



NCADVS

Northern California Association Directors of Volunteer Services

*Advocating effective
Volunteer Service Administration
In the healthcare industry.*

Fall 2007

Webster defines the word member as, “*Somebody who belongs to and participates in a particular group*”. I am struck by the two verbs Webster uses: **belongs** and **participates**. Individuals **belong** to families by birth and other groups by choice. All of us have a need to **belong**; not all of us have a need to **participate**. Membership in NCADVS provides an opportunity for both belonging and participating.

We belong and nurture the professional side of being in volunteer leadership and management. When I see the many ways all of us are sharing resources across the electronic waves of email and the Internet, I know someone is learning and growing.

Anyone who contacts the Volunteer Talk at CAHHS with a question is met with numerous replies to enrich their understanding and effectiveness with programs, people and processes. A few examples come to mind.

When Anja Koot and Thora Loutfi shared their collective wisdom (which is considerable) last year at our quarterly meeting held at KP in Fremont, we all benefited in the way we view ourselves and manage ourselves within the larger system. When they shared their vision at the CAHHS Conference, a wider audience was impacted, challenged and nourished.

Kathy Meyer, our current President and Director of Volunteers at Marin General, told me the positive results from sharing our student program, Students Making Illness a Little Easier (SMILE), I felt enriched and proud. Kathy said it made a difference within the entire system.

Rena Cota and her team created and distributed the Directory; Alison Gause started up the website with diligence and skill. All of these developments remind me how important communication is to the quality of our belonging.

Thanks to everyone for these and so many other ways in which members reach out and participate. Simply showing up for the quarterly meetings enriches us all.

Hearing the exciting news from our Educational Team about the forthcoming educational conference, “The Future is Now” gives me enthusiasm to attend in the fall. Autumn means change and the NCADVS retreat will provide valuable information and processes to better manage the change that is certain.

I thank each one of you for **belonging** and for **participating** in NCADVS. We are currently stable with our membership numbers.

If you know of anyone who might have interest in becoming a member of NCADVS, please give them the website address: www.ncadvs.org

Kate McNally, 2nd VP Membership

*Join us for the 2007
NCADVS Education Conference
“The Future is Now”
October 18 – 19, 2007*

*Asilomar Conference Center in Pacific Grove, California
Using the tools of Performance Gap Analysis, our presenter
Clyde S. Taylor*

*will mentor us through a process of turning our visions into
world-class “state-of-the-art” volunteer programs.*

\$200.00 for double occupancy room \$250.00 for single occupancy room

*Includes conference, networking sessions, overnight accommodations, three meals, snacks,
gift bag and the beautiful California coast.*



NCADVS Web Corner

Alison Gause, CAVS, Website Administrator

The website has been live for over one year now and so much growth has occurred! One issue has been coming up repeatedly and that is members are forgetting their passwords. Your default username is your email address and your default password is your last name (not case sensitive). You may change your password after logging in by going to the Member Directory and editing your profile. While you're at it, don't forget to check out our *Event Calendar* which is updated on a monthly basis. Our Bulletin Board is growing more interactive. A few of the most recent forums that were added: *Education Meeting News and Info*, where we are posting all the minutes to our meetings, and the recent NCADVS Survey results were posted under *NCADVS Member Survey*.

Please contact me if you have any web related questions at gausea@sutterhealth.org

O'Connor Volunteers Join Employee Recognition Program

Marianna Kuhn, Recording Secretary

It was wonderful to have volunteers included in the revised O'Connor Hospital Policy for Recognition this past June. Our recognition program has been well received by employees in the past - It is wonderful that our volunteers are now also recognized and 'wowed' for their participation in patient satisfaction goals. Visitors, guests, employees and volunteers complete a "WOW" card placed strategically throughout the hospital for acts of kindness and exceptional care. The cards are sent to the CEO and posted in the related department. In addition, those recognized are invited to a quarterly luncheon and are awarded a special "Value Pin". Our Volunteer Advisory Council became so excited about their new inclusion in this hospital policy we have implemented an additional recognition for volunteers we call "Three Cheers To A Volunteer" - Volunteers are recognized at our monthly meetings and receive a notepad and magnet (Stroke of the Heart) with additional recognition in our quarterly newsletter.

