



2269 Cherry Valley Road • Newark OH 43055 • 740-788-1404 • 740-788-1416

[www.hospiceofcentralohio.org](http://www.hospiceofcentralohio.org)

*Volunteer Services*

Dear \_\_\_\_\_,

Thank you for taking on this Patient Companion assignment! **Please read the following information carefully.**

**Type of assignment:** \_\_\_\_\_ **Patient's name:** \_\_\_\_\_

**Visit Frequency:** \_\_\_\_\_

**Your fellow team members (\*\*add these phone #s to your mobile phone):**

**Social Worker:** 740-\_\_\_\_\_

**RN Case Manager:** 740-\_\_\_\_\_

**Chaplain:** 740-\_\_\_\_\_

**Aide:** 740-\_\_\_\_\_

Please contact \_\_\_\_\_ or \_\_\_\_\_ to introduce yourself and learn more about \_\_\_\_\_'s situation. One of them will direct you regarding next steps (**you may send a text message or email, but do NOT use the patient's first or last name in your message, just initials and record # ONLY. Please identify yourself as a Patient Companion, and include your name**).

We encourage you to make your first visit with another member of your care team, *if possible*. **Note: When you do contact the patient or caregiver directly, please enter \*67 BEFORE dialing the phone #, to block caller ID.** This step assures that the patient or caregiver cannot contact you directly, helping to maintain appropriate professional boundaries in this assignment.

To help make this assignment successful for everyone, please note the following:

- The patient information enclosed is **CONFIDENTIAL**. Please treat this information with the utmost care and protection, ensuring that you are the only one who has access to it.
- Please call **prior to each visit**. If your patient resides in a facility, ask to speak to his/her RN at that facility. Please remember to turn in a Patient Visit Report **within 2 days of each visit**. If you need assistance using our online form, please let us know.
- Please establish and maintain appropriate relationship boundaries with your patient and his/her caregivers.
- Communicate with your fellow team members regularly to establish and maintain a supportive and helpful relationship.
- **PLEASE READ THE OTHER SIDE OF THIS LETTER FOR \*\*REVISED\*\* DOCUMENTATION GUIDELINES**

When your assignment ends, please destroy/shred this information, or return it to Hospice of Central Ohio, c/o Volunteer Services. If there's anything we can do to support you in this new assignment, please don't hesitate to contact one of us.

Again, many thanks for your continued volunteer involvement!

With Gratitude and Respect,

Liz Adamshick

Volunteer Services Manager

740-788-1404

[ladamshick@hospiceofcentralohio.org](mailto:ladamshick@hospiceofcentralohio.org)

Pam Scanlon

Volunteer Services Coordinator

740-788-1416

[pscanlon@hospiceofcentralohio.org](mailto:pscanlon@hospiceofcentralohio.org)



2269 Cherry Valley Road • Newark OH 43055 • 740-788-1404 • 740-788-1416

[www.hospiceofcentralohio.org](http://www.hospiceofcentralohio.org)

### *Volunteer Services*

#### **Documentation Reminders for Patient Visit Reports**

Thank you for the time and care you put into each visit with your patient! Your role on the team is an important one, and makes a positive difference in the lives of the people we all serve.

**Establishing and maintaining contact with your fellow team members throughout your assignment is the most effective way to stay current with your patient's Plan of Care**, and ensure that you're all working together to do what's best for the patient.

**If your patient is uncomfortable or in pain, please contact the RN Case Manager immediately. If she is not available, contact the main office (or on-call, if your visit takes place after hours—between 5:30p.m. and 8:00a.m. weekdays, or on weekends). THEN, please document to whom you reported this and when.**

Your report comments should be *observational, not diagnostic*.

#### **Examples:**

**Observational:** Patient was tearful today while we talked about his daughter.

**Diagnostic:** Patient was sad and depressed. (or "happy", "content"...).

The key is to state what you *observe* and *see*, not what you think it means.

#### **Document observed decline in condition.**

If you make comments, make sure they are about changes in your patient's condition from one visit to the next that focus on decline.

#### **Example:**

**Do:** Patient was less talkative today than she has been in the past.

**Don't:** This was the best visit we have had in a long time. She was more talkative and appears to have improved!

#### **Keep your comments brief and to the point.**

While this might sound "cold" and impersonal, please keep your comments about the patient and what you observe. Please do not use the Patient Visit Report to communicate with your team. Use email or text for that, **as instructed in page one of this cover letter.**

#### **Example:**

**Do:** Patient seemed comfortable as I accompanied him on a walk in the facility. He slept when we returned to his room.

**Don't:** I really enjoy my visits with my patient, and love being a volunteer with Hospice of Central Ohio! You guys are the best!!!!

**Remember: Patient Visit Reports are due within 2 days of each visit.  
If it's not documented, it didn't happen!**