Hospital Elder Life Program (HELP)

Volunteer Handbook

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Section One

The Hospital Elder Life Program Team

Mission Statement

The Hospital Elder Life Program Team engages, organizes and provides a diverse, talented, volunteer workforce to help accomplish the organization's mission. The HELP program team is responsible for the overall leadership and organization of volunteer resources within Allegheny Health Network's HELP program. Our mission is twofold:

- To provide a centralized system for effectively incorporating volunteer resources into the delivery of specialized support to patients over the age of 70 in order to prevent delirium
- To improve our processes of care for older adult inpatients, such that the risk of delirium is minimized
- To recognize, manage and document delirium
- To help volunteers grow, develop and find satisfaction and fulfillment in their volunteer work

The role of the Hospital Elder Life Program Volunteer

The HELP program provides an opportunity for people to share their time in a meaningful, rewarding way. Volunteers assist the staff in clinical areas to enhance and support the hospital's commitment to quality patient care. In many cases, volunteers bring an extraordinary personal touch to a very high-tech environment.

Remember, patients and their families are our primary concern. They should always be treated with kindness and consideration. Because emotions can be unstable during an illness, patients and their families must be treated with respect, understanding and compassion. Please be alert for opportunities to offer service. As a volunteer, you represent and promote the image of Allegheny Health Network to our patients and the community. Volunteers are expected to uphold the policies and regulations of Allegheny Health Network and to treat patients, visitors, fellow volunteers, employees, and physicians, with the utmost courtesy and professionalism. *More information in the detailed HELP Volunteer Roles Section.*

Schedule and Time Commitment

Your volunteer schedule is designed to meet both your needs and the needs of your assigned department. Because the hospital is depending on you, please take your time commitment seriously.

Please do not report to work if you are feeling ill. We do not want to expose our patients and staff to additional illness. If you become ill while on duty, notify your assigned department supervisor.

****Please see additional schedule and time commitment guidelines in the HELP Volunteer Program Guidelines***

Volunteer/Staff Relationships

Our staff members welcome and depend upon you. They appreciate all you do to enable them to practice their professional skills with maximum effectiveness. The most appreciated volunteers are those who accept supervision gracefully, who observe and learn the procedures and policies of their assigned areas and who demonstrate their loyalty to the staff members with whom they work. Your thoughtfulness, understanding and positive attitude will make you a valued member of the group. Communication is the key to a successful and rewarding volunteer experience. Please talk with your supervisor if you feel uncertain or uncomfortable about something or just have a question. Concerns and suggestions are welcomed and may also be brought to the attention of the HELP staff.

Volunteer Interaction with Hospital Unit Staff –Staff roles are well defined in a hospital setting so that everyone is clear of their responsibilities. As much as possible, please try to involve the appropriate staff member and you will achieve a better result for the patient and in your interaction with the hospital staff. If you are unclear who to ask or contact please ask the ELS (Elder Life Specialist/Program Coordinator) or ELNS (Elder Life Nurse Specialist).

The Role of the Patient's RN (Registered Nurse)

Each patient is assigned a specific nurse (RN) who is in charge of that patient's care on the Unit. All nurses will have on navy blue scrubs. It is your responsibility to ask that patient's RN if you have questions about the patient's diet, activity limitations, or precautions and to inform the RN if you suspect NEW confusion. If the patient tells you vital information, which you believe the patient's RN may need to know, then it is your responsibility to be in contact with the RN by phone or in person. The conversation might go like this, "*I'm (your name), the HELP volunteer and I was just with Mr. X in Room Number. You may already be aware of this but I wanted to mention that he told me that…*

- He thinks he will die during the night.
- He wishes he could just commit suicide.

- He is distressed because his family has not been to visit and he wanted to know if a call could be made to them.
- He believes someone stole his wallet and would like to report it.
- He is confused about his upcoming tests tomorrow and would like to speak with you about them."

If you are visiting with a patient when an RN (or a Physician) enters the room, please ask if they need privacy with the patient, and inform them that you can leave the room and return later. If they say no and the patient is ok with you staying in the room then it is ok for you to stay there.

If a patient asks you to get their Nurse it is OK to ask the patient what it is they need because YOU might be able to assist them before contacting the nurse. Often the patient will tell you what they want and you can involve the correct staff member, which may not be the RN.

Highlighted below is a very general list of the specific duties of an RN, versus a CNA (Certified Nursing Assistant), so you will know which staff person to involve for specific issues. During your training, you will learn where to find the name and phone number of each patient's nurse and nursing assistant during the shift you are working.

Ask or Involve the Nurse (RN)	Ask or Involve the Certified Nursing Assistant (CNA)
Patient wants to switch to nasal (prong) oxygen instead of using an oxygen mask, in order to eat	Patient wants to drink or refill to their water pitcher, but their intake and output (I&O) are being recorded
Patient's meal is significantly different from the diet order	Patient is not eating and says they don't want to eat now, but maybe later
Patient cannot eat because their dentures are at home	Patient needs help getting to the bathroom or off the urinal or commode
Patient is nauseated or vomiting and needs assistance	Patient wants an item such as a toothbrush and you cannot find the item
Unsure if you should wake up patient for a meal or a visit	Patient needs to be repositioned in bed or moved from the bed to a chair
Dangerous situation involving the patient, such as hot liquids spilled.	Patient asks for an item you are not sure WPH has or the unit carries.
Used needles are laying in the patient's room	Patient's bedding needs to be changed because it is soiled
Patient wants medication	Patient wants to be washed
Patient's machines are beeping	Gowns or gloves need to be restocked on the door of a contact precaution room
Patient is bleeding	Patient's drink needs to be thickened and you have not been trained to do this.
Patient is having difficulty or pain with swallowing	Patient needs assistance eating and you are not certified to feed
Patient has a question about their discharge	
Any other potential patient problem or emergency	

Emergency Situations: *choking, breathing problems, fall, or pain*
If there is no nursing staff in the room, immediately call out to a CNA or RN, press the call bell at the bedside and/or stick your head out the door and ask the first hospital staff you see for help getting the nurse for an emergency.

The role of the patient's CNA (Certified Nursing Assistant) or PCT (Patient Care Technician)-
The chart above identifies some key times when a Volunteer might involve the CNA. If a patient needs to be fed at meal time, and you are not feeding certified, you should contact the patient's CNA. The CNAs wear light blue colored scrubs.

The Role of the Unit Secretary
A Hospital Unit Secretary is assigned to every nursing station on each unit of the hospital. The Unit Secretary is often sitting at a computer in the nursing station with light tan colored scrubs.

