

Hospice of Humboldt Patient Care Volunteer Time Sheet

Name: _____ Number: _____ Week beginning¹ _____ ending¹ _____ Year _____

Date	Code	Chart #	Patient Name	Activity Time Minutes ²	Travel Time Minutes ²	Miles Traveled	Comments / Other
Totals:							Sum of minutes: _____

Volunteer signature _____ Date _____ Supervisor signature _____

Indirect Time

Activities not linked to any specific patient

Office work, meetings, etc.

A220 Volunteer Meetings & Training

A221 Community Relations

Direct Services Time

Activities and services for specific patients; use of these codes must include a patient name and chart number.

Patient Care Activities

H200 Home Visit

H201 Telephone calls related to patient care

Post-Death Activities

B200 Bereavement Visit After Death (must be approved in advance by Patient Care Volunteer Coordinator)

B201 Telephone calls related to bereavement after death

¹ A "week" begins at 12:01 a.m. Sunday morning and ends at 12:00 p.m. midnight on Saturday.

² Minutes should be rounded off to the nearest 5 minutes.

Hospice of Humboldt Patient Care Volunteer Time Sheet

General Instructions

Complete one Patient Care Volunteer Time Sheet for every week in which there was some activity.

Fill out one line on the Time-Sheet for each Contact Record.

Line through and initial any changes you make on the Time-Sheet.

Sign and date the Time-Sheet before mailing or faxing to:

Patient Care Volunteer Coordinator
Hospice of Humboldt
2010 Myrtle Avenue
Eureka, CA 95501

Codes

- A220** Volunteer Meetings & Training. This includes monthly Volunteer Support Meetings as well as meetings between the Volunteer and the Patient Care Volunteer Coordinator or any other member(s) of the Interdisciplinary Team. It also includes the initial pre-service training and orientation that Volunteers receive as well as the four required Continuing Education meetings.
- A221** Community Relations. Activities such as participation at Health Fairs or other events, speaking engagements, and other venues where Hospice may have a booth or presence
- H200** Home, Skilled Nursing Facility, Residential Care Facility or hospital visit for hospice patients. All time spent providing care for one of our patients or families. Please list the patient's name and chart number and record the number of minutes spent and the miles driven traveling to and from the visit location.
- H201** Telephone calls related to care for a specific patient or family. Calls may be to the patient, family, Volunteer Coordinator, or other member of the Hospice Interdisciplinary Team (IDT). Please list the patient's name and chart number and record the

number of minutes spent on the phone call. Draw a line through the sections for Travel Time and Miles Traveled.

- B200** Bereavement visit. Any visit related to bereavement for one of our patients, after the death of the patient. Note that such visits must be approved in advance by the Patient Care Volunteer Coordinator in consultation with the Interdisciplinary Team.
- B201** Telephone calls related to a specific patient after that patient has died. Calls may be to the family, Volunteer Coordinator, or other member of the Hospice Interdisciplinary Team.