Keeping Baby Boomers Volunteering: A Research Brief on Volunteer Retention and Turnover

Baby Boomers today have the highest volunteer rate of any age group. They also, as this report notes, volunteer at higher rates than past generations did when they were the same age. While much attention has focused on how to recruit Baby Boomers into the ranks of volunteers, relatively little attention has been paid to ensuring that those who choose to volunteer one year continue to do so the next. Because three out of every ten Boomer volunteers choose not to volunteer in the following year, a key aspect of keeping Boomer volunteer rates high is to learn how to retain existing Boomer volunteers.



To better understand this dynamic, the Corporation for National and Community Service looked at data collected by the U.S. Census Bureau and Bureau of Labor Statistics from 2002-2006. The data trace the volunteer habits of the same sample of Baby Boomers over two consecutive years, as well as a similar sample of pre-Boomers. This is the first time that these data sets have been analyzed. Though much work remains to be done, the hope is that the findings contained herein will help nonprofits and others gain greater insight into the volunteer preferences of Baby Boomers so that turnover can be kept to a minimum and the greatest number of Boomers will remain engaged in their communities in their later years.

For more information visit the website: http://www.nationalservice.gov/about/role_impact/performance_research.asp#BOOMERS

Save the Date! Dates to Remember

- Oct 3-5 Assoc. Volunteer Resources Mgmt.
 "Building Bridges to Our Future"
 Dallas, Tx.
- Oct 18-19 NCADVS Education Conference
 "The Future is Now"
 Asilomar, Pacific Grove
- Nov. 30 Annual NCADVS Membership Meeting
 Grand Hyatt, San Francisco

“The Future is Now”

Kathy Meyer, NCADVS President, hosted a wonderful meeting at Marin General Hospital on May 11. Linda Tavaszi, Executive Director, Physician Services and the Marin Cancer & Heart Institutes of Marin General Hospital, continued our theme of designing our strategic road maps through her presentation *Find Your Tactical Advantage in Your Organization*. Linda led an interesting discussion about senior management’s perspective on volunteer programs in our healthcare systems, including:

- Titles and official responsibilities do not matter as long as we understand how we are woven into the fabric of our organizations—part of the system—and how we can demonstrate our value through what we bring to the table that other staff can’t, as integrative roles are changing.
- Linda has seen volunteer programs evolve from loosely defined to much more structured, primarily due to increasing compliance issues and other changes, which have increased demands for professional managers of programs. She has not, however, perceived changes in the important role volunteer departments play in embodying the heart and sole of the mission, as they help people feel connected to the community as they relate to volunteers who are friends from other areas of their lives such as work, church, school, etc. The additional implication is that volunteers add credence to their institutions as they must sincerely believe in them if they voluntarily spend time there.
- The best way for us to demonstrate our value within our organizations is to find unmet needs and work with departments in utilizing volunteers to fill those needs.
- Critical leadership skills for professional success:
 - Stay calm because calm feeds people skills.
 - Recognize and express appreciation continuously.
 - Be flexible.
 - Understand budget constraints and work from a business perspective.
 - Build consensus before undertaking any major change program because “culture will eat strategy every time” and “elephants don’t waltz” so your strategy can be visionary, but must also be translated into plans which are realizable.
 - Keep your sense of humor.
 - “Manage up” by keeping senior management connected through ongoing communication regarding your ideas and successes.
 - Know your strengths and build alliances for support of “non-strengths” (This comment validated our efforts at the first meeting of the year where we took time to identify and understand our strengths)
- Linda summarized her evaluation of our current and future roles by reminding us that hospitals have become data-driven in their perspective of determining and understanding the value of departments, including volunteer programs. It is becoming increasingly important to think of our programs in business terms and learn to speak the language of senior management. New program ideas need to be presented as business plans; creative solutions presented intelligently, demonstrating a consideration of costs vs. benefits, and reflecting a positive impact on hospital priorities. They are essential to build and sustain tactical advantage and demonstrate our value as volunteer management professionals.

At our July 13 meeting, hosted by Thora Loutfi at Alta Bates, Dr. Matt Barney, VP/Chief Learning Officer of Sutter Health challenged us to develop programs that will take volunteers and their roles to a higher level as integral components of hospital transformation efforts. He echoed Linda Tavaszi’s comments that coordination among silos is a critical component of integrating healthcare services and described the importance of using evidence-based management practices. This requires taking the time to define what success looks like and what we need to do to get there. His PowerPoint presentation has been loaded on the www.ncadvs.org website for your review.

