "Red Cross Volunteer."

APPENDIX I
VOLUNTEER ORIENTATION
SCHEDULE

0121 0100 0100
 0100 0100 0100
 GENERAL LEONARD MORGAN AND COFFMAN'S HOSPITAL
 P.O. BOX 1000, ALBUQUERQUE

2 February 1963

9:00 - 9:30	Coffee	
9:30 - 9:35	Welcome - Introduction	Mrs. Abbott
9:35 - 10:30	Red Cross Background	Mr. Roboustoff
10:30 - 10:45	Hospital Service, Organization and Mission	Col. Baler
10:45 - 11:00	Records	Mrs. Cochran
11:00 - 12:00	Tours	LTC Meiers LTC Brown
12:00 - 1:00	Lunch	
1:00 - 1:20	Hospital Ethics	Col. Young
1:20 - 1:30	Hospice Program	Mrs. McGuire
1:30 - 2:00	Areas to Work	
2:00 - 3:00	Sign Up, Order Uniform, See Work Area	

APPENDIX J

RULES FOR PROVIDING DAY CARE

SERVICES FOR VOLUNTEERS

APPENDIX K
VOLUNTEER JOB
DESCRIPTIONS

14-16 DEC 80

62

DISPOSITION FORM

For use of this form, see AR 340-15, the proponent agency is TAGCEN.

REFERENCE OR OFFICE SYMBOL	SUBJECT
ATZT-CH-I	Request for Red Cross Volunteers

TO Executive Officer FROM C, Dept of Surgery DATE 11 DEC 1980 CMT 1
SSG SMITH/vw/9361

1. Request the following clinics in Department of Surgery be provided with Red Cross volunteers. The number requested and brief job description is included.

a. OB/GYN - Two volunteers for the following time frames:

MONDAY	1230 - 1600
TUESDAY	1230 - 1600
WEDNESDAY	0730 - 1130
FRIDAY	1230 - 1600

The volunteers' duties will consist of chaperoning for doctors, obtaining x-ray or lab results as requested by the doctor and assisting physicians as needed.

b. ORTHOPEDICS - Three volunteers to work with orthopedic doctors on clinic days Monday, Wednesday and Friday, 0730 - 1130 and 1300 - 1600. Duties would consist of chaperoning for female patients, obtaining records or x-rays as required, keeping doctors' offices full and assisting physicians as needed.

c. OCCUPATIONAL THERAPY - One volunteer to work as typist - receptionist on a daily basis, 0730 - 1130 and 1230 - 1600. The duties would consist of typing, filing, answering the telephone, logging in new patients, setting up patient charts, scheduling patients, receiving patients and visitors and accomplishing patient and clinic related assignments throughout the hospital.

d. ENT - One volunteer on a daily basis, 0730 - 1130 and 1230 - 1600. Duties will include answering telephones, receiving and logging-in patients, obtaining records as necessary and assisting ENT officers as needed.

e. RESPIRATORY THERAPY - One volunteer to work as receptionist on a daily basis, 0730 - 1130 and 1230 - 1600. Duties will include answering phone, assisting in completing charts and filing.

2. If these volunteers can be provided, it will facilitate patient care in these clinics by freeing military and civilian employees to continue with other tasks.

3. Further information can be obtained by contacting SSG Smith, NCIC, Dept of Surgery 9361/9371.

GEORGE S. M. COWAN JR.
COL, MC
Chief, Department of Surgery

DISPOSITION FORM

63

For use of this form, see AR 340-15, the proponent agency is TAGCEN.

REFERENCE OR OFFICE SYMBOL

SUBJECT

ATZT-GH-N

Red Cross Volunteers

TO/ THRU: Chief, Med Nsg Section ^{FROM} Head Nurse, 5C

DATE 20 Nov 80

CMT 1

THRU: Chief, Dept of Nursing

TO: Mrs. Sue Abbott
Chairperson
Hospital Red Cross Volunteers

1. It is anticipated that Ward 5C could utilize a Red Cross Volunteer during each day and evening shift.
2. To offer a concrete job description would be difficult, however Red Cross workers could offer general affective support in the following ways:
 - A. Often patients live so far away from Ft Wood that they have no visitors.
 - B. Transporting patients to PT, Of, X-Ray, etc., fosters emotional support to patients and encourages them to do well, that someone is with them who cares.
 - C. Staff shortages frequently prevents staff members from spending time, doing little things for patients such as reading, combing hair and providing trips in wheelchairs to allow patients to leave the ward for brief periods. These tasks can often provide the TLC desperately needed and essential for recovery.
 - D. Volunteers could also be utilized for female chaperone coverage, to aid physicians in examination of patients.
3. Such needs evolve around all waking hours, so if volunteers are available for evening support, they would be utilized in a similar manner.

