



Engaging Health Care Volunteers to Pursue the Triple Aim



**American Hospital
Association**

AHVRP

Association for Healthcare
Volunteer Resource Professionals

A personal membership group of the
American Hospital Association

About the AHA

The AHA is a not-for-profit association of health care provider organizations and individuals that are committed to the health improvement of their communities. The AHA is the national advocate for its members, which includes nearly 5,000 hospitals, health care systems, networks, other providers of care and 43,000 individual members. Founded in 1898, the AHA provides education for health care leaders and is a source of information on health care issues and trends. For more information, visit the AHA website at www.aha.org.

About AHVRP

The Association for Healthcare Volunteer Resource Professionals (AHVRP), a professional membership group of the American Hospital Association is the premier professional membership society for healthcare volunteer services, retail operations and related support services disciplines. AHVRP provides education, recognition for personal and professional achievements, national networking as well as affiliation and collaboration with the American Hospital Association on public policy and advocacy issues related to healthcare volunteer services and retail operations.

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Contact: jryzner@aha.org or (312)422-3321; or upawlowski@aha.org or (312)422-3725

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Table of Contents

Introduction	4
Triple Aim framework	4
Case examples of volunteers supporting the Triple Aim	5
Aim #1: Improving the patient experience of care	5
• Bed Safety/Fall Prevention, Hartford Hospital, Hartford, CT.....	5
• Patient Rounders, LRGHealthcare, Laconia and Franklin, NH	5
• Volunteer Transportation Network, Southern Arizona Veterans Affairs Health Care System, Tucson, AZ.....	6
• Volunteer Doula Program, Sutter Davis Hospital, Davis, CA.....	6
• Storycatchers, Longmont United Hospital, Longmont, CO	7
Aim #2: Improving the Health of Populations	8
• Bay Area Regional Help Desk Consortium, Bay Area, CA.....	8
• Vocational Skill-Based Programming, Newton-Wellesley Hospital, Newton, MA	8
• Victory Band, Detroit Veterans Affairs Medical Center, Detroit, MI	9
• Operation Sock-It-To-Me, Northwest Medical Center, Bentonville, AR	10
• Pet Peace of Mind, Mercy Hospice, Janesville, WI.....	10
Aim #3: Reducing the per-capita cost of health care	11
• Senior Health Insurance Information Program, UnityPoint-St. Luke's, Cedar Rapids, IA.....	11
• NICU Cuddler Volunteers, New Hanover Regional Medical Center, Wilmington, NC	11
• Congestive Heart Failure Volunteer Intervention Program, New York Methodist Hospital, Brooklyn, NY.....	12
Critical success factors	13
Conclusion	14
Demographics of volunteer service departments	14
Checklist for developing strategic volunteer services to support the Triple Aim	14
Resources	15

Introduction

Health care is changing as never before. New reimbursement models, pressure to reduce costs, increased emphasis on prevention and relentless focus on the patient experience and clinical outcomes require attention to patients and families in new ways.

As hospitals, health systems and other providers navigate this evolution, health care volunteers stand out as key contributors in the success of pursuing the Triple Aim, a framework developed by the Institute for Healthcare Improvement that outlines an approach for maximizing the performance of the health care system. The intent is that every activity or process be aligned with these three domains:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per-capita cost of health care.

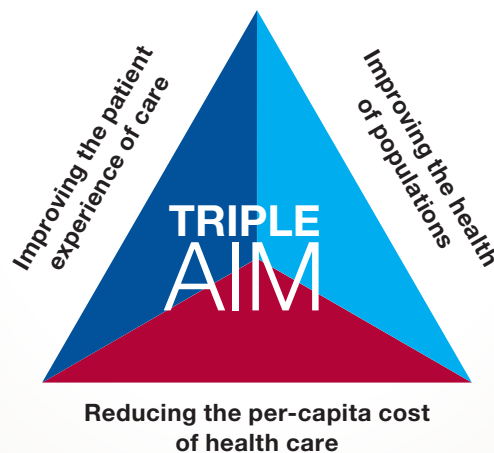
High-performing health care organizations are striving to adhere to these principles as they seek to best serve their patients, families and communities.

