Improving the Patient Experience Program
Volunteers in emergency departments
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Executive summary

Volunteers can play an important role in supporting patients and their carers in hospital emergency departments (EDs). Emergency department volunteer roles are challenging, but also very rewarding when the skills and attributes of the volunteer are well matched to the role.

These guidelines have been produced to assist Victoria’s health services to develop and operate volunteer programs in their emergency departments that reflect ‘good practice’ and suit the local context. Its purpose is to support the delivery of high-quality volunteer programs in Victorian emergency departments, and to promote a greater consistency in programs across the state.

The development of this document is one of a range of initiatives being implemented as part of the Victorian Government’s Improving the Patient Experience Program, which aims to enhance the experiences of patients and carers in EDs.

The way ED volunteer programs are delivered will vary depending on the health service’s needs, preferences and resources. Health services may choose to operate and manage volunteer programs on their own or in partnership with an organisation that provides volunteers.

This document applies to the range of volunteer programs that operate in Victorian EDs. While the document is targeted primarily to health services, it is also a useful resource for volunteer provider organisations and volunteers themselves. The document describes:

• key principles that should underpin the delivery of ED volunteer programs
• roles and responsibilities of key stakeholders
• good practice guidelines relating to the following specific components of a volunteer program delivery:
  - policies and procedures
  - resourcing and expenses
  - insurance
  - role descriptions
  - recruitment and volunteer agreements
  - training and support
  - occupational health and safety
  - supervision and performance appraisal
  - recognition of volunteer contribution
  - the relationship between volunteers and paid employees
  - confidentiality of information
  - program monitoring and quality assurance.
Improving the Patient Experience Program: Volunteers in emergency departments
Introduction

‘Volunteering makes an important contribution to the social, cultural and economic life of the Australian community.’ Volunteering Australia 2005

Volunteers can play an important role in supporting patients and their carers in hospital emergency departments (EDs). The ED environment presents many challenges, therefore, it is important to: be clear about what is expected of volunteers; ensure volunteers have appropriate attributes and skills; and prepare and support volunteers in undertaking roles in EDs.

This document provides guidelines for the development and operation of volunteer programs in Victorian public hospital EDs. Its purpose is to promote consistent and high-quality volunteer programs that complement the clinical services provided in Victorian EDs.

Background and context

Background and contextual information relevant to the guidelines is outlined below.

Promoting positive experiences for ED patients and carers

The development of these guidelines is one of a range of initiatives being implemented as part of the Victorian Government’s Improving the Patient Experience Program, which aims to enhance the experiences of patients and carers in EDs.

Opportunities to improve the experiences of ED patients were identified in the 2004 Victorian Auditor-General’s report, Managing emergency demand in public hospitals, and a subsequent audit of 25 Victorian ED waiting rooms in 2005. In response to the findings of these reports, the 2005–06 State Budget allocated $8.3 million over four years to promote positive experiences for ED patients and carers. The Victorian Government’s key policy on emergency care, Better faster emergency care, identifies ‘enhancing the experience of ED patients and carers’ as one of its 10 priorities.

To date, the three major components of the Improving the Patient Experience Program are:

1. Improvements to ED physical environment
   - waiting room improvements
   - physical amenities
   - improved facilities for special needs groups including older people, those with behavioural disturbances and children
   - consistent patient-friendly wayfinding and signage in EDs.

2. Communication enhancement in EDs
   • standardised communication materials for EDs and their waiting rooms
   • two communication enhancement workshop modules for all frontline ED staff
   • condition-specific ED factsheets to provide health and medical information for people attending the emergency department.

3. Innovative projects to improve and measure patient experiences
   • design guidelines for consistent patient-friendly signage in EDs
   • a new Victorian Emergency Department Patient Satisfaction Monitor
   • projects to better understand and enhance the experience of older people in EDs
   • projects to understand and improve the experience of Aboriginal people in EDs
   • development of a policy for ED waiting room management.

The Improving the Patient Experience Program is being implemented in a context of increasing demand for emergency care in Victoria’s public health system. There has been a steady increase over recent years in the number of patients presenting to public EDs and this growth is expected to continue.  

7. Prime Minister’s Community Business Partnership 2005, Australian Government Department of Family and Community Services, Canberra.

The role of volunteers

Australians have a long tradition of providing assistance to others on a volunteer basis. There are many well-established volunteer roles across all spheres of the community, including the health sector. The Voluntary Work Survey by the Australian Bureau of Statistics estimated that 34 per cent of adult Australians volunteered more than 713 million hours of time, worth billions of dollars per year to the Australian community. An estimated 3.2 per cent of this volunteering activity occurs in the health sector.