You should involve the Unit Secretary for any of the following:

- The thermostat in the patient's room is broken or will not adjust to the desired room temperature.
- The TV, remote, or telephone are not working properly.
- The clock in the patient's room has stopped.
- Maintenance issue that needs to be addressed on the patient's behalf, such as a leaking toilet.
- If you are unclear from the unit board whether a patient was discharged or transferred, ask the Unit Secretary.

Volunteer Courtesies

AHN extends several courtesies to volunteers. Providing these courtesies helps minimize the costs incurred by volunteers and provides increased incentive for volunteering at the hospital. All volunteers are entitled to the following courtesies:

Meals
AHN offers volunteers a complimentary meal voucher on days when a volunteer provides service. The maximum allowable amount ($6.00) is printed on the meal pass. Please wear your identification badge and uniform in the cafeteria.

Parking
Volunteers on duty are entitled to free parking in the hospital's parking garage. Parking passes may be obtained from the Volunteer Coordinator. Parking passes should only be used by volunteers on days worked. Please do not use your parking pass for doctors appointments or when visiting friends or family at the hospital. Parking passes are non-transferrable to family, friends, employees, etc.

Health Benefits

The following is available at no cost to volunteers through the Employee Health Office:

- Influenza immunization (optional)
- Tuberculin (TB) skin test (mandatory)
- Hepatitis Vaccination (optional)
- COVID 19 Vaccination/Booster

Recognition
National Volunteer Week in April is a week set aside to thank and recognize volunteers for their dedication and commitment.

Hospital Functions
Volunteers are invited to participate in special functions offered by the hospital to the employees such as the holiday celebration and any other program open to the general staff.

Volunteer Image and Appearance

Allegheny Health Network endeavors to achieve excellence in providing services to our patients and their families, and in creating a work environment conducive to safety and staff engagement. It is important that our appearance conveys an image to our patients that communicates confidence, professionalism, respect and an expectation for wellness and healing for our patients, visitors and guests. In addition, we know that patients feel better when they can quickly identify the many people they interact with in our facilities each day. To create this image, the organization has implemented an image and appearance policy.

As a volunteer, you too represent the hospital to our patients and visitors. All volunteers must adhere to the following requirements in order to present a professional image and appearance.

Personal Hygiene - Good personal hygiene and daily bathing/showering is essential. Fingernails are to be kept clean and well groomed and maintained at a length that complies with departmental standards. Artificial nails such as acrylic, press-on, gel coated wraps, nail ornamentation, etc. are not to be worn in patient care areas or in food services. Perfumes, colognes, after-shave and other heavily scented products are not to be worn. Body odors, breath odors, heavily scented perfumes, lotions and colognes are offensive to our patients, customers and co-workers. Therefore, special attention should be given to personal hygiene and its impact on those around us.

Uniform – All adult volunteers shall wear the hospital issued volunteer jacket/polo along with business casual clothing worn under the uniform. The uniform should not be altered or covered in any way and must remain visible and should be worn at all times. Volunteers are responsible for laundering their own uniform. Clothing must be clean, pressed and in good repair. Denim/jean apparel, leggings, shorts, hooded apparel, tee shirts, tank tops, halter-tops, revealing apparel and tight fitting garments are not appropriate. Length of pants must be mid-calf or longer. Undergarments must always be worn but must not be visible.

Shoes - are to be comfortable and supportive. Tennis shoes are recommended and must be clean, in good repair and appropriate to the task. Open toed shoes or sandals are not permitted in clinical areas. Socks or stockings must be worn at all times.

Hospital Issued Photo ID badges- are to be worn clipped to the right collar of the uniform and in plain view on the outermost layer of clothing with the photo side visible. Decals, pictures, tape, ornaments, or other obstructive coverings are not to be attached to the badge or the plastic badge cover. Lanyards of any kind are not permitted.

Hairstyles- must be neat and well groomed. Long hair must be constrained (tied back) when giving direct patient care, providing food services and/or when it presents a safety hazard or health risk. Hats or scarves (unless for religious reasons) are not acceptable. Men must be clean-shaven or have beards and mustaches that are neat and well groomed.

Smoking Policy – All AHN campuses and related facilities of AHN are tobacco-free and will prohibit the use of tobacco products on or adjacent to our property. This includes cigarettes (including electronic), cigars, chewing tobacco, pipe smoking and tobacco alternatives such as clove cigarettes. This policy applies to all AHN employees, visitors, patients, staff, physicians, lessees, volunteers, contractors, students and/or others having business for or with AHN. Everyone is responsible for adhering to the policy. All staff, including volunteers, are encouraged to notify a manager or security if they observe someone violating the policy. If an employee, patient, visitor, volunteer parks at an AHN-operated garage or lot, tobacco use is not permitted in his/her car. The tobacco-free campus includes all property, including parking areas, stairwells, and adjacent sidewalks. Staff, including volunteers, will be permitted to leave the premises and use tobacco products while on break, however, may not return to the campus with the odor of tobacco products. The policy prohibits the use of tobacco products on owned or adjacent property.

Performance and Behavior

- Please be prompt and follow the agreed upon schedule.
- Notify your department directly of any illnesses or absences.
- Notify the HELP Volunteer Office to change your schedule or placement.
- Notify your department when you are going to lunch and when you are finished for the day.
- As a volunteer, you represent the hospital. Please be polite and professional at all times.
- Volunteers working with hospital computers are not permitted to use them for personal use.
- Friends and relatives who are not volunteers are not permitted to accompany you when you volunteer.
- Please remember to sign in and out daily on VSys One.
- Volunteers are entitled to a volunteer meal ticket and parking voucher if you park in the garage.

Patient Interaction

Confidentiality
All Allegheny Health Network personnel, including volunteers, are expected to adhere to professional ethics concerning the privacy of others and to treat all information regarding work-related topics in a confidential manner. All information regarding patients or the care rendered to patients is strictly confidential. Getting or giving confidential information should be based on a

business need-to-know basis and with proper authorization. Please avoid discussing confidential information in public places such as elevators, hallways, or the cafeteria. Volunteers are not permitted to read a patient's medical record or to discuss specific patient information with anyone. A breach of confidentiality can result in fines, dismissal from the program, and even imprisonment.

Restricted Areas
Certain areas of the hospital are posted as restricted areas. Please do not enter these areas unless you have proper authorization. Restricted areas include Operating Rooms, Pharmacy, Emergency Department and other marked areas. Please do not enter patient rooms marked "**Droplet or Airborne Precautions or Neutropenic"** for any reason. Refer these requests to the staff.

Patient Requests
Occasionally, patients may ask for something to eat or drink. Such requests should not be honored without first checking with the nursing staff. Patients may be on diet restrictions of which you are unaware or scheduled for surgery. *More information available in the HELP Volunteers Role Section.*-

Gratuities and Gifts from Patients
Please graciously decline any gifts from patients or families. Accepting food from patient meal trays or money from any patient or family is not permitted.

