

INUKSUK

- To act for all mankind...qui agit à la place de l'homme
- To identify the best road to follow...indiquant la meilleure route à suivre
- To remind us of our dependence on each other and the value of strong relationships...symbole devant nous rappeler notre dépendance les uns envers les autres et la valeur des relations solides

Task Group on Best Practices and Quality in the Volunteer Component ***Draft Minutes - June 12-14, 2003*** **Québec City**

Agenda:

1. Review of Précis
2. Scope - Objectives - work breakdown
3. Framework for regional meetings
4. Future workplans- Implementation/monitor/review/build consensus
5. Plan joint meeting with CHPCA Standing Committee on Volunteers

The meeting began with a round of updates from the participants, a review of accomplishments and experiences since the March meeting in Ottawa. The group worked to create an agenda to assist in accomplishing the tasks for the two day meeting. Jerry also noted that our members have a significant presence in the upcoming national conference, offering a number of workshops (Lynda, Paula, Linda C. and Suzanne) and posters (Lynda, Sandi, Jerry).

Introduction: The role of the Task Group on Norms and Best Practices for the Volunteer Component has been clarified as the Secretariat's budget process moves toward approval. The Best Practices Working Group, under which we function, will have two major projects starting during this fiscal year. An agreement with CCHSA and BPWG has been drafted for the purpose of developing (a) national standards for the accreditation of hospice palliative care programs and (b) national standards for the accreditation of free-standing hospices and volunteer-based hospice palliative care programs.

The Task Group, then, will actually have a major role in the development of accreditation standards and processes as well as our basic work of developing the volunteer component materials. Our work during this meeting needs to create a detailed work plan and show how it relates to the BPWG objectives for the year by explaining how our work will support the accreditation process and how it will feed into the other Working Groups by providing an essential framework and content.

Our work is based on the CHPCA Norms Model, which points us in the direction both of clinical volunteer services and the organizational requirements of hospice palliative care programs through the following major categories:

Processes for Providing Care:

- assessment
- information sharing

- decision making
- care planning
- care delivery
- confirmation

Principal Organizational Functions:

- governance and administration - planning
- operations
- quality management
- communications/marketing

Using our Model

Jerry introduced the DACUM technique (derived from “Designing a Curriculum” and used extensively in adult education). as being a good fit for our need to begin defining the general competencies a volunteer must have and the specific skills, knowledge, attitudes and awarenesses that constitute those general competencies. The DACUM lends itself very well to extensive consultation processes, as each exercise draws out that group’s understanding of the qualities required of a volunteer in Hospice Palliative Care? As more and more groups work with the process, we’ll be refining the list of general competencies and specific skills through the lens of best practices along the continuum from basic, through advancing practice and to the expert level.