Volunteers make a significant contribution to the quality and sustainability of many health and community services. Volunteering also has many benefits beyond the actual services provided, including promotion of social inclusion, community participation and community ownership of public resources and services.

There is research evidence that volunteers can make a positive contribution to patient and carer experiences in EDs by complementing the care provided by clinical staff.
Volunteer programs in Victorian emergency departments

In 2005 the then Department of Human Services (now the Department of Health) commissioned research to examine patient experiences in EDs. Focus groups were held which canvassed the views of older people and carers, parents of young children and relatives of non-English speaking people, were overwhelmingly positive about the role of volunteers in providing comfort, support and distraction for patients and their carers in EDs.

A telephone survey in January 2006 and a workshop in February 2006 revealed many Victorian health services operate volunteer programs in their EDs. While emphasising the important contribution of volunteers to EDs, health service staff also identified a number of issues that affected the quality and consistency of their volunteer programs. The key messages from these consultations are outlined below.

- ED-specific programs often operate in isolation from broader volunteer programs in the same hospital.
- The roles of volunteers in ED vary between health services, and ED volunteer programs are of variable size and quality.
- Resources are required to establish and sustain volunteer programs.
- Health services often experience difficulties in operating and sustaining ED volunteer programs. A common factor contributing to this is the high level of attrition among volunteers, and hence the need to constantly recruit new volunteers.
- Many health services are interested in implementing or expanding their ED volunteer programs, but are unsure of how to do this. There is a need for guidelines on best practice in the implementation of ED volunteer programs.

About the guidelines

The aim of these guidelines is to support the delivery of high-quality volunteer programs in Victorian EDs, and to promote a greater consistency in programs across the state. Specific objectives are to:

- assist health services to establish and operate volunteer programs in their EDs
- assist health services, volunteer organisations (i.e. organisations that provide volunteers) and volunteers to understand their respective roles and responsibilities in relation to ED volunteer programs.
Development of the guidelines

The guidelines have been developed by the department, in consultation with the ED Audit Subcommittee of the Emergency Access Reference Committee (EARC).

The guidelines were informed by a review of relevant published and unpublished literature, including reports on patient and clinician perspectives of volunteering in EDs. The following sources of information were used extensively in the development of the guidelines:

- a 2003 paper by the National Health and Medical Research Council and Volunteering Australia, *Working with volunteers and managing volunteer programs in health care settings* [10]
- resources available on the websites of Volunteering Australia ([www.volunteeringaustralia.org](http://www.volunteeringaustralia.org)) and Volunteering Victoria ([www.volunteeringvictoria.com.au](http://www.volunteeringvictoria.com.au)), in particular the following four documents:
  - *Definition and principles of volunteering*
  - *Volunteer rights and volunteer checklist*
  - *Model code of practice*

Consultation with healthcare consumers, health services staff and other key stakeholders also informed the development of the guidelines.

Document outline

The remainder of this document provides good practice guidelines for volunteer programs in EDs. The main sections are:

- key principles that should underpin the delivery of ED volunteer programs
- roles and responsibilities of key stakeholders in the delivery of volunteer programs
- good practice guidelines relating to the following specific components of program delivery:
  - policies and procedures
  - resourcing and expenses
  - insurance
  - role descriptions
  - recruitment and volunteer agreements
  - training and support
  - occupational health and safety
  - supervision and performance appraisal
  - recognition of volunteer contribution
  - the relationship between volunteers and paid employees
  - confidentiality
  - program monitoring and quality assurance.

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Good practice guidelines for emergency department volunteer programs

The way ED volunteer programs are delivered will vary between health services depending on the health service's needs, preferences and resources. Health services may choose to operate and manage volunteer programs on their own or in partnership with a volunteer organisation. Some aspects of establishing and operating a volunteer program may be shared between health services, particularly if there is a partnership with a volunteer organisation.

The following guiding principles, statement of roles and responsibilities, and description of specific components of good practice, apply to the range of volunteer programs.

Guiding principles

Box 1 lists guiding principles for volunteer programs in Victorian EDs. For more detailed information on the principles underpinning good practice in the management of volunteer programs, see Definition and principles of volunteering and Volunteer rights and volunteer checklist, both available at www.volunteeringaustralia.org.