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“The Future is Now” continued

Dr. Barney discussed methods for creating and measuring value, emphasizing the fact that value is in context and measurement must be tied back to what the organization is trying to achieve, cautioning against measuring for the sake of it, “you can solve the wrong problem to the 3rd decimal point.” He strongly encouraged we find ways that volunteers can help our hospitals close the gaps between the current state and desired state, especially in the area of customer service because the focus should always be on patients, our common denominator with the rest of the hospital. The first question that needs to be answered is “Where is the Gap?” Then, we must ask, whether volunteers should or could be involved in the solution. If the answer is yes, then we need to determine to what extent. Once volunteers are involved, we need to determine whether they are meeting the need by evaluating against four elements described as the “Q - C” model:

Quality - Cost - Quantity - Cycle Time

His discussion of customer service in terms of dissatisfiers (something that makes people unhappy but its absence does not make happy, or vice versa), satisfiers (more is better), and delighters (unexpected, but appreciated services, gifts, etc.) was particularly interesting. He cautioned that what starts as a delighter can become an expectation, resulting in a dissatisfier if it does not continue, so consistency is key. His example was shampoo and conditioners in hotels which were luxuries when first introduced, but are now commonplace. His advice is to focus on satisfiers and eliminate dissatisfiers for the greatest impact.

Dr. Barney stated that when you have big gaps between desired and actual performance, it is too risky not to have good measures. He further recommended regularly measuring and evaluating items that are high-stake items which are highly valued by patients or which administration ‘would lose sleep over’. He described a method of measuring in terms of a continuum to put the measurement in perspective. He gave the example of rating him at the top of the range as an excellent speaker on a 0-5 point scale with 5 being excellent vs. rating on a continuum of 0-5 with 5 being the best ever. This perspective was particularly interesting as we consider how to best evaluate the effectiveness of our programs.

Now that you have had time to consider the highlights and challenges presented by Linda Tavaszi and Dr. Barney, you won’t want to miss our October Education Conference at the Asilomar Center in Pacific Grove. Clyde Taylor will guide us as we draw our visionary strategic roadmaps - designing and maintaining thriving programs. Clyde will share healthcare industry trends and provide a performance blueprint for volunteer services departments. He will assist us in performing a Gap Analysis of our own programs, which he defines as **“knowing where you are today... where you want to be... and figuring out how to get there.”** If you have any questions, please don’t hesitate to contact me or a Retreat Committee member: Kathy Meyer, Thora Loutfi, Alison Gause, Kathleen Dolci, Michelle Heckle, and Anja Koot or visit our website ncadvs.org – Events Calendar

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ASDVS Leadership Conference Briefing

The 39th ASDVS Leadership Conference was held August 23-26th at the Marriott Rivercenter in San Antonio, Texas. The theme this year was linking “Our Profession, Our Partners, and our Communities.” The ASDVS Executive Director, Audrey Harris, Kiwani Cooper, Noemi Escutia and Kathryn Thomas and the ASDVS Board were very welcoming in full Texas swingin’ style. The energetic group of Volunteer Leaders represented states far and wide across the US and Canada. I am sharing highlights from two sessions that I feel are relevant to volunteer management; the first is Risk Management and secondly, a review of Volgistics software.

Risk Management

“Better Safe- Risk Management for Volunteer Programs and Community Service” presented by Linda Graff, BA, BSW, MA focused on viewing risk in our Volunteer Departments. Linda brought the issues to life by having us brainstorm our “worst case scenario” of a liability situation involving volunteers. This exercise led to some eye-opening realities that we need to keep in mind; disposing of biohazards improperly, volunteers offering medical advice, verbal altercations involving staff and volunteers, drinking on duty, stealing hospital or staff property, pediatric abuse, and volunteers going off campus while on duty. We quickly saw the important need to assess our programs through the risk management lens. A “systematic evaluation of risks” can be done by analyzing service descriptions and looking for gaps where consequence of error might be high, such as in the ER. During orientations and interviews it is important to define and communicate your organizations tolerance for risk management. From the start of their volunteer assignment the volunteer will be informed of their job scope and interpersonal boundaries in patient care. Linda also highlighted the importance of leaving a trail of due diligence, in the form of service descriptions, training competencies and checklists. The process for risk management involves identifying risks, evaluating, and continually reviewing potential new risks. In order to minimize harm and transfer any liability away from volunteers, defining and setting a risk management policy and communicating that to volunteers is the best way to ensure a safe and sound program. For more information, please see Linda’s comprehensive new book, [Better Safe...Risk Management in Volunteer Programs & Community Service](#). You may purchase it through her website and find many other relevant writings at: <http://www.lindagraff.ca/index.html>