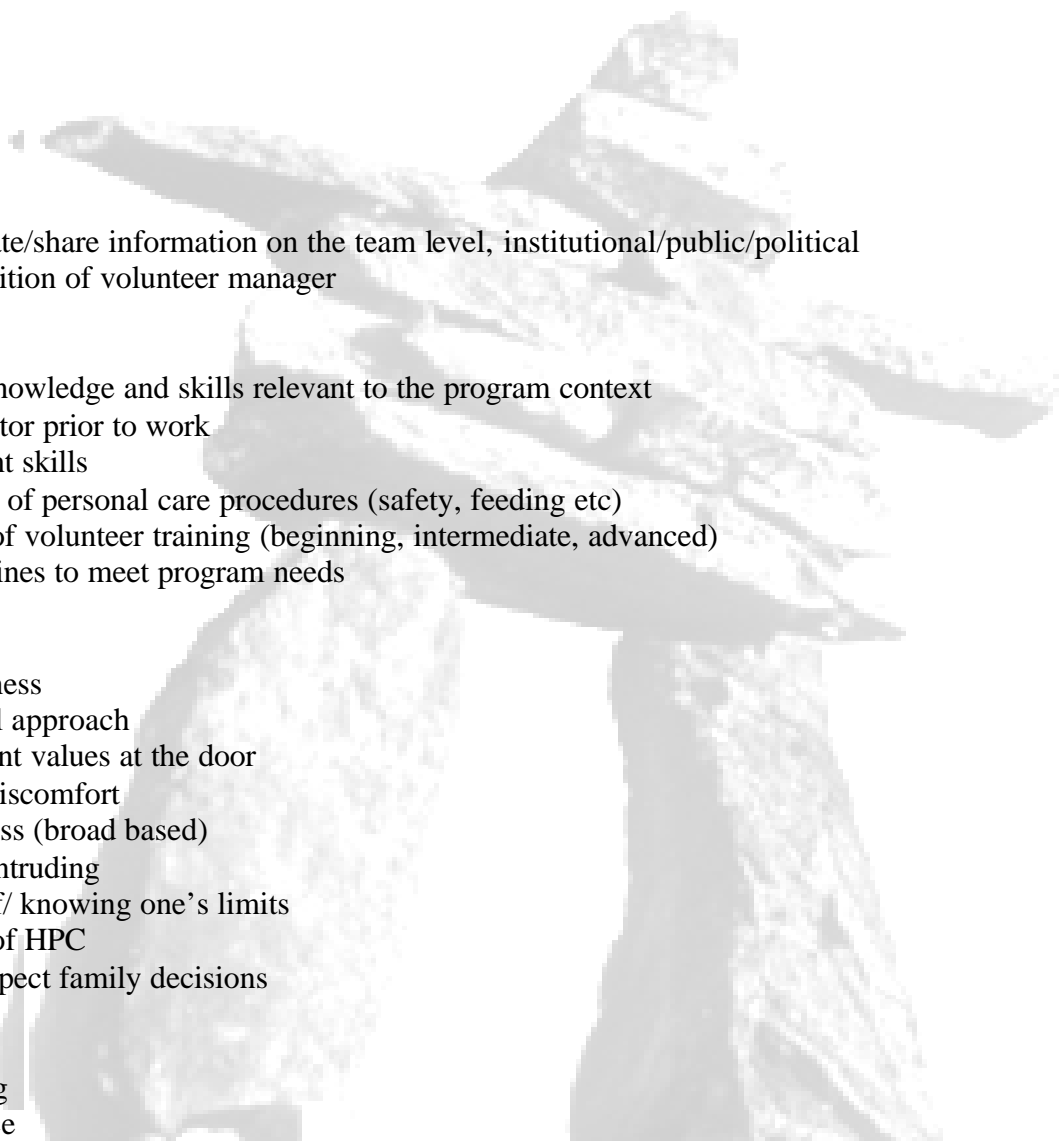
The Task group then piloted the process and after extensive brainstorming, sorting and discussion developed eleven general competencies and the accompanying lists of required skills needed to accomplish each of them.

Eleven General Competencies

1. Volunteer working in HPC needs to be an **advocate**
2. **Practical competency** in HPC (ie. universal precautions, lifting etc)
3. **Respect**
4. **Communication** with patient, family/care team (ie. Responding, sharing information, knowledge, experience)
5. **Being self-aware**
6. **Focus on patient/family** issues
7. **Working within the volunteer role** - knowing boundaries
8. Able to be with - **Being**
9. **Knowledge** of HPC and programs
10. Sensitive to **ethical** issues
11. Working as a **team**, understanding team and team building

Advocating:

- knowledge of the various values/principles of HPC
- empathy
- knowledge of human/patient rights
- sense of justice
- understanding of confidentiality and boundaries

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- discernment
 - ability to advocate/share information on the team level, institutional/public/political
 - advocate for position of volunteer manager

Practical Skills

- basic training, knowledge and skills relevant to the program context
- linkage to a mentor prior to work
- time management skills
- basic knowledge of personal care procedures (safety, feeding etc)
- different levels of volunteer training (beginning, intermediate, advanced)
- volunteer guidelines to meet program needs

Respectful

- empathic awareness
- non-judgemental approach
- leaving judgement values at the door
- able to be with discomfort
- cultural awareness (broad based)
- asking without intruding
- respectful of self/ knowing one's limits
- knowing ethics of HPC
- being able to respect family decisions

Communication

- listening, hearing
- respecting silence
- basic practical knowledge on communication skills
- many ways of learning (listening)
- checking out what you heard - confirmation
- respecting confidentiality
- being present
- sharing information
- flexible in communication (shifting)
- being where the patient is at and shifting when the patient shifts
- good sense of humour

Being Self Aware

- compassion (theme)
- aware of attitudes of death and dying
- assessment of person over time when volunteering following personal loss
- psychological balance
- willing to accept support
- self care

Focus on the Patient/Family Issues

- knowledge of bereavement
- understanding family systems and dynamics
- self-reflecting
- openness to patient needs (all needs)
- awareness of own needs vs. patient needs