This resource showcases how Volunteer Services strategically supports the Triple Aim. The information comes from interviews with volunteers, auxiliaries, directors of volunteer services and chief executive officers, who shared critical success factors in engaging volunteers in these efforts. It features case examples depicting how volunteers support the Triple Aim, including programs dedicated to:

- Reducing avoidable readmissions
- Improving the patient experience
- Improving HCAHPS scores
- Enhancing community engagement
- Improving quality
- Increasing health care access
- Lowering health care costs
- Improving patient safety

The Triple Aim Framework

By simultaneously pursuing the three domains of the Triple Aim, the U.S. health care system can focus on improving health for individuals and populations by:



Case examples of volunteers supporting the Triple Aim

Aim #1: Improving the Patient Experience of Care

Bed Safety/Fall Prevention

Hartford Hospital

Hartford, CT

Total number of volunteers: 1,000

Number of beds: 950

Goal: To reduce patient falls, thereby preventing injuries and eliminating the burden of additional recovery time and costs.

Summary of program: Volunteers go into the hospital rooms of patients who are at risk for falling and help mitigate potential injuries.

Roles of volunteers: Volunteers work with staff to implement fall-prevention protocol measures, such as posting door warning signs, placing fall-prevention alert bracelets on patients, connecting beds to proper electrical outlets and turning on bed alarms. Volunteers also ensure patients' trays, belongings and call buttons are within reach and encourage patient and family involvement in creating and maintaining a safe environment.

Role of staff: Identify which patients are at risk for falls.

Primary collaborators: Nursing and volunteer services.

Outcomes and benefits: There was a 50 percent reduction in patient falls after the volunteer program began. Hartford Hospital continues to perform in the top 10th percentile nationally for total falls with injury and the top 10-25th percentile for total falls per 1,000 patient days.

Future plans: Expand the reach of the program by integrating volunteer bed safety/fall prevention practices into other volunteer roles on nursing units.

Contact names:

Kelley Boothby, CAVS, director of volunteer services
kelley.boothby@hhchealth.org, 860-972-2182

Eileen Pelletier, CAVS, director of volunteer services
eileen.pelletier@hhchealth.org, 860-972-2448



Volunteer Rounders

LRGHealthcare

Laconia and Franklin, NH

Total number of volunteers: 200 (combined)

Number of beds: 120 (combined)

Goal: Address patients' issues or concerns while they are in the hospital and before they are discharged, thereby attempting to increase patient engagement and satisfaction.

Summary of program: On Mondays through Fridays at the Laconia hospital some five to seven patient experience volunteers visit with patients and families in patient rooms and waiting areas to learn if there are any issues of concern or if they have feedback to share regarding their care. The volunteer either addresses the issue on the spot or refers the concern to the volunteer services coordinator for follow-up with the director of the department or the director of patient experience. Typical issues pertain to noise, wait times, communication with physicians and nurses, and questions regarding medications or procedures.

Roles of volunteers: Volunteers round on inpatient rooms and waiting rooms, soliciting feedback and following up as appropriate. They document their encounters and submit data summarizing issues and follow up. Volunteer Rounders also serve on the Patient Family Advisory Committee and are able to provide real-time data and feedback to the committee.

Role of staff: Collect data on patient encounters and send reports on activity and trends to department directors and the patient experience department.

Primary collaborators: Patient experience director and clinical department directors.

Outcomes and benefits: The service provides immediate feedback on positive and negative experiences, as well as real-time resolution of issues. It has resulted in enhanced collaboration among volunteers and clinical staff. In 2015, some 2,400 patient encounters were recorded. Though there is no direct correlation to HCAHPS scores, the ability to track trends and improve processes helped result in fewer patient concerns, decreasing the patient complaint rate from 25 percent annually to 1-2 percent.

Challenges: Initial resistance among nursing staff and that the program only operates on weekdays.

Future plans: Expand to five days a week on the Franklin campus.

Contact names:

Sandra Marshall, CAVS, director of volunteer services
smarshall@lrggh.org, 603-527-2895

Darcy Peary, CAVS, volunteer coordinator
dpeary@lrggh.org, 603-737-6720

Challenges: Recruiting drivers from rural areas who are able to put in long days; tracking driver certifications.

Future plans: Increase the number of drivers from rural areas; improve information technology systems to enhance efficiency; expand marketing.