Box 1: Guiding principles for volunteer programs in Victorian EDs

- The volunteer program benefits the community and the volunteer.
- The volunteer program encourages local community participation in the delivery of health services.
- The volunteer program respects the rights, dignity and culture of volunteers and all patients, carers and employees of the ED.
- Volunteers are treated in accordance with equal opportunity and anti-discrimination legislation.
- Volunteer work is unpaid, but volunteers are reimbursed for out-of-pocket expenses.
- Volunteering is not a substitute for paid work. The activities of volunteers complement and enhance roles performed by employees of the ED.
- The nature and extent of volunteer roles are documented in writing and communicated to volunteers and employees of the ED.
- The volunteer program maintains the confidentiality and privacy of its volunteers, employees and patient information.
- Volunteers are supported with the training and resources necessary to perform their role.
- Volunteers experience a healthy and safe workplace.
- Volunteers and their contributions are respected and valued.

Roles and responsibilities

Table 1 outlines the broad roles and responsibilities of the following key stakeholders in the delivery of ED volunteer services:

- health services
- volunteer organisations (if applicable)
- volunteers.
<table>
<thead>
<tr>
<th>Health service</th>
<th>Volunteer organisations</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health services are responsible for delivering ED volunteer services. Their roles and responsibilities include:</td>
<td>Volunteer organisations can assist health services by working in partnership with them to develop and sustain high-quality volunteer programs in EDs. Their roles and responsibilities include:</td>
<td>People who fulfil roles as unpaid volunteers in EDs are expected to:</td>
</tr>
<tr>
<td>• ensuring programs comply with relevant policies, including this document and the National standards for involving volunteers in not for profit organisations</td>
<td>• participating in the development and revision of policies for volunteers in Victorian EDs</td>
<td>• be reliable</td>
</tr>
<tr>
<td>• developing and implementing organisational policies for volunteer programs in the ED, including role descriptions and a volunteer code of practice</td>
<td>• assisting health services to achieve standards that fulfill local service requirements and comply with statewide policy</td>
<td>• respect patient and staff confidentiality</td>
</tr>
<tr>
<td>• implementing a process for regular review of policy and procedures that includes ED managers, staff and volunteers</td>
<td>• on request, collaborating with health services to:</td>
<td>• carry out the role as specified by the job description</td>
</tr>
<tr>
<td>• allocating an adequate budget to support and sustain the volunteer program</td>
<td>- identify and recruit volunteers suitable to perform volunteer roles as outlined in the ED volunteer role description</td>
<td>• be accountable</td>
</tr>
<tr>
<td>• providing the infrastructure, including input from paid employees, to support and sustain the volunteer program</td>
<td>- match volunteers to appropriate ED volunteer services</td>
<td>• be committed to the organisation</td>
</tr>
<tr>
<td>• promoting an organisational culture that embraces volunteers as an integral part of the workplace</td>
<td>- stimulate and encourage local interest in volunteering in EDs</td>
<td>• undertake training as requested</td>
</tr>
<tr>
<td>• liaising with government, volunteer organisations, volunteer program managers and volunteers to promote volunteer programs in their ED</td>
<td>- develop and/or deliver training programs and accreditation for ED volunteers, volunteer coordinators, volunteer managers and ED staff</td>
<td>• ask for support when they need it</td>
</tr>
<tr>
<td>• ensuring that volunteers, volunteer coordinators and volunteer managers receive appropriate training, support, supervision and feedback</td>
<td>- participate in volunteer recognition, appraisal and performance monitoring</td>
<td>• give notice before they leave the organisation</td>
</tr>
<tr>
<td>• participating in volunteer recognition programs, appraisal and performance monitoring.</td>
<td>- support and supervise volunteers when performing their role.</td>
<td>• value and support other team members</td>
</tr>
</tbody>
</table>

Components of good practice

This section provides guidelines for good practice in managing volunteer programs in EDs. Health services are expected to comply with these guidelines to meet legislative and duty of care requirements and enhance volunteers’ experiences and contribution to ED care.

Volunteering Australia’s *Model code of practice and National standards for involving volunteers in not for profit organisations* provide more detailed information.

Policies and procedures

Health services should have formal policies and procedures relating to their own ED volunteer program. These should be consistent with the guidelines outlined in this document, and should include:

- a general policy describing the health service’s intentions and philosophy with respect to involving volunteers in the ED, including the rights and responsibilities of volunteers
- operational procedures that set out how the policy will be applied to the key activities involved in managing the volunteer program.

Volunteers should be given a copy of the general policy and any other policies or procedural guidelines that affect their work.