Work Within the Volunteer Role

- boundary issues, knowledge and respect of the role of other team members
- mutual expectations of the volunteer and the team members
- knowledge of the role of the volunteer and other team members
- understand personal limitations and boundaries
- knowing when to ask for help
- self-directed within the boundaries of the role
- awareness of ethical issues within the role (accepting gifts etc)
- awareness of limits of self- disclosure

Being

- intuition
- being in silence
- being a loving presence
- valuing
- listening
- reassuring
- helping
- discernment
- sharing
- being a good observer

Knowledge

- knowledge of HPC values, principles, programs etc
- knowledge of program changes
- openness to learning
- knowledge of how HPC fits in the health care environment
- knowledge of different palliative care goals for different settings

Team

- knowledge of being a team player
- knowledge of role of each team player
- teaching other team members on the role of the volunteer
- teaching the program staff of the role of the volunteer
- how to participate as a team player
- participate in the development and implementation of the care plan
- share information to the team
- knowing how and when to share information with the team to assist with patient care

Review of task Group on Best Practices and Quality in the Volunteer Component - Précis

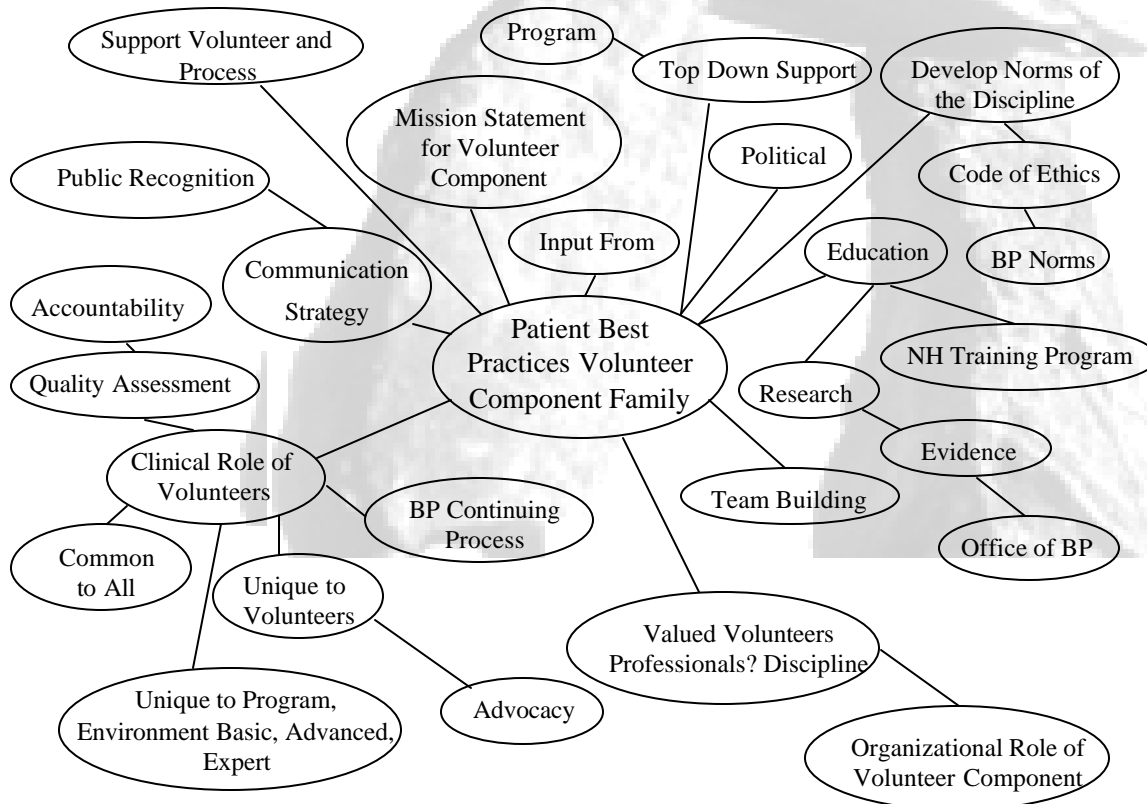
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Participant Feedback:

- Linda C expressed concern regarding the emphasis on “monitoring and research” indicated in the document. Linda recommended that the context of this be explained to volunteers so they do not think that they are being checked upon.

Task: Should any participant have any further recommendations regarding the minutes, please forward them to Jerry.