Please Do:

- Introduce yourself to the patient and family. It's important for them to know your identity and purpose.
- Smile! Volunteers do much to brighten the day of the patient.
- Wash your hands/sanitize before and after patient contact!
- Please knock before entering a patient's room.
- If a patient requests nursing care or help from bed, please relay the request to the nursing staff.
- Speak quietly in patient areas.
- Please use the 'staff elevators' when transporting carts or patients rather than the visitor elevators.

- Always report to your supervisor when leaving the department for any reason including lunch or at the end of your shift.
- Be helpful and courteous to visitors who are lost and need help.
- If you are working after dark and are parked in the garage, you may request a security escort to your car. Stop at the Security Office to request this service.
- Please inform the H.E.L.P staff immediately of any address/phone number changes.

Please Do Not:

- Do not seek professional advice from staff physicians.
- Do not interrupt a physician or nurse with a patient.
- Do not give medical advice or recommend physicians to patients.
- Refrain from telling patients about your own illnesses.
- Do not enter a room/area marked "Droplet Precautions."
- Do not change or handle heavily **soiled** bed linens.
- Do not witness any documents for patients. Refer these requests to the staff.

General Information

Valuables
For security reasons, please do not bring money or valuables with you to your volunteer assignment. There is space for your belongings in the HELP office which is always locked if no one is present.

Solicitation
To support its mission of providing patient care free from tension or interruption, AHN has established a policy prohibiting solicitation of any kind throughout the hospital whether the objective be patients, visitors or employees. No matter how well-intended collections might be, they can present a financial or personal imposition and significantly impair the delivery of quality patient care. This also includes solicitation of religious beliefs.

Termination

AHN reserves the right to terminate a volunteer if such an action is deemed in the best interests of the hospital or its patients. However, you do have the right to an explanation of termination, along with an opportunity to respond. The following actions can result in immediate dismissal:

- physical abuse
- intoxication
- breach of confidentiality
- three unexcused absences
- theft
- falsification of volunteer hours

Section Two

The History of HELP

The Hospital Elder Life Program (HELP) was created by Professor Sharon K. Inouye, M.D., M.P.H., at Yale University School of Medicine. HELP was designed to prevent cognitive and functional decline in patients during hospitalization, by **preventing** hospital acquired delirium.

Yale-New Haven Hospital served as the initial clinical trial test site for the HELP model and the program continued there from 1994 until 2001. Patient interventions were designed to target those risk factors that were known to lead to delirium in the hospitalized elderly. Specifically these **risk factors** are hearing impairment, vision impairment, immobility, withdraw from drug or alcohol usage, dehydration, and impaired cognition. At Yale-New Haven sleep deprivation was also included as a risk factor. Volunteers and researchers at Yale-New Haven selected a limited number of patients each day and studied the impact on those patients of reminiscing, massage therapy, active exercise, encouragement of fluids, discussion of current events and similar interventions.
The HELP model at Yale-New Haven resulted in beneficial outcomes for the patient and cost-effectiveness for the hospital, including a significant reduction in:

- the development of delirium
- the total number of patient days with delirium
- the use and cost of hospital services by patients.

Since 2001, the Yale University team has focused on dissemination of the HELP model to other hospitals nationally and internationally. As of 2013 there are approximately 200 facilities world-wide that employ the HELP model to prevent delirium. There is a free educational website regarding HELP which you can access for further information (https://help.agscocare.org/)

What is Delirium?

Delirium is a specific kind of confusion that develops over hours or days. It is a sudden change in a person's mental status. It is *always* marked by a sudden onset and *always* marked by the person being unable to pay attention. Because it has a fluctuating course, a person may seem fine at lunch time and confused after dinner. The person will exhibit disorganized thoughts and speech and often exhibit an altered level of consciousness.

A person with delirium may develop auditory, visual or tactile hallucinations, but this does not mean that delirium only occurs in the person's imagination. To the contrary, delirium is real and causes biological changes to the brain. Those changes are typically reversible if the delirium is quickly and properly treated. Some of the most common causes of delirium include urinary tract infections, fluid imbalances, kidney or liver failure, side effects of medications or their interaction, head injury, pain itself, or a high fever. Delirium may also develop after major surgery.

Preventing delirium is easier and less costly than it is to treat delirium after it occurs. As a society, we should all care about preventing delirium because of its substantial financial and human costs. Delirium leads to an increased risk of death, an increase in health care costs due to complications from delirium, an increased length of hospital stay, and an increase in the number of patients who are discharged from the hospital to a skilled care facility rather than back to their own home. Our staff can direct you to further information about delirium if you wish.

Delirium may express itself as:
Hyperactive- the patient is confused and restless or agitated;
Hypoactive- the patient is confused and lethargic or asleep;
Mixed- the patient exhibits behavior which is characteristic of both hyperactive and hypoactive.

For your purposes as a volunteer, be aware that delirium expresses itself on a continuum from the very sleepy patient to the very agitated patient. As you can imagine, the patient who is agitated will receive attention, but it might be easier for hospital staff to ignore the sleeping patient. ***HELP volunteers must pay particular attention to the sleeping patient, as you will see throughout your training***.

Each patient with delirium is different but these are some common behaviors that you may observe in a patient with delirium:

- New or increased uncertainty about the day of the week or the date or how long they have been in the hospital;
- Disinterest in activities which would typically be of interest (example: not interested in reading the sport section of the newspaper when they always do at home, or not interested in watching their favorite TV show);
- Confusion only at certain times of the day, or that fluctuates throughout the day (example: the patient only seems confused when it is getting dark outside);
- Seeing or hearing things which are not there (example: the patient thinks that bugs are crawling on the bed or hears someone speaking to them who is not present);
- Restless behavior (example: patient is pacing back and forth or simply cannot get comfortable in the bed despite your best efforts to adjust their blankets);
- Sleepy or drowsy behavior (example: the patient dozes off to sleep when you stop talking, or the patient falls asleep when you turn your back to update their orientation board);
- Emotional reactions which seem inappropriate for the circumstances (example: the patient cries because they don't like their meal or laughs uncontrollably when you introduce yourself);
- A change in thinking that is not normal for the patient (example: expressing concern about being poisoned or thinking that they should call the police about a crime show they are watching on TV);
- Mood changes that seem beyond the patient's control (example: temper tantrums or fearfulness over an unlikely event).

Delirium can happen to a person of any age, but the HELP program focuses on hospitalized patients who are age seventy (70) and older, because delirium is most common in this age group. If the patient arrives at the hospital with a delirium it is referred to as PREVALENT DELIRIUM and we know that our prevention program will not help a patient who already has a delirium. The HELP program is actively trying to prevent INCIDENT DELIRIUM, which is a delirium that develops during hospitalization. In either instance, our staff works to minimize the impact of the delirium if or when it does develop.