Resourcing and expenses

It is important that health services provide resources needed to coordinate the volunteer program. The level of resources required will vary, depending on the number of volunteers and whether or not they choose to engage a volunteer organisation to assist with running the program. However, it is recommended that health services commit a minimum of four to six hours per week of paid staff time to ensure that there is a dedicated member of staff responsible for the volunteer program.

Other resources needed to establish and sustain the volunteer program may include the office costs, insurance, reimbursement of parking and other out-of-pocket costs for volunteers and—if the health service recruits and trains volunteers itself—the costs associated with these processes.

Volunteers should be reimbursed for out-of-pocket expenses they incur by performing their volunteer role. Criteria and processes for reimbursement of out-of-pocket expenses should be described in the health service’s policies and procedures for the ED volunteer program.

Insurance

Regardless of whether or not volunteers are provided by a volunteer organisation, health services should have both public liability insurance and personal accident insurance for volunteers. The insurance policies should explicitly mention volunteers and should provide an appropriate level of cover in the event that volunteers are injured while performing unpaid work in the ED.
Role descriptions

The development and documentation of clear roles for volunteers is critical to the successful operation of volunteer programs. Volunteer roles should be developed collaboratively with all key stakeholders to ensure they reflect the needs of ED patients, carers and paid employees. The roles of volunteers in the ED should complement and not replicate or impinge on paid roles.

ED volunteer job descriptions should be presented in plain English and should include details of:

- role title
- aims and expectations of the role
- expected benefits to the organisation and the volunteer
- preferred skills and attributes of the volunteer
- duties expected
- the difference between paid and unpaid roles
- training required and provided by the organisation
- location of work
- preferred hours of work
- the name and contact information of the person in the health service responsible for the volunteer program.

Recruitment and volunteer agreements

All staff, including volunteers, involved in direct patient contact must undergo a rigorous assessment of their suitability for this role.

Well planned and organised recruitment strategies are needed to attract volunteers suitable for work in the ED setting. An information kit should be available for potential volunteers: this should provide information about the health service, the ED, the types of volunteer positions and their roles, and how to apply for or enquire about the volunteer program.

Volunteer staff should be recruited and selected in accordance with anti-discrimination and equal opportunity legislation. Ideally, the profile of volunteers should be representative of the local community.

Potential volunteers should be interviewed before being placed in a volunteer role. Applicants should be asked to provide personal references (which should be checked if the applicant is being considered for selection), proof of identity and experience/qualifications (if applicable), and an existing illness/injury declaration. A police check and working with children check should be conducted as part of the selection process.

It is recommended that new volunteers are asked to sign a volunteer agreement with the health service. Volunteer agreements enhance the relationship between the health service, volunteer organisations (if applicable) and the volunteer. The volunteer agreement should describe the health

14. For suggestions about successful recruitment strategies for volunteers in health care settings, see Working with volunteers and managing volunteer programs in health care settings, National Health and Medical Research Council and Volunteering Australia, viewed 22 April 2009, www.nhmrc.gov.au

15. See Quick guide: Background checks and volunteers, viewed 22 April 2009, www.volunteeringaustralia.org
service’s expectations of the volunteer role, and a code of conduct for volunteers. It is not intended that this document should be a formal contract or have any legal status.

Finally, all volunteers should undergo a trial period to ensure a good match between the volunteer and the role.

Training and support
ED volunteer programs should offer a line of management for volunteers and appropriate levels of training and support.

New volunteers will benefit from a planned introduction to the ED and the volunteer program and, before commencing work, should receive training necessary to perform the agreed role. This training should prepare the volunteer to meet the particular challenges of work in an ED and to develop specific skills to complement the services provided by paid staff.

Additional training should be made available as the volunteer increases in skills and confidence or as the demands on the role change over time. Regular training needs analyses and amendment of the training program should occur to meet changing needs and demand.

Training may be provided by the health service, a volunteer organisation and/or an independent agency. Volunteering Australia has produced a guide to registered training organisations (RTOs) and explains how RTOs can assist in training volunteers and volunteer managers.16

Volunteers also have ongoing support needs. For example, they need a contact person for each shift, conversation with other staff, a secure space to store personal belongings, and access to car parking and refreshment facilities.

Occupational health and safety
There are specific occupational health and safety issues associated with volunteering in the ED. These include the potential for exposure to distressing or traumatic events that may affect psychological health, the possibility of physical injury—including assault by patients or carers—and the potential for exposure to infectious disease.

Strategies should be in place to minimise occupational risks to ED volunteers and to manage any adverse effects on their wellbeing experienced as a result of performing their volunteer role. Policies and procedures relating to the ED volunteer program should consider volunteers’ access to staff debriefing and counselling, and training required to minimise the risk of injury or illness.