Contact names:

Deborah Brookshire, CAVS, chief of voluntary service
deborah.brookshire@va.gov, 520-792-1450, ext. 16990

**Veterans Health Administration
Volunteer Transportation Network
Southern Arizona VA
Health Care System
Tucson, AZ**

Total number of volunteers: 1,200

Number of beds: 285

Goal: Increase patient access to care and decrease number of missed appointments.

Summary of program: Through a partnership with the Disabled American Veterans (DAV), some 30 to 40 volunteers provide free transportation for patients to the medical center for scheduled medical appointments. Volunteers have access to eight vehicles that were donated by the DAV and other service organizations. The DAV also pays the salary of a hospital transportation coordinator to schedule and dispatch drivers.

Roles of volunteers: Drive patients to and from appointments; schedule transportation; answer phones; assist in tracking driver certifications; provide clerical support.

Role of staff: Ensure drivers meet certification requirements; manage certification database; market the program to veterans and the community; recruit, onboard and train volunteers; perform security clearances; conduct physical exams of volunteers; maintain the vehicles; obtain and certify motor vehicle reports.

Primary collaborator: Disabled American Veterans

Outcomes and benefits: Increases patients' access to care and increases the number of completed appointments. In the past two years, volunteers transported almost 5,000 patients each year. Volunteers donated some 10,000 hours in each of those years at a value of more than \$200,000 annually. The service also fosters goodwill between the medical center and the veteran community, resulting in peace of mind for the patients and their families.

**Volunteer Doula Program
Sutter Davis Hospital
Davis, CA**

Number of beds: 48

Goal: To enhance the birthing experience.

Summary of program: Doula is a Greek term meaning "a woman who serves." Volunteer doulas provide non-clinical emotional and physical support to birthing and post-partum mothers. Some 20 percent of the hospital's 1,500 births annually are attended by a volunteer doula.

Roles of volunteers: Some 50 volunteers donate 10,000 hours annually in the form of hands-on comfort, supporting patients' decisions, hydrating and feeding, assisting partners and families and being continuously present until after the birth.

Role of staff: Training volunteers and assigning them to a patient when a woman goes into labor.

Primary collaborators: Birth center staff, employee health, education department.

Outcomes and benefits: Patients experience fewer medical interventions, improved bonding with their babies, higher breastfeeding rates, lower cesarean rates, fewer incidents of postpartum depression and mood disorders, and lower medication usage.

Challenges: Aligning the supply of trained doulas with the number of women in labor; clarifying the roles and boundaries of the doulas' responsibilities with the volunteers and laboring mothers.

Future plans: Continue to grow the program and expand to post-partum patients.

Contact names:

Kim Andersen Johnson, RNC-OB, BSN,
SDHDoula@sutterhealth.org, 530-759-7445

Carolyn Joyce Campos, RNC-OB, MSN camposc@sutterhealth.org, 530-759-7445



Storycatchers
Longmont United Hospital
Longmont, CO

Total number of volunteers at hospital: 500

Volunteers in this program: 7

Number of beds: 201

Goal: To help humanize and personalize the patient's hospital experience.

Summary of program: Volunteers interview patients and write narratives or poems depicting the patients' life stories. If the patient chooses, the stories are shared with hospital staff, physicians, families and friends.

Roles of volunteers: Interview inpatients and write their life stories in the form of narratives or poems. Each story takes four to eight hours to complete.

Role of staff: Identify patients who might be good candidates; facilitate sharing the stories according to the patients' wishes.

Primary collaborators: Staff in in-patient rehabilitation and select nursing units.



Outcomes and benefits: Patients are more engaged and empowered in their care through this caring connection; those who read the stories connect on a personal level with the patients — staff and physicians are reminded why they do what they do; patients are temporarily diverted from their pain, anxiety or health conditions; patients' moods and energy levels improve; patients are validated as human beings; dying patients are provided the opportunity to reminisce and potentially connect on a deeper level with loved ones; stories done at the end of life are often shared in eulogies or obituaries. In the first five years, more than 120 stories and 30 poems were captured.

Challenges: Selecting volunteers with the right skill sets; focusing on quality vs. quantity; acknowledging that many patients are in declining health or have dementia; engaging staff support; maintaining high quality as the program grows.