Delirium does not develop randomly. There are precipitating factors that put a patient at risk for developing delirium and six of those risk factors are closely monitored in our program at West Penn Hospital.

Risk Factors

There are six risk factors that put the hospitalized elderly at risk for developing delirium. These risk factors are:

1. Cognition impairment (such as memory loss, diminished speed of processing information, dementia)
2. Dehydration

3. Drug and/or Alcohol withdrawal
4. Vision Impairment
5. Hearing Impairment
6. Mobility impairment

New patients age 70 and older, on hospital units serviced by HELP, are individually **assessed** by HELP staff for each of these risk factors. The patient is assessed through a review of their electronic medical records, in addition to a meeting with the patient individually in their hospital room. As a volunteer, you will be seeing some patients who our staff has already assessed and some patients who are **not assessed**. You may be the first person from the HELP program to meet the patient and your observations and feedback will be of great importance. For instance, during your visit with a patient, you may discover that the patient cannot hear unless you yell; that they wear glasses but cannot see without them and they are at home; or they repeat the same story three times during your ten minute visit with them. Information such as this will be important to record in the patient's chart in our HELP database and this is something you will learn during your training.

Confusion Assessment Method: CAM

Clinicians on our staff assess delirium using the Confusion Assessment Method**, © CAM**. This is a diagnostic tool developed by Dr. Sharon Inouye, who also established the first HELP Program. **It is not a volunteer's job to diagnose delirium, but it is still important for you to understand how it IS diagnosed.** The observations you make about our patients and the feedback you provide can be vital information in this process of identifying NEW confusion.

A diagnosis of delirium by the CAM requires the presence of features 1 AND 2 below, and EITHER 3 or 4:

1. Acute onset with a fluctuating course <u>AND</u>
2. Inattention;
   <u>PLUS</u>
3. Disorganized thinking <u>OR</u>
4. An altered level of consciousness.

To clarify:

- Acute simply means quick or fast, rather than gradual.
- A fluctuating course means the patient is better sometimes than others.
- Inattention may mean that the patient is sleepy or the patient is distracted by an imaginary presence.
- Disorganized thinking may mean that the patient doesn't finish their thought; their reply makes no sense in relation to what was asked; their conversation sounds like gibberish, or similar examples.

An altered level of consciousness means that the patient's responsiveness to the stimulus in their environment is different than their normal. You may not have enough information about a patient to know what their normal behavior is, but you can always describe their behavior as it relates to their ability to be aroused.

Ultra Brief Confusion Assessment Method: UB-CAM

As of 2021 we have also started using the new UB-CAM. The UB-CAM uses items from the 3D-CAM and adaptive testing for an even quicker CAM-based diagnostic assessment. The UB-CAM is a 2-step protocol that begins with the UB-2, a 2- item ultra-brief delirium screen. For those who screen negative, the assessment ends (delirium is not present). Those who screen positive go on to receive additional 3D-CAM items using a skip pattern to shorten administration time. The UB-CAM can be completed in about 1 minute on average (35-40 seconds for the UB-2 only, and 1 minute 30 seconds for UB-2 + 3D-CAM with skip). Similar to the 3D-CAM, the UB-CAM also performs very well compared to an expert evaluation.

To UB-2 screen:
Ask both questions
Please tell me the day of the week (F3) ☐
Please tell me months of the year backwards, say "December" as your first month (F2) ☐
Checkpoint:
- If neither sign is positive/checked, STOP: patient is NOT DELIRIOUS
- If at least one sign is positive/checked, proceed to next section (3) and follow as directed

Please see additional supporting material in HELP Office.

Delirium is not Dementia

The HELP program is about preventing delirium. The specific differences between delirium dementia can be found in the chart below.

Identifying Delirium *VS* Dementia

Clinical Features	Delirium	Dementia
Onset	Acute	Insidious
Course	Fluctuating with lucid Intervals; worse at night	Progresses slowly

Duration	Hours to weeks	Months to years
Sleep-Wake Cycle	Always disrupted	Sleep fragmented
Level of Consciousness	Disturbed. Person less clearly aware of environment with fluctuation in attention	Usually normal until later in the course of the illness
Behavior	Activity often abnormal: *Decreased*-somnolent *Increased*-agitation, hyper vigilant	Normal to slow; may become inappropriate
Speech	May be hesitant, slow or rapid or incoherent	Difficulty in finding words
Mood	Fluctuating, labile, from fearful or irritable to normal or depressed	Often flat, depressed
Thought Processes	Disorganized, may be incoherent	Impoverished
Thought Content	Delusions common, often transient	Delusions may occur
Perceptions	Illusions, hallucinations, most often visual	Hallucinations may occur
Judgment	Impaired, often to varying degree	Increasing impaired over the course of the illness
Orientation	Usually disoriented especially for time. A known place may seem unfamiliar.	Fairly well maintained, but becomes impaired in the later stages of the illness
Attention	Fluctuates. Person easily distracted, unable to concentrate on selected tasks	Usually unaffected until later in the illness
Memory	Immediate and recent memory impaired	Recent memory and new learning especially impaired

ADAPTED From the Bates Guide to Physical Examination and History and Physical; 7th edition, 1999

HELP Patient Criteria

Patients age 70 and older – All patients who are age 70 and older are considered to be a patient within the HELP program, if they are assigned to a room on a unit serviced by the HELP Program. Currently the HELP program operates Monday through Sunday to see patients. HELP

staff is only present Monday-Friday. Our staff reviews the electronic History and Physical (H&P) of all patients 70 and older on our HELP unit. From that initial set of patients, our staff **excludes** those patients with severe dementia and non-verbal, combative behavior, and patients who are in a coma or medically too ill to be seen by volunteers. Some of the remaining patients are personally assessed by a HELP staff member and subsequently enrolled in the HELP program or excluded for medical reasons. Simply know that all of the patients assigned to you during your shift are a part of our program, which at its core is a quality improvement program with a focus on improving the patient's experience while in the hospital. Each patient's needs are different, but they will all benefit from your attention and compassion. You will always know which hospital unit which patients are your patients to see.

Patients that volunteers will NEVER see- If you arrive at a patient's room and you see any of the following signs on the door, DO NOT go in to see the patient:

NEUTROPENIC ISOLATION: this patient has a compromised immune system so visitors are limited.

AIRBORNE/DROPLET ISOLATION: this patient has a virus that is airborne and it would be unsafe for volunteers to visit.