Supervision and performance appraisal
Recruitment, selection and induction processes should ensure that volunteers understand that supervision and performance appraisal are part of the volunteer program.

Supervision includes guidance, advice and performance monitoring to ensure the volunteer operates within the scope of the role description.

Volunteers should be given regular feedback about their performance. This should be as constructive as possible: volunteer managers/supervisors should emphasise the value of the volunteer’s contribution to the ED and frame any suggestions for improvement in a positive way.

Policies and procedures relating to the volunteer program should outline processes for dealing with poor performance or inappropriate conduct on the part of a volunteer. Well-considered recruitment and selection processes should minimise the need to terminate volunteers due to inappropriate appointments, but termination may be necessary if a volunteer fails to maintain appropriate standards of conduct or lacks the necessary skills for the position.

A recent document produced by Volunteering Australia provides advice about dealing with conflict and grievances when managing volunteers.\(^{17}\)

**Recognition of volunteer contribution**

Volunteers are a valuable resource. One important way of promoting job satisfaction and encouraging volunteers to remain with the health service is to provide formal and informal recognition of their contribution. Depending on the age/life stage of volunteers and their reasons for volunteering, appropriate forms of recognition could include:

- encouragement to contribute to decision-making processes and special events
- certificates and thankyou letters
- social events—for example, a lunch or afternoon tea to celebrate International Volunteers Day or National Volunteer Week
- opportunities for training beyond the necessary minimum
- references for potential employers
- recommendation for awards—see below.

In 2009 the Minister for Health announced an annual volunteer awards program to celebrate and recognise volunteers in Victoria’s healthcare system. Health service CEOs may choose to nominate an individual volunteer or a team of volunteers for long-term achievement and commitment, an outstanding success, or actions above and beyond the call of duty. For further information, go to www.health.vic.gov.au/volunteerawards

**Relationships between volunteers and paid employees**

Volunteer roles in the dynamic clinical environment of the ED can sometimes present challenges for paid ED staff.

To reduce the risk of tensions between volunteers and paid employees it is important that all key stakeholders are engaged in building a positive relationship. Preparations for implementation of a volunteer program in the ED should incorporate a culture change strategy that promotes the roles of volunteers among ED staff and clearly articulates the benefits for paid staff and volunteers. Paid staff should have the opportunity to express and allay any concerns about the impact of volunteers on their role.

Clear differentiation of paid and unpaid roles, and consultation with paid staff in designing volunteer roles (as noted under the ‘Role descriptions’ section of this document), is important to overcome any perceived threat to paid positions. The nature and extent of volunteer activity should be understood by volunteers, volunteer managers and other paid staff.

\(^{17}\) Volunteering Australia, Dealing with conflict and grievances when managing volunteers, viewed 22 April 2009, www.volunteeringaustralia.org
Health services should develop transparent systems to deal with volunteer workplace conflict if it unfortunately occurs, and these should be documented in relevant policies and procedures. Good communication channels and clearly structured lines of authority and supervision are important to ensure that policies and procedures are reinforced and any issues managed appropriately.

**Confidentiality**

Health services are required by law to protect the privacy and confidentiality of patient information. Volunteers should sign a confidentiality agreement as part of their contract with the health services and/or volunteer organisation.

Volunteers also have a right to have their personal information dealt with in accordance with the principles of the *Privacy Act 2003*.

**Program monitoring and quality assurance**

Accurate records should be kept of all volunteer activity including:

- recruitment procedures and their outcomes
- hours worked and services provided
- training undertaken
- performance appraisal
- retention (i.e. the length of time volunteers remain with the service).

This information should form part of regular review and evaluation of the ED volunteer program. Formal evaluation will not only assist health services with their current programs but will help them develop more successful programs in the future.

Qualitative information should also be sought when evaluating the program: this should include assessments of the orientation and training provided to volunteers, and overall satisfaction levels of patients, volunteers, volunteer managers and other paid staff. Implementation of a standard satisfaction monitor is recommended to allow benchmarking of changes over time.
Useful links

In Australia
www.volunteeringvictoria.com.au
www.volunteeringaustralia.org
www.redcross.org.au
www.volunteering.com.au

International
www.volunteering.org.uk (England)
www.vds.org.uk (Scotland)
www.volunteeringireland.com (Ireland)
www.my.kit.net.nz (New Zealand)
www.worldvolunteerweb.org (International)
Improving the Patient Experience Program: Volunteers in emergency departments