Future plans: Expand to more units and to other Centura Health hospitals; serve as a resource to other hospitals wishing to start a program.

Contact name:

Laura Kinder, director of volunteer services
LauraKinder@Centura.org, 303-651-5206



Aim #2: Improving the Health of Populations

Bay Area Regional Help Desk Consortium **Hospital/health system partners:** **Zuckerberg San Francisco General (ZSFG) Hospital; Alameda Health System; University of California, San Francisco (UCSF) Benioff Children's Hospital Oakland; and Alameda Health Care Services Agency Bay Area, CA**

Total number of volunteers: 200

Summary of program: The Bay Area Regional Help Desk Consortium (BARHC) is a collaboration of Bay Area hospitals and other community partners to help connect patients to community resources. Help Desks are resource centers that are staffed by trained volunteers. Volunteers help to identify and then address patients' unmet social needs, including connecting families with food, housing, legal, and mental health resources in the community.

Goal: Help patients connect with local resources to address unmet social needs.

Roles of volunteers: Volunteers work in a fast-paced hospital environment, interfacing with physicians, nurses and social workers. Volunteers perform standardized social needs screening with interested patients and families. Screening includes questions related to food security, housing stability, safety, financial security, and health care access. Volunteers then use county-specific resource algorithms, community resource lists, and on-line resources to aid families in meeting resource needs. Volunteers often follow up with participating families over the course of several months.

Role of staff: Program coordination; patient liaison; resource development and dissemination; volunteer recruitment and training; website maintenance and fundraising.

Internal collaborators: Volunteers work closely with social workers and other behavioral health team members in a variety of hospital departments, including emergency departments and adult and pediatric primary care clinics.

Outcomes and benefits: Across 1,800 patients recruited in primary and urgent care at ZSFG and UCSF Benioff Children's Hospital Oakland, the in-person navigator intervention resulted in greater reduction of unmet social needs and greater improvements in perceived child health than by only providing written resources to patients and their families.

Challenges: Behavioral health/social work staff integration; clinical workflows; sustainable funding.

Future plans: Regional program branding, staffing, and funding; expanded recruitment to other student and community volunteer groups.

Contact names:

Joanie Rothstein

Zuckerberg San Francisco General Hospital
joanie.rothstein@ucsf.edu

Dayna Long, UCSF Benioff Children's Hospital Oakland
DLong@mail.cho.org

Kimi Tahara, Alameda County Health System
ktahara@alamedahealthsystem.org

Vocational Skill-Based Programming Newton-Wellesley Hospital Newton, MA

Total number of volunteers: 994

Number of beds: 313

Goal: Provide vocational skill-based volunteer opportunities for youth and adults who are socially, intellectually and/or physically challenged.

Summary of program: Since 1999, challenged students and adults have been serving in vocational volunteer roles throughout the hospital. The student program has some 90 volunteers per year — 556 total since the program started. Collectively, the students serve around 6,500 hours annually. The adult vocational program has some 70 volunteers per year — 203 since the program started. The adults serve approximately 6,000 hours annually.

Roles of volunteers: The volunteers serve in at least 23 areas of the hospital and are involved in a variety of positions, including collating patient registration packets, wiping tables and sorting silverware in the cafeteria, food preparation, cleaning fitness equipment

in cardiac rehab and the fitness center, folding and sorting linens in central supply, assisting in the day care center, helping housekeeping clean and dust, playing the piano in the lobby, scanning and filing, emptying recycling bins, delivering packages, assembling patient surgical bags and raking leaves.

Role of staff: Serving as professional mentors to the students and adults; acting as a role model; training volunteers; incorporating vocational volunteers into the department and developing a relationship with the school or agency, when necessary.

Primary collaborators: Some 15 schools and nine social service agencies.

Outcomes and benefits: For the students, the vocational opportunities result in enhanced skills related to communication, technology, safety, teambuilding, interviewing, money management, job search and meeting workplace expectations. The elevated skills help increase self-image, confidence, independence and professionalism. For the hospital, the program functions as a consistent, reliable supplement to the workforce. It also serves as a positive channel for reaching out to the community and generating goodwill among schools, agencies, families and individuals.