HELP Volunteer Role Details

There are several distinct ways in which volunteers engage with patients. Which order you do things in depends upon the shift you work and what time meals come out on that shift, ***HOWEVER,*** you should always check in with all patients, on all units, at the beginning of your shift. Following is a brief description, with further development of each topic throughout this manual.

Meals- enter the patient's room soon after the meal has been delivered and offer to open containers, unwrap plastic ware, and see it that the patient is in a good position to eat. This is referenced on the patient charting log under the 6th section: Eating.
This visit usually takes no more than 5 minutes because you are trying to see all of your assigned patients in a timely fashion while the patient's meal is still fresh.

Practical Matters: can be done alone, or as part of any other visit with a patient. Practical matters simply means that you suggest to the patient those things that you notice that you might do for them to improve their comfort. This begins by surveying the patient's room as you enter it and offering to do things that the patient may not be able to do. This visit usually takes no more than 5 to 10 minutes. This might include:

- Adjusting the blinds or the lighting in the room
- Throwing away old newspapers
- Bringing the patients Assisted Hearing Device (AHD) closer to them and suggesting they use it
- Cleaning the patient's glasses
- Getting the patient an additional blanket or adjusting the room thermostat if they are cold or hot
- Replacing an empty box of tissues
- Refilling their water pitcher, if they have one
- Getting the patient whatever toiletry items they need that are stocked in each HELP office
- Moving the call bell or telephone closer to where the patient is seated

If you notice spills or trash in the room, you can arrange with the unit housekeeper to visit the room to clean it.
If you notice items that are broken in the room, such as the clock, you can contact the Unit Secretary to have it fixed.

Stimulating the Mind – This visit with the patient includes conversation or other cognitive stimulation such as a game of cards, checkers, word search competition, reminiscing about the past using Reminisce Cards or the memory sharing book. Base time spent with patient on other responsibilities for the shift and other patients you need to see. Another type of visit in this category is when you leave a magazine or a paper puzzle with the patient, with the hope that they will engage with the item at a later time.

When you leave a patient's room you will make a written note about your interaction with the patient so you can provide feedback about your interactions and interventions. This feedback is entered onto the patient charting log and can be referenced under the first section: Stimulating the Mind.

Things to do every time you enter a patient's room – Every time you enter a patient's room you will

- Use hand-sanitizer as you enter the room ***and*** as you leave the room. This is provided in a container at the doorway of each patient room.
- You will always introduce yourself as a HELP volunteer, because there are a wide variety of volunteers and staff with whom the patient interacts, each with a different set of services that they can provide.

Orientation -Keeping the patient oriented (Also Stimulating the Mind)
Orientation is a clinical term that refers to a person's own awareness of their physical environment with regard to time, place, and their identity. This is often referred to as person, place and time or oriented X 3. Keeping HELP patients oriented is a critical part of your responsibilities. Whenever you enter a patient's room you should:

- Use the patient's name
- Use the words: West Penn Hospital (Allegheny General Hospital)
- Update the patient's white orientation board with the day, month, date and year and say that information aloud. Make sure you also write the name of the patient's nurse and nursing assistant on the white board. This may have already been completed by staff but review aloud to provide orientation to the patient.
- Use your own name and identify yourself as a Hospital Elder Life Volunteer at West Penn Hospital
- Use the terminology breakfast, lunch or dinner rather than the word 'meal' if you are visiting at meals to help orient to the time of day.
- Offer the patient a brochure if they do not have one and use it as an opportunity to identify yourself as a HELP volunteer.
- If newspapers are available and the patient would like one, use the paper as an opportunity to say the date.
- Incorporate conversation about the season or the weather and tie it back to the month or season.
- You should orient the patient to their environment by making sure that their call bell is within easy reach and that they know how to use it.

Even if it feels repetitive to you, you MUST orient a patient **on every visit** if that patient has a Cognition Risk Factor or if the patient already has delirium. You will know this information from the Volunteer Master Tracking Log.

When you provide feedback in the HELP Volunteer Master Tracking Log about your patient interactions, you will indicate if you oriented the patient. You have oriented the patient when you used their name, said the day and date, and made it clear to the patient that they are at West Penn Hospital. **Remember: Person, Place and Time**.

Items for Patient's use- The HELP office and unit supply cupboards are stocked with supplies that you can offer to the patient. Some of these supplies will be theirs to keep and some items are just on loan during their stay. It is always best to emphasize that everything a volunteer offers is *free of charge*.

Examples of items that the patient can keep that are located on the unit in a designated clean utility room include: combs, Kleenex, mouth swab, toothbrush, soap, mouthwash, cream, lip moisturizer and a discharge bag for their belongings.

Patients also keep the free newspaper, Bible, rosary beads, word search packets, crossword puzzle packets, Sudoku puzzle packets, HELP Brochure, and magnifier that the HELP program offers. From time to time there may also be additional items donated to HELP that patients can keep.

The HELP office is also stocked with books, magazines, playing cards, and games that we

typically loan to patients, unless the patient insists on keeping them. If any patient is in a contact precaution room the items cannot be taken back out of the patient's room. The patient can keep them or throw them away when they are discharged. Please avoid leaving the games or popular books in these rooms. If the patient has borrowed an item and is put on contact precautions while borrowing it the item can either be kept by the patient or discarded when the patient is discharge.

An example of items that a volunteer can loan, to any patient who needs it, is an Assisted Hearing Device (AHD). Volunteers will be trained on offering the AHD to any patient who has a difficult time hearing. If a patient accepts the AHD, the volunteer writes the word, Amplifier**,** on the patient's white board, so other visitors to the room know to encourage its use by the patient. If these patients are on contact precautions they can borrow the device we just need to be certain it is placed in a bin for appropriate cleaning.

Mealtime Responsibilities - The volunteer does not deliver the meals but is expected to be in the patient's room, offering assistance, shortly after the patient's meal is delivered by the cafeteria. The volunteer's role is to encourage the patient to eat and to make sure there are no obstacles to the patient's ability to eat.

- Water, ice, coffee, tea, ginger ale, milk, Jell-O, and applesauce are located in the refrigerator in the pantry. These are extras and can be given to patients if their diet permits and can also be given to patients' guests.
- Extra Eating utensils, straws, crackers (low-sodium and regular), and other items are located in the pantry as well.
- Try to stay one or two rooms behind the meal cart. If for some reason you are running behind during meal delivery, you can see which room is currently receiving their meal, start there, and stay caught up with the meal delivery.
- Offer to refill water pitchers if appropriate for the patient, given their diet. Note: Water pitchers and the plastic liner in the pitcher cannot be removed from Contact Precaution rooms. Instead get a new Styrofoam liner that is found in the pantry and fill it with ice/water from the pantry and insert it into the patient's pitcher. You can also simply refill the water pitcher in the patient's room if the patient does not want ice.
- Ask the patient if you can open containers, unwrap the utensils, cut up food, reposition items, etc.
- Remind patients that the packaged hand sanitizer on their tray is for use before the meal, to clean their fingers, and should not be used on their face.
- Contact the CNA or RN if the patient needs a boost in bed, if the patient seems too lethargic to eat safely on their own, or if the patient needs to be fed and you are not feeding certified. Any volunteer may put food on the utensil and hand the utensil to the patient to feed themselves.