Volworks to Volgistics: A Breakfast Roundtable overview

Many Volunteer Leaders have been inquiring into the advantages and disadvantages of switching from Volworks to Volgistics. I had the fortune of joining a round-table discussion about the cost, transfer of data, maintenance, and technical issues in making the change. The cost of Volgistics depends on the number of current volunteers in the system, how many volunteers are archived, how many terminals you need. You can obtain a free quote at: <http://www.volgistics.com/C-1.htm>

One advantage of the online system is the ability to view your bill online at any time. The conversion cost from Volworks to Volgistics varies depending on the import utility you use. Two people reported the cost being around \$500 to convert. The current users all recommended partnering with one’s IT Dept. when making the conversion and to allow ample time, such as 3-4 weeks. Once converted, the assimilation period consisted of customizing the software, creating filters, templates, and reports. For this, many people reported needing customer service from Red Ridge. Currently, Red Ridge only answers questions via email, but the response time was within 24 hours in most cases. Some advantages of Volgistics



ASDVS Leadership Conference continued

are the “Who’s here” and “Who has been here” feature which allows you to see who is/has been logged in at any given time. The system also has the ability to send out email blasts to all volunteers. One can also track volunteer absences. Volgistics also allows one to bundle reports and export them into a pdf. file or Excel spreadsheet to be immediately emailed to management. The question of online theft identity arose and Volgistics uses secure 128 bit SSL encryption identical to the encryption that online banks use. Also, the question of volunteers falsifying hours came up. Volgistics prevents this with a built in check system for volunteers that forget to log out. If the volunteer prolongs his/her hours excessively, the system will default to recording their scheduled amount of hours. Overall, the Volunteer Departments who switched were very pleased with Volgistics. The main drawback reported was the lack of phone customer support. For more information, please visit Volgistics at <http://www.volgistics.com/0-0.htm>

Risk Management and Volgistics are only two topics out of a variety of compelling presentations. The four day conference was an exceptional collaboration of dedicated leaders speaking passionately about Volunteer Leadership, management strategy and future trends in health care that will impact Volunteer Services. For more information on the conference, please visit: www.asdvs.org

Alison Gause, CAVS, Website Administrator

Legislative Report: American Hospital Association’s My Care Counts Initiative

Providing health care services to those covered under Medicare and Medicaid is becoming an increasingly difficult challenge. Medicare and Medicaid reimburse providers less than the cost of providing services. To continue their mission – and avoid scaling back vital services – a further erosion of federal funding cannot be tolerated.

Earlier this year, President Bush called for more than \$100 billion in cuts to the programs that support critical hospital services. A majority of both the House and Senate signed letters to congressional budget leaders urging them to reject cuts to the Medicare and Medicaid programs in their budget blueprints, and congressional leaders at that time heeded those calls.

However, the threat is still present. Hospital services are still at risk for cuts as the Administration, as well as Congress, look to cut these critical programs in order to finance other government spending and initiatives. Most recently the Centers for Medicare & Medicaid Services

cut more than \$22 billion over the next five years in Medicare payments for inpatient hospital services. And those cuts come on the heels of nearly \$4 billion in proposed cuts to the poor and elderly served by the Medicaid program.

Today, hospitals must be able to respond to disasters both natural and manmade, update facilities and technologies to better care for an increasingly aging population, and upgrade information technology for patient safety. And they always need to be ready to provide the care you need at any time, under any circumstance. At a time when our nation's health care system faces these and other very serious challenges, cuts that threaten vital services are dangerous for all of us.

If you feel moved to support blocking Medicare cuts and keep cuts from children’s health care, please cast your support by visiting www.mycarecounts.org