Challenges: Staff changes that sometimes disrupt the bonds between the volunteers and mentors. Reinforcement of professional/hospital expectations and monitoring personal interactions in the workplace. Maintaining job coach paperwork.

Future plans: Continued exploration and piloting of new areas for the volunteers to contribute. Increase the number of agency partners.

Contact name:

Lauren Lele, CAVS,

director of community benefits and volunteer services
llele@partners.org, 617-243-6330



Victory Band
Detroit Veterans Affairs
Medical Center
Detroit, MI

Total number of volunteers: 1,141

Number of beds: 212

Goal: To use music-centered programs to influence therapy and enhance the quality of life of patients with chronic to several behavioral health issues.

Summary of program: A collaborative effort between Voluntary Service and the Jams-For-Vets Project has been music to the ears of military veterans receiving care at the Detroit VA Medical Center. Jams-For-Vets volunteers and therapists from the medical center's Psychosocial Rehabilitation and Recovery Center (PRRC) program have taken a group of diverse individuals with varying levels of musical talent and transformed them into a skilled band, a Victory Band.

Roles of volunteers: Three volunteers provide expertise in music and performance for some 21 patients. They also secure donations of musical instruments.

Role of staff: Music therapy, concert coordination, publicity.

Primary collaborators: Jams-for-Vets Project and psycho-therapists from PRRC.

Outcomes and benefits: Monthly concerts in the medical center's atrium and performances at community events result for the participants in enhanced community integration, social skills, teamwork, leadership, confidence and pride. Participants learn to use music as a coping skill to manage symptoms and emotions. In the first two years, volunteers secured \$25,000 in donations for instruments and time.

Challenges: Funding, equipment, qualified musicians/instructors, practice schedules and venue.

Future plans: Expand program to physical and extended care units as part of recreation therapy.

Contact name:

Bill Browning, chief, volunteer and community relations
william.browning@va.gov, 313-576-3332



 **Operation Sock-It-To-Me**
Northwest Medical Center
Bentonville
Bentonville, AR

Total number of volunteers: 120

Number of beds: 126

Goal: Collect and distribute socks to children who need them.

Summary of program: Volunteers, employees and community members donate new pairs of socks during annual collection drives. The socks are donated to schools, a children's shelter, a women's shelter and foster care program; those organizations give the socks to children in need.

Roles of volunteers: The idea for the program originated from a volunteer who often suffered from cold feet and a lack of socks while growing up in a children's home. Volunteers are responsible for promoting the campaign throughout the hospital and in the community. They decorate collection bins and place them in high-traffic spots in the hospital and in the community (a bank, a not-for-profit organization, a hotel), collecting the socks as the bins fill up. Volunteers then package the socks by size and gender and distribute them to the organizations at the conclusion of the campaign.

Role of staff: Encourage donations and participation.

Primary collaborators: Employees in all departments, a bank, a charitable community organization and a hotel.

Outcomes and benefits: Over three years, some 7,420 pairs of socks have been given to local children, ranging from infants to teenagers. Research shows warm feet help children sleep better at night, improving their ability to concentrate at school. This enhanced focus can lead to a healthier, better-educated child.

Challenges: One year the campaign expanded to include donated underwear, but the effort has been more successful when it focused only on socks.

Future plans: Continue to expand donations and serve more children.

Contact name:

Cindy Feaker, volunteer coordinator
cfeaker@nw-health.com, 479-553-4301



 **Mercy Hospice Pet Peace of Mind**
Mercyhealth
Janesville, WI

Total number of volunteers: 33

Number of beds: 98

Goal: Meet the needs of hospice patients with pets who are unable to care for their animals.

Summary of program: Volunteers care for the pets of hospice patients according to the patients' wishes.

Roles of volunteers: Eleven volunteers follow the wishes of the patient by providing the following services for pets: feed, walk, coordinate veterinary care and visits, administer medication, arrange temporary pet sitting and boarding, take care of pet litter and address foster care or adoption placement.

Role of staff: Identify patients with pets that need to be cared for.

Primary collaborators: Hospice staff, veterinarians, pet adoption organizations, groomers, health system partners, marketing/social media.

Outcomes and benefits: Reduced stress for hospice patients because their pets are being cared for according to their wishes, thereby respecting the end-of-life process.