Aspiration Risk – a patient may be at risk for choking and there may be a sign in their room explaining actions to take and avoid on their behalf. Look for this sign in the patient's room as well as an indication on the Diet Orders.

Dysphagia - is the medical term for the symptom of difficulty in swallowing. If the patient's diet indicates Dysphagia, then the patient's food should be cut in very small pieces and the patient should be encouraged to swallow what's in their mouth before eating more food. This will also be indicated under Diet Orders.

NPO – a patient may not be permitted any food or drink by mouth. At meal time the volunteer can simply check to make sure that the patient did not receive any food. You should still stop into the patient's room at meal time to see if the patient needs anything such as a newspaper, magazine or puzzle.

Thickened Liquids - If the patient's diet indicates thickened liquids, ALL liquids must be thickened. Packets of Thickener are located in the pantry. Ask the patient's Certified Nursing Assistant (CNA) for help with this if you have never done this for a patient in your training. The patient will not and should not have a water pitcher.

Fluid Restriction - If the patient's diet indicates fluid restriction, ALL fluids must be closely monitored and recorded. If a patient on fluid restrictions asks for a water pitcher refill, juice, coffee, Jell-O, Popsicle, Italian ice, or any other liquid YOU MUST CHECK WITH THE RN FIRST. If the RN indicates they may have what they asked for please let the RN know what you gave them so they can record this in their intake for the day.

Diet Type and Description

It is critical that no food or drink be given to a patient until a volunteer has reviewed the patient's most recent diet order and determined that the food or drink is permitted. If you are unsure err on the side of caution and check with the RN, ELS, or ELNS first. Listed below are the most common special diets that you will see as a patient's diet.

- **General/Regular Diet -** All foods are permitted on a general/regular diet.
- **NPO -** NPO stands for "nothing by mouth" and is frequently ordered before or after a test, procedure, or surgery. If a patient is NPO, they will not be receiving a tray or food or drink items. **If the patient mistakenly receives a tray, politely remove it from reach and verify with the patient's RN whether the patient is now permitted to eat and drink.**
- **Clear Liquid Diet** - frequently used before or after a test, procedure, or surgery. Patients with nausea or vomiting may also be on this diet. Foods allowed on a clear liquid diet include clear tea or coffee, cranberry, apple, or grape juice, carbonated beverages, popsicles, Italian ice, plain gelatin, and fat free bouillon or broth. Essentially anything "clear" that you can see through with no sediment.
- **Full Liquid Diet -** may be given between clear liquids and solid foods. In addition to the clear liquid foods, you are also allowed fruit and vegetable juices, milk, milkshakes,

pudding, custard, ice cream, cream of wheat, cream of rice, and cream soups. Nothing with chunks of food allowed.

- **Soft/Low Residue Diet -** typically used as a temporary diet as a person adjusts to solid or regular foods. A soft/low residue diet contains foods that are easy to digest and have only moderate amounts of fiber. Foods encouraged include canned or cooked fruits without the skin or seeds, dairy, well-cooked vegetables, well-cooked and tender meats, and breads and cereals made from refined flour.
- **Pureed/Mechanical Soft/Dysphagia Diets -** used to help with chewing and/or swallowing difficulties. These diets contain soft foods that are chopped (mechanical soft), ground (dysphagia soft), or pureed. Nuts, seeds, and stringy foods such as celery and onion, and foods with a tough skin such as dried beans, peas, or corn should be avoided. If the patient is having swallowing problems, their liquids may also need to be thickened and this would be indicated on their diet orders. If there diet if pureed, mechanical or dysphagia and the liquids are not thickened please double check with the RN, EL:S, or ELNS.
- **Low Sodium Diet -** (low salt) may help lower blood pressure and help prevent water retention. Foods encouraged on a low sodium controlled diet include fresh or frozen fruits and vegetables, breads, cereals, plain pasta or rice, low sodium soup, low fat or fat free milk and yogurt, and fresh meat and poultry. A seasoning packet is available for patient meals in place of salt. Typically the allowable grams of sodium per day are indicated in the diet order and are monitored by the cafeteria. Please check with the RN, ELS, or ELNS regarding snacks if the patient requests a snack.
- **Heart Saver Diet -** may help lower cholesterol levels and the risk of heart disease. Foods recommended include fresh or frozen fruits and vegetables, breads, cereals, pasta, or rice, low sodium soup, skim, ½ percent, or 1% milk, 2% milk or low fat or fat free yogurt, and lean cuts of meat, poultry, or fish. The Heart Saver Diet may also indicate grams of sodium per day as well.
- **Diabetic Diet and Carbohydrate Regulated Diet -** used to help keep blood sugars at the right level or for patients with carbohydrate metabolism disorders. Meals should be well balanced, include a variety of foods from each food group and have consistent carbohydrates. Use artificial sweetener in place of sugar and choose diet desserts. If a patient is diabetic, they should also receive a bedtime snack every evening. Volunteers who work the 4-8pm shift should check with the patient's nurse if the patient needs their snack.
- **Renal Diet -** used when the kidneys no longer function properly. A renal diet is low in the minerals potassium and sodium. A renal diet may also limit the amount of protein, fluid, or phosphorus you are allowed to consume. A renal diet is individualized based on the patient's special needs that their doctor determines.
- **Neutropenic Diet** – a low bacteria diet for those who have a weakened immune system. <u>If you notice that the patient has been put on a Neutropenic Diet, do not see the patient, make an alert in their chart to that effect, and let your Volunteer Coordinator know so the patients name can be removed from the Diet Orders</u>

- **Calorie Count** – Some patients will be on a calorie count for varying reasons. If they are on a calorie count and you give the patient a soda, popsicle, Jell-O, or some other food or drink item allowable on their diet that has calories please alert the RN so he/she can include it in the calorie count.

***These diet orders are not controlled by the patient, and they do not have free choice in what meal they receive.**

Infection Control & Hand Hygiene

The following facts about germs and infections will provide a perspective on the significant impact each volunteer has in keeping our patients, and each other, healthy:

- Nearly 80% of all germs that cause sickness are spread by our hands.
- A single germ can multiply to become more than 8 million germs in just one day.
- Germs can stay alive on your hands for up to three hours.
- There are between 2 million and 10 million bacteria between your fingertips and your elbow.
- You are likely to find more germs on a computer keyboard or elevator button than on a toilet seat.
- Clostridium Difficile (C.Diff) spores are not killed by alcohol or soap and water, but vigorous scrubbing dislodges the spores from the surface of your hands so they can be safely washed away.
- MRSA and VRE (Methicillin-resistant Staph aureus and vancomycin- resistant Enterococcus) have been shown to survive on surfaces from days to months.