*Carol A. Marks*CAROL A. MARKS
CPT, ANC
Head Nurse, 5C

DA FORM 2496

REPLACES DD FORM 96, WHICH IS OBSOLETE.

U.S. GPO 1978-0-665-041/144

ATZT-GH-R

Request for Red Cross Volunteers

XO

C, Patient Admin Div

8 Dec 80

lm/9761

1. Reference your DF dated 24 Nov 80, subject: Red Cross Volunteers.
2. Request this division be provided with two volunteers (one for the Outpatient Records Section and one for the Clinical Records Section).
3. Job descriptions are :
 - a. Outpatient Records - Greets patients who must have records pulled; determines eligibility for care by checking ID cards. Assists records room personnel in filing records and assorted paperwork. Provides directional information to patients, i.e., directions to various clinics.
 - b. Inpatient Records - Files paperwork in clinical records; assists in preparing clinical records for retirement.

JOHN F. NEWMAN

MAJ, MSC

Chief, Patient Admin Div

APPENDIX L
DIRECTOR OF HOSPITAL
VOLUNTEERS
JOB DESCRIPTION

DIRECTOR OF HOSPITAL VOLUNTEERS

JOB DESCRIPTION

JOB DUTIES

Plans with Executive Officer and administrative staff the objectives and scope of the volunteer services program to augment the services of regular hospital staff; recruits and orients new volunteers, arranges for their training and placement, and supervises the program.

Confers with Executive Officer and administrative staff to plan volunteer program consistent with hospital's needs. Recommends establishment of policies and procedures for inservice training of volunteers, work hours, types of services to be performed, and assignment of volunteer workers. Meets with department heads to determine volunteer service needs and to interpret service policies and procedures.

Recruits and interviews applicants to determine their aptitudes, abilities, and other qualifications. Classifies applicant according to qualifications, interests, age, time available for duty, and other characteristics.

Arranges for formal orientation of new volunteers which should include a description of the hospital, its purposes and organization; the policies of the Volunteer Program, and the responsibilities of the volunteer. In cooperation with the staff of the hospital, organizes training courses to instruct volunteers in techniques and procedures of duties to be performed and arranges for or conducts preservice training classes and on-the-job training.

Receives request for services of volunteers from various hospital departments and cooperates with department supervisor to define services to be performed by volunteers and to outline duties for each assignment. In cooperation with department supervisors, places volunteers according to their aptitudes and interests. Conducts periodic reorientation for all volunteers.

Conducts surveys and meets with department heads to evaluate the effectiveness of the volunteer service program. Periodically counsels with and evaluates individual volunteer. Devises methods for improving, modifying, or expanding the program and recommends changes in established policies and procedures. Arranges for appropriate recognition of the volunteer.

Prepares manuals, handbooks, and guides covering policies, procedures, and programs.

SOURCE: Gary Lee Stanley. "Hospital Volunteer Policy and Procedure Manual." Hospital and Physician Consulting Service, Inc. Marion, Ill. 1977.

Machines, Tools, Equipment, and Work Aids

Standard Office equipment

Education, Training, and Experience

Preferably a bachelor's degree with suggested major in the behavioral sciences, including management.

Experience in a supervisory or executive capacity, or extensive hospital volunteer organization work.

Worker Traits

Aptitudes: Verbal ability is required to discuss volunteer program with administrative and volunteer personnel, to effectively promote the volunteer program, and to explain hospital policy to individuals and groups.

Interests: A preference for contact with people is necessary for duties involving coordination of efforts of volunteer workers with those of staff members, and meetings with other civic, social, and service organizations of the community.

Temperaments: Ability to direct, control, and plan entire activities of volunteer service functions. Able to deal with people in actual job duties when interviewing, orienting, and following up volunteers. Able to evaluate reports, surveys, and volunteer performance records against both judgmental and verifiable criteria. Calmness and efficiency needed to perform activities involving many details and frequent change.

Physical Demands and Working Conditions: This is light work. Sits and walks throughout working day. Talking and hearing to converse with hospital staff, volunteers, and audiences. Handles office equipment and supplies. Works inside. Has own office.

Job Relationships

Workers Supervised: All volunteer workers.

Supervised By: Hospital Executive Officer.

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END

DATE

FILMED

8-88

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