Challenges: Because the program is for hospice patients, those who are hospitalized or on home care must be declined and referred to other organizations for pet care assistance. In addition, patients need to be reminded that help is available for all pet care needs, including walking and backyard clean up. Due to the nature of hospice, needs can arise at any time and patients often require assistance with little notice.

Future plans: Potential expansion into other communities.

Contact name:

Laura Bergeron, volunteer program coordinator
lbergeron@mhsjvl.org, 608-921-4792



Aim #3: Reducing the Per-Capita Cost of Health Care

Senior Health Insurance Information Program (SHIIP) **UnityPoint Health – St. Luke’s Hospital** Cedar Rapids, IA

Total number of volunteers: 952

Number of beds: 532

Goal: Increase the community’s level of knowledge about Medicare benefits, insurance options and medical bills for the senior population.

Summary of program: Provides free, unbiased counseling to Medicare beneficiaries and caregivers about Medicare benefits and programs, billing and claims issues, and fraud and abuse. Trained SHIIP volunteers conduct group presentations and one-one-one counseling sessions, providing impartial information to help seniors make well-informed decisions. The services are provided at the hospital and in community settings, such as nursing homes, residential centers and assisted living facilities.

Roles of volunteers: Some 30 volunteers are involved in counseling clients, doing group presentations, entering data, scheduling client appointments and providing general office support.

Role of staff: Serving as a liaison to the State of Iowa Insurance Division, recruiting and scheduling volunteers, and problem solving client issues.

Primary collaborators: State of Iowa Insurance Division; Centers for Medicare and Medicaid Services; local nursing home, residential centers and assisted living facilities.

Outcomes and benefits: In the annual fall Medicare open enrollment period, counselors will meet with 1,500 individuals – almost half the client base. The free service helps clients understand Medicare options so they can make informed choices. The counseling also helps resolve confusing billing issues – one counselor recovered more than \$10,000 in overpayments by a client. In one year, counselors saved 2,577 individuals some \$500,000 on prescription drugs. The services often help relieve stress because the clients are either recovering from their own medical issues, are caring for someone else, or are grieving the loss of a loved one.



Challenges: Hospital must commit to providing private counseling space, office equipment and secure file storage.

Future plans: A second site will be added in a physician’s clinic.

Contact name:
Angela Berns, CAVS,
program manager of volunteer services
angela.berns@unitypoint.org, 319-369-7044

NICU Cuddler Volunteers **New Hanover Regional Medical Center** Wilmington, NC

Total number of volunteers: 900

Number of beds: 738

Goal: As part of a multi-disciplinary approach to improving outcomes for Neonatal Abstinence Syndrome (NAS) babies, volunteers comfort newborns who were born addicted to drugs or alcohol as they go through withdrawals.

Summary of program: Some 5-10 percent of babies in the Neonatal Intensive Care Unit (NICU) at the hospital suffer from NAS because they are born addicted to drugs or alcohol. This is approximately two to four babies on any given day. Volunteer cuddlers provide the human touch. The volunteers are scheduled for four-hour shifts in the NICU seven days a week from 6 AM until 10 PM. They hold the babies as the toxins are released from the newborns’ systems.

Roles of volunteers: Some 66 volunteers cuddle, sing to and provide physical touch to the newborns.

Role of staff: Train, schedule and provide oversight of volunteers.

Primary collaborators: NICU manager and coordinator, Volunteer Services coordinator and director.

Outcomes and benefits: The NICU clinical team created an updated multi-disciplinary approach to decrease the use of morphine, decrease length of stay and improve neonate outcomes. Newborns with NAS who are cuddled experience shorter lengths of stay,

less medication usage and fewer withdrawal symptoms. The result of the pilot was a decreased length of stay of 9.97 days, saving the hospital \$429,750 during the 10-month study.

Challenges: Initial challenge was gaining acceptance from clinical staff and identifying which babies can be held. The volunteers also were provided a mobile phone so staff can locate them on this very large unit. Additionally, the clinical team created a “Cuddle Zone” sign that is placed on appropriate rooms, indicating to volunteers they are free to enter. This decreases the number of questions volunteers must ask of clinical staff.