HAND HYGIENE

Hand hygiene is the single most important strategy to reduce the risk of transmitting organisms from one person to another or from one site to another on the same patient. Cleaning hands promptly and thoroughly between patient contacts is an important strategy for preventing healthcare associated and occupational infections. Effective hand hygiene removes transient microorganisms, dirt and organic material from the hands and decreases the risk of cross contamination to patients, patient care equipment and the environment.

In most cases, either a waterless antiseptic product, such as Purell, or actual hand washing with soap and water may be used for hand hygiene. Volunteers use Purell from the dispenser in the patient's room or in hallways every time the volunteer enters and leaves the room. After 5 uses of Purell hands must be washed.

Hand hygiene is performed utilizing the World Health Organization's (WHO) five moments of hand hygiene. The five moments are:
1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

In certain circumstances, using Purell is NOT ENOUGH and Hand washing with soap and water *must* be performed:

- When hands are visibly dirty.
- When hands are visibly soiled with blood or body fluids.
- After using a restroom.
- After caring for patients with suspected or confirmed *Clostridium difficile* or Norovirus, and any patient on **CONTACT PRECAUTIONS**. This includes volunteers even if you have not touched the patient; hands are to be washed with soap and water after doffing the gown and gloves.

Hand washing procedure:

- Use warm, running water; moisten hands well.
- Dispensers are set to deliver the recommended amount of liquid soap or foam from the dispenser.
- Lather well and rub hands together for a minimum of (15) seconds. Remember that friction removes the surface organisms, which then wash away in the lather.
- Clean under and around fingernails.
- Rinse hands well, holding downward. All soap or foam should be removed to avoid skin irritation.
- Dry hands with paper towel and use the paper towel to turn off the faucets.
- Use appropriate hand lotion as needed. Moisturizers alleviate dry or chapped skin. UPMC provides a moisturizing product that is compatible with the hand care products and gloves that are used.

All staff and volunteers are expected to perform proper hand hygiene, appropriate to the situation, as described above. Ongoing monitoring by trained observers occurs daily throughout the hospital and we expect HELP volunteers to be in compliance with these important procedures. PLEASE DO NOT SIT ON ANY PATIENT'S BED; JUST PULL UP A CHAIR TO TALK.

Contact Precautions

Some patients will have a sign at the entrance to their room indicating special precautions that must be followed when seeing that patient. **ALL** staff and volunteers must follow these

procedures for patients with a **Contact Precaution** and in doing so, keep themselves and other patients safe from the spread of germs. Typically these are patients who have a "superbug" or diarrhea, or are suspected of having a germ that is easily transmitted. The signs will be various colors and have specific information indicating what precaution you must follow. Typically this will involve wearing a disposable gown (usually blue) and disposable gloves, which you will put on before entering the patients room and take off and discard before you leave the room. In some instances you may also need to wear a disposable mask. HELP Volunteers do not see patients with a Contact Precaution sign that reads, "Airborne Precaution" or "Droplet Precaution". If you are unsure please check with the nursing staff, ELS, or ELNS. This information should also be on the Volunteer Master Tracking Log.

- During your training, you will learn more about the variety of Contact Precaution signs that you will see.
- You will also learn how to indicate on the HELP Volunteer Master Tracking Log if a patient is a Contact Precaution patient.
- There may be gown and gloves stocked on the door of the patient's room, even if the patient is not a Contact Precaution.
- You will learn what you may take into a Contact Precaution room and what you may not bring out of the room.
- When you are in a Contact Precaution room, you will leave your papers in your jacket pocket, under the protective disposable gown.
- Volunteers will verbally orient patients in a Contact Precaution room as you would with any patient but note, there may not be a black marker to write with on the patient's orientation board. If you notice the incorrect date in one of these boards and there is no marker available please simply erase the incorrect date and verbally orient the patient. You can also offer a newspaper, which has the date on it that the patients may keep.

PATIENT SAFETY

As a volunteer, you have an important role in patient safety and here are some of those ways:

Fall Risk

Patients who are at risk for falling wear a yellow wrist band, should have a magnetic sign outside their door indicating "fall risk," and are typically assigned to a low bed. The bed adjusts low to the floor and may have alarms that activate when the patient leaves the bed. Soft mats are placed around the bed to cushion any fall. Volunteers may need to see that the bed is raised up to the height of the bed tray at meal time.

Volunteers are not permitted to move patients from the bed to a chair alone or if untrained to assist in doing so. Contact the patient's CNA or RN if the patient needs this kind of assistance.

However, a volunteer's involvement with a patient can help prevent falls by assisting patients in meeting their unmet needs and simply spending time with them.
Here is a list of tips to keep patients, staff, and visitors safe from falls:

- Be mindful of the environment.
  - Keep floors free from spills. If you see a spill get a towel and wipe it up or, if it is large, find a housekeeper or alert the Unit Secretary.
  - Keep pathways clear.
  - Ensure that lights are operational. If you discover a light is burnt out please alert the Unit Secretary so (s)he may contact the Light Line.
- Share information with the patient.
  - Orient the patient to their call bell, how to use it, and to call if they need something if no one is present in the room.
  - Assist the patient by moving their personal items within reach, including a walker or cane if used at home.
  - Advise the patient to wear nonslip footwear when walking, which are available free of charge. If they do not have any please retrieve a pair for them from the clean utility supply room.
- Make sure that the phone is in reach of the patient and that the phone cord is not in the way
- Pick up trash in the room, wearing gloves
- Call housekeeping or let the Unit Secretary know if there is a spill in the patient's room that is too large for you to assist with or if it is a sticky substance. Cover the spill with paper towel and bring that to the attention of the patient
- Make sure that the call bell is adjacent to the patient
- Bring the patient their glasses if they need them to see, or be sure they are within easy reach
- Make sure that there are no wires dangling in a patient's room in their direct way or path that they could become entangled in, such as on an I.V. pole, call bell and phone cords
- Make sure that blankets and sheets are completely on the bed and not about to fall off.

Hospital Codes

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The hospital uses code words to alert staff to certain patient or hospital circumstances called 'Codes.'