Project Planning



A challenging exercise produced the “web” or “mind-map” above, as we took the central idea of developing Best Practices and Quality in the Volunteer Component and literally spun out the connections and interrelationships that must be considered in the development process. Having shown ourselves the complexity of our project in graphic form, we proceeded to examine the work breakdown structure for the project, using it in turn to define the scope that could be accomplished in the balance of this fiscal year.

Scope - Objectives - Work Breakdown

The group defined the scope of the project as consisting of three main components, these being Time, Quality and Resources. These variables are interconnected—a change in any one necessarily impacts the others. It is useful to consider the stakeholders of a project right at the

outset. Stakeholders are individuals or groups that perceive themselves to be affected by the project, and this may be in positive or negative ways.

- \$ Secretariat
- \$ All PEOL volunteers
- \$ All PEOL programs
- \$ CCHSA
- CHPCA
- QELCC
- \$ Health Canada
- \$ Volunteer Canada and other national organizations

Project Mission:

To help all palliative and end-of-life programs no matter their size or scope to utilize volunteers in care of patients and families to the best of their ability in accordance with volunteer best practices.

We tried to capture a vision of the Volunteer Best Practices and Quality document (as a companion document to the CHPCA Model) in the context of the wide variation of programs in Canada. Variations in size, resources and experience, as well as variations in community setting, culture and understanding of hospice palliative care. The document will offer an easy point of entry no matter how the particular program is defined. It will offer a vision of good practice and quality for patients, family members and team, and will guide programs in developing the training and on-going education needed to make them effective. Further, the document will honour and utilize the valuable work that has already been done—on standards, on training programs and volunteer support, on recruitment and screening, etc.

Objectives:

1. To develop a volunteer companion document to the “ A Model to Guide Hospice Palliative Care: Based on National Principles and Norms of Practice”
2. To increase awareness of the volunteer component through the development of a communication strategy.
3. To increase uptake of the volunteer component through an implementation strategy.

Major Activities

- Consultation process - information gathering
- Writing draft document
- Establish links with the accreditation process
- Develop communication plan - key stakeholders
- Diffusion
- Testing draft document
- Revisions
- Write final document - establish champion program
- Implementation
- Further testing
- Establish train-the-trainer programs

Risks

- Common Risks - unforeseen events/ natural disasters
- Volunteer Component not accepted by the PEOL community
- Accreditation process flops
- Model discourages development of small volunteer initiatives and programs (tool development necessary to accompany project : beginner/intermediate/advanced)
- Loss of financial support - sponsor issues
- Funding does not permit implementation phase

Consultation Process

- Method development: surveys, meetings etc
- Identify “who” to consult with
- Identify information desired
- Complete and refine the draft document - structural consultation/content consultation
- Design regional meetings (conduct assessments and use results)
- Identify provincial stakeholders, build relationships

Consultation

- Create consultation process for regional meetings (identify key stakeholders, consult with key stakeholders, define BP with stakeholders)
- Hold regional meetings facilitated by task group regional representatives
- Establish time frame in alliance with provincial PCEOL meetings
- Write draft document - refine existing document
- Circulate feedback
- Timeline (June 30 - circulate, July 15 - Feedback, July 30 - signoff)

Communication Plan

- Identify resources - groups that have existing communications tools
- establish links on all PEOL stakeholder websites
- design content for communication messages
- establish a project identity
- identify required expertise (secretariat, consultant?)

Linkage to Accreditation Process

- identify task group representation for CCHSA Advisory Group
- Task group recommends at least two representatives from the VTG to serve the advisory committee as well as recommends that the VTG serve as the advisory group to CCHSA for the Volunteer Component of the accreditation process

Revised Project Approach

In reviewing the project workplan the participants voiced caution and concerns regarding a regional consultation approach. The group raised concern that all regions must communicate the same message to ensure appropriate consultation. With each regional meeting being facilitated

by different group members, consistency would not be possible. The group decided to hold a National Consultation Symposium to ensure communication with one voice, to ensure networking and partnership development between all PEOL stakeholders and to gather data regarding gaps in volunteer services and programs across the country. A national project approach would be more cost effective thus ensuring the implementation of other consultation methods.

Project Time

Overarching this timeline, three main activities will be ongoing from now until the fiscal year-end, 31 March 2004. These include linkage with the accreditation process, communications and stakeholder relations.

Activity	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Task Group Meeting	X									X
Draft Document		X								
Plan National Symposium		X								
Develop survey & implement				X						
Report to BP working group		X			X					
Survey report						X				
Revise draft document					X				X	
Develop workplan & budget for 04-05								X		