Contact name:

Eileen McConville, CAVS,
director of volunteer and auxiliary services
eileen.mcconville@nhrmc.org, 910-667-5317

 **Congestive Heart Failure
Volunteer Intervention
Program**
**New York Methodist
Hospital**
Brooklyn, NY



Total number of volunteers: 450-500

Number of beds: 591

Goal: Reduce the readmission rates of patients with congestive heart failure (CHF).

Summary of program: Through pre-discharge education and follow-up phone calls, trained volunteers provide patients with information and encouragement to continue their recoveries after they leave the hospital.

Roles of volunteers: Some 20 to 25 volunteers meet one-on-one with CHF patients before they are discharged. They provide self-care information on the significance of following their physicians’ protocol, such as adhering to medication regimens, the importance of weighing themselves daily, supporting adherence to approved diets and helping ensure follow-up appointments are made with physicians. Volunteers then contact patients by phone within 48 hours of discharge as well as two weeks and four weeks afterward, submitting data summarizing the patient encounters. If patients have clinical questions or concerns, those issues are routed to clinicians. Volunteers also serve on the Congestive Heart Failure VIP Steering Committee.

Role of staff: Recruit, train and schedule volunteers; identify appropriate CHF patients who may benefit from the support; collect and analyze patient encounter data.

Primary collaborators: Departments of Cardiology and Nursing.

Outcomes and benefits: Patients in a control group experienced a readmission rate of 19 percent, whereas patients supported by the volunteers experienced a 7-percent readmission rate. Patients are at ease interacting with the volunteers, and often share concerns or raise issues they otherwise may not mention to their physicians or nurses. The program engages patients and offers them a sense of reassurance that a lifeline to expert care continues after they leave the hospital. The staff also benefit by being able to focus on providing clinical care, knowing trained volunteers can spend additional time educating and supporting patients.

Challenges: Language barriers, incorrect phone numbers, screening for volunteers with a higher level of skills who are suited for this highly engaged service area.

Contact name:

Wendy Froede, director of volunteer resources
wlf9001@nyp.org, 718-780-5399

Critical success factors

To engage volunteers in pursuing the Triple Aim, experts from across the country identified several key elements worth considering. Following are critical success factors cited during interviews of volunteers, auxiliaries, directors of Volunteer Services and CEOs:

Align the Volunteer Services Department with the rest of the organization.

- Ensure the goals of the department are connected to the overall strategic plan.
- Continually reassess volunteer positions, adding new services when needed and discontinuing those that are no longer impactful or not aligned with elements of the Triple Aim.
- Take a visionary approach to engaging volunteers in addressing the organization's challenges.
- Be flexible.

Be innovative in recruiting and retaining volunteers.

- Develop impactful volunteer positions, including "cause-focused services," such as roles connected to cancer or heart issues.
- Consider flexible hours or short-term project assignments to appeal to working professionals.
- Expand opportunities for families, teens and college students to volunteer.
- Focus on how to enhance the overall volunteer experience, ensuring fulfilling, meaningful service.
- Identify meaningful metrics to quantify the impact of the service.

Integrate volunteer services with patient experience initiatives.

- Create opportunities for volunteers to personally interact with patients — inside and outside of the hospital, such as in patients' homes.
- Develop coaching or peer services for volunteers to provide non-clinical support to patients and families.
- Involve volunteers in cross-functional patient teams that round on inpatients.
- Include volunteers on Patient and Family Advisory Councils or in pilot projects for new initiatives and engage them in solving challenges.

Engage the C-Suite and department managers.

- Volunteer leaders should meet at least annually with the CEOs to learn of emerging priorities and key concerns that volunteers might address.
- Create opportunities for administrators to learn of issues, concerns or feedback that the volunteers glean from their encounters with patients and families.
- Increase awareness of managers at all levels of the elevated roles that volunteers can play in engaging patients and families.

Collaborate with internal and external partners.

- Consider volunteer services in non-traditional departments, such as IT Analytics, Performance Improvement and Community Health.
- Invite collaboration among volunteer services and civic organizations, retirement facilities, universities, businesses and other community organizations.

Focus on community.

- View volunteers as extensions of the community voice and as consumers of health care.
- Initiate volunteer services outside the four walls of the hospital.
- Involve volunteers in community wellness and prevention efforts, such as those focused on health literacy, fitness, food insecurity, car safety, injury prevention and Alzheimer's awareness.