For all Emergencies dial "1111"

SECURITY ALERT	Situation	Plain Language Communication
ACTIVE THREAT	Person with a Weapon	Security Alert + ACTIVE THREAT + Location + Instructions
AMBER ALERT	Child or Infant Abduction	AMBER ALERT
CODE GREEN	Bomb Threat	CODE GREEN
CONTROLLED ACCESS	Building Lockdown	Security Alert + CONTROLLED ACCESS + Location + Instructions
CRISIS RESPONSE TEAM	Combative Patient / Person	Security Alert + CRISIS RESPONSE TEAM + Location
MISSING PERSON	Absent or Missing Person (Wandering)	Security Alert + MISSING PERSON + Location

FACILITY ALERT	Situation	Plain Language Communication
EMERGENCY OPERATIONS PLAN	Disaster Preparedness – Standby	Facility Alert + EMERGENCY OPERATIONS PLAN + Standby
	Disaster Preparedness – Activation	Facility Alert + EMERGENCY OPERATIONS PLAN + Activation
EVACUATION	Evacuation	Facility Alert + EVACUATION + Location + Instructions
FIRE ALARM	Fire Alarm	Facility Alert + FIRE ALARM + Location + Instructions
SPILL RESPONSE	Hazardous Material Spill Response	Facility Alert + SPILL RESPONSE + Avoid Area
UTILITY INTERRUPTION	Utility or Technology Outage (e.g., Electrical, Gas, Water)	Facility Alert + UTILITY INTERRUPTION + Location + Instructions
WEATHER ALERT	Weather Emergency	Facility Alert + WEATHER ALERT + Instructions

PATIENT CARE	Situation	Plain Language Communication
CODE BLUE	Cardiac Arrest (Adult)	CODE BLUE + Location
PEDIATRIC CODE BLUE	Cardiac Arrest (Infant)	PEDIATRIC CODE BLUE + Location
CONDITION HELP	Patient / Family Initiated Rapid Response	CONDITION HELP + Location
RAPID RESPONSE	Rapid Response Team need (Adult)	RAPID RESPONSE + Location
PEDIATRIC RAPID RESPONSE	Rapid Response Team need (Infant)	PEDIATRIC RAPID RESPONSE + Location
FALL ALERT	Patient Fall	FALL ALERT + Location
CODE OBSTETRICS	Obstetrics Emergency	CODE OBSTETRICS
STAT INTUBATION	Stat Intubation	STAT INTUBATION + Location + AIRWAY CART
STROKE ALERT	Stroke Rapid Response	STROKE ALERT + Location
STEMI ALERT	Timed Response for STEMI	STEMI ALERT + Location
TRAUMA ALERT	Trauma Emergency	TRAUMA ALERT + Location

using their name or by saying “hello, good morning, good afternoon.” The patient may be resting but not sleeping.

- If it is meal time and the patient does not stir, ask the RN if you should awaken the patient to eat. Nourishment is important.

- If you have been to visit the patient's room and they are always sleeping, bring this to the attention of the RN during your shift. This conversation might be, "I've been to visit Mr. X in Room 503 Bed 1 on three occasions in the last two hours and he is always sleeping. Should I awaken him?"

The Patient's door is closed

Don't be stopped by a closed door. A patient may simply want to keep noise out of the room. Volunteers should knock on the door and open it or simply push the door open slightly to determine if you should enter. You should not enter, but return later, if the patient is with staff, the curtain is pulled and the patient is dressing, the patient is on the bedside commode, or the patient is praying.
Volunteers should make sure that the patient receives attention later in the shift.

The Patient's meal is incorrect

If the patient receives the wrong meal tray, politely remove the meal tray from the patient's reach and let the patient know that you will notify dietary and the person that delivered the meal if they are still on the unit. The more likely scenario is that the patient receives a meal they didn't choose for themselves, one they don't recall choosing, or a meal that is missing something they ordered. OF COURSE, you will know the patient's diet from the paperwork you are carrying with you and if you have any question about which diet a patient is on, you MUST involve that patient's RN.

The patient wants a service provided by Pastoral Care (Chaplains)

When you are with a patient who expresses anxiety about dying, sadness in having no one to talk to about important life issues or simply a need to connect spiritually, please suggest the services of Pastoral Care Department. Patients may not even know that Pastoral Care services are available in the hospital. Volunteers may need to say, "If you care to speak with a Priest or Rabbi or minister here at West Penn, I'd be happy to make those arrangements." Various religious counselors are. Other services such as communion are also available, please be specific if the patient is requesting a specific service so the appropriate individual is notified. You cannot promise what time or day a Chaplain will see the patient, but you can let the patient know that you made the call.

Important Phone Numbers at West Penn Hospital

Cafeteria……..412-578-5780
Environmental Services: ……...412-578-1168
Help Desk: ……412-578-4357
Pastoral Care: ……412-578-7229
Parking: ……412-578-1803
Security: ……412-578-1800
H.E.L.P Office: ……412-578-5103

Important Phone Numbers at Allegheny General Hospital

Cafeteria……..412-359-6884
Environmental Services: ……...412-359-5387
Help Desk: …….412-359-4357
Pastoral Care: ……412-359-4269
Parking: …….412-359-6455
Security: ……412-359-3194
H.E.L.P Office: ……412-359-4043

Hospital Address:

West Penn Hospital
4800 Friendship Ave
Pittsburgh, PA 15224

The HELP Office is located in the North Tower section of the hospital, Suite 3401.

HELP West Penn Hospital Volunteer Office……...…412-578-5103
Autumn Corcoran Program Director (cell)……..412-337-8263

Allegheny General Hospital
320 East North Ave.
Pittsburgh, PA 15212

The HELP Office is located in the Snyder Pavilion section of the hospital, 5th floor, right aside of the family waiting room (directly in front of you after you step off the elevators)

HELP Allegheny General Hospital Volunteer Office……412-359-4043
Kaitlyn Lorey Program Coordinator (cell)…….412-852-0276

Through this manual, the computerized training, and hands-on training we are providing you with the information you need to perform your HELP volunteer role at your very best. The HELP Department staff looks forward to your contribution to our program and the patients whom we all serve.

Please contact Program Director Autumn Corcoran or Program Coordinator Kaitlyn Lorey with any questions regarding the HELP program. Thank you and welcome!

Glossary

HELP: Hospital Elder Life Program

ELS: Elder Life Specialist (Program Coordinator)

ELNS: Elder Life Nurse Specialist

RN: Registered Nurse

CNA: Certified Nursing Assistant (sometimes just referred to as Nursing Assistant)

PCT: Patient Care Technician

WPH: West Penn Hospital

AHN: Allegheny Health Network

AGH: Allegheny General Hospital

CAM: Confusion Assessment Method

NPO: (Latin-Nil per os) Literally translated to “Nothing by mouth”

I & O: Intake and Output

OOB: Out of bed

DNR: Do Not Resuscitate