Embrace change.

- Continually update volunteers on changes in the health care environment or community, and share the rationale for new initiatives.
- Continually assess program effectiveness, supplementing tried-and-true volunteer services with new, innovative approaches.

Conclusion

The experts interviewed predicted volunteers will become increasingly engaged in pursuing the Triple Aim in the future. They envisioned more activity related to population health, homelessness, behavioral health, health coaching, wellness, alternative therapies, prevention, patient experience and community engagement. Elevating and expanding volunteer programs can result in demonstrated and measurable value to health care organizations and may be a resource in navigating the path toward healthier communities.

The resource should be shared with:

- Directors of volunteer services
- Leaders of hospital auxiliaries
- CEOs
- Trustees
- Department heads and service line leaders, including those in clinical departments, patient experience, quality, community outreach and philanthropy

Checklist

for developing strategic volunteer services to support the Triple Aim

- Assess your hospital's progress toward achieving the Triple Aim
- Conduct conversations among administrators and volunteer leaders about strategic gaps volunteers could fill
- Engage stakeholders and champions
- Identify potential new volunteer service areas
- Draft a business case
- Identify potential risks and develop training, scripts, algorithms and evaluation methods to mitigate those risks
- Draft position descriptions and competencies
- Identify outcome measures
- Recruit and train volunteers
- Pilot the service
- Disseminate results

Demographics of volunteer service departments

- The AHA Guide® reports some 4,000 hospitals in the U.S. engage volunteers.

AHVRP members report:

- Volunteer services is often one of the largest departments in a hospital.
- Hospitals have some 30-50 different volunteer service areas.
- Small and rural hospitals often have 30-150 volunteers.
- Medium-sized hospitals often have 300 to 500 volunteers.
- Large medical centers often have 1,500-2,000+ volunteers.

- Volunteers are active partners in:
 - Improving quality
 - Promoting wellness and prevention
 - Raising funds for scholarships and equipment
 - Improving patient engagement
 - Enhancing the patient experience
 - Promoting safety
 - Fostering healthy outcomes
 - Enhancing community engagement
 - Supporting health care workforce development

Resources

American Hospital Association.

Case Examples of Volunteer Transforming Health Care.
<http://www.aha.org/about/volunteers/caseex.shtml>

American Hospital Association.

Community Connections.
<http://www.ahacommunityconnections.org/>

American Hospital Association.

Zeroing in on the Triple Aim.
<http://www.aha.org/content/15/brief-3aim.pdf>

Association for Healthcare Volunteer Resource Professionals.

<http://www.ahvrp.org>

CAHHS Volunteer Resource Center.

Includes effective practices, patient-centered programs and web forums.
<http://www.calhospital.org/volunteer-resource-center>

Institute for Healthcare Improvement.

Triple Aim for Populations.
<http://www.ihl.org/Topics/TripleAim/Pages/default.aspx>

Contributors

Sabrina Clark

Director of Voluntary Service
Veterans Health Administration
Washington, DC

Kaitee Doll-Bell

Director of Volunteer Services
and Foundation
Banner Casa Grande
Medical Center
Casa Grande, AZ

Ron Edele

Volunteer
Blount Memorial Hospital
Maryville, TN

Steven Edwards

President and CEO
CoxHealth
Springfield, MO

Patricia Q. Garcia, CAVS

Director of Volunteer Services
Medical Center Health System
Odessa, TX

Barbara Muesing

Auxiliary and Trustee
Essentia Health, Fosston
Fosston, MN

Rachelle Schultz

CEO
Winona Health
Winona, MN

Angela Smith, CAVS

System Director of Volunteer
Services
Summa Health
Akron, OH

Lynn Smith

Auxiliary
CHI St. Vincent-Hot Springs
Hot Springs, AR

Reviewers

Joan Cardellino, CAVS

California Hospital Association

Tina Pridgeon, CAVS

Phelps County Regional
Medical Center
Rolla, MO

Sandra Marshall, CAVS

LRGHealthcare
Laconia, NH

Sue Ellen Wagner

Hospital Association of
New York State



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Association**

AHVRP

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Association for Healthcare
Volunteer Resource Professionals

A personal membership group of the
American Hospital Association