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New Recruits, Modern Image: The Challenges Facing Volunteers

BY KERRY MCKEAN KELLY

Imagine a consulting firm that guaranteed these kind of results: higher patient satisfaction, excellent PR and a solid two-way link between the hospital and the community.

Now imagine that its varied expertise and widely talented staff members were available to your hospital absolutely free.

But you don't have to imagine it. This dream team is already at work in your hospital. They're your volunteers and auxilians.

Consider the high praise from one hospital CEO: "Volunteers contribute their time, energy and caring spirit simply because they want to help others," says Judy Persichilli, president and CEO of St. Francis Medical Center in Trenton. "The many services our volunteers perform — from sitting at the information desk, keeping family members company, transporting patients to assisting in fund raising activities and serving on the board — impacts the lives of many and benefits the entire community."

Despite such plaudits, most hospital volunteer and auxilian groups are facing tough issues. Recruitment is a continuing challenge. Two-career couples are the norm, and families are increasingly time-pressed. And hospital volunteers and auxilians are often stereotyped as retired women looking merely to busy themselves. Volunteer and auxiliary leaders admit they need an image makeover and improved self-promotion if they hope to bring in new people and ensure continued service.

Kathy Schultes, chair of NJHA's Council on Aux-

iliaries and a longtime auxilian at Underwood-Memorial Hospital in Woodbury, recalls a recent national conference she attended in which presenters were reluctant to even utter the word "auxilian."

"They kept calling it the 'A-word,'" Schultes says with a laugh.

Key Contributions

In reality, hospital volunteers and auxilians have nothing to be ashamed of. Recent data released by Independent Sector, a coalition devoted to philanthropy and citizen action, values volunteer service at an average of \$15.39 an hour. And hospitals that quantify the value of their volunteers' contributions often find that figure reaching six or seven figures.

At Mountainside Hospital in Montclair, for example, some 350 volunteers contributed 47,361 hours of service last year, said Gail McCabe, director of volunteer services. The monetary value of those services? An impressive \$702,364.

That value is multiplied time and again when you consider the less tangible but equally important contributions volunteers and auxilians bring to their hospitals. At a time when hospitals are facing public trust issues — prompted by a variety of factors, from mergers to medical errors — volunteers and auxilians provide a vital community link and one-on-one public relations.

"They're some of the best PR we could have," says McCabe. "People take (volunteers') word because they feel like they're insiders."

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In addition, volunteers often provide direct, personal service to patients — a role that can have a dramatic impact on patient satisfaction. At Mountainside, for example, volunteers serve as patient advocates in the emergency department. They offer information and support to patients — sometimes explaining how long a patient's wait will be or providing comfort

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— Gail McCabe,
Mountainside Hospital

items like a blanket or glass of water. Others wait with distraught family members or keep watch over a patient's children until a friend or family member arrives.

“Waiting is not so bad if there's someone there serving as a liaison,” says McCabe. “A volunteer can easily fill that role. They can go in to the patient and say, ‘Is there anything I can do for you?’”

A Proud Legacy

If history is any indication, auxilian and volunteer groups will rise to the current challenge of reinventing themselves. It's something they've done through a history that spans more than 200 years.

The American Hospital Association notes that the nation's first record of hospital volunteerism was in 1752 when Ben Franklin and a group of “rich widows and other single women of the town” contributed money to cover the costs of drugs for indigent patients at Pennsylvania Hospital in Philadelphia. The first organized auxiliary was established at Staten Island Hospital in 1863.

By the 1930s, a few hospitals began adding directors of volunteer services to their staff rosters.

World War II was a watershed in the history of hospital volunteerism. Motivated, patriotic individuals volunteered their services as part of the war effort — and then stayed when the fighting ended.

The number of auxiliaries also expanded dramatically in the war years.

The number of volunteers and auxiliaries have continued to multiply in the years since. While AHA has no current data on the number of hospital volunteers nationwide, Veterans Affairs Volunteer Services, representing volunteers in the nation's veteran healthcare facilities, reports that volunteers contributed more than 13 million hours of service last year valued at \$203 million.

New Jersey now boasts more than 100 organized hospital auxiliaries; most hospitals have one, and some have several, says Sally Roslow, NJHA vice president of development and trustee relations. Roslow explains that auxiliaries are distinguished from individual volunteers because they're dues-supported organizations that have a formal leadership structure that reports back to the hospital, often to the hospital foundation. Origin-

nally, most auxiliaries were dedicated to raising funds, and even today a number of auxiliaries continue to run gift shops or thrift stores to support their hospital.

But auxiliaries are increasingly focusing their activities on community outreach efforts. That new direction takes full advantage of auxiliary members' greatest strengths — their strong community ties.

Schultes' organization at Underwood illustrates hospital auxiliaries' progression.

She joined the group 25 years ago. “We had about 45 members and they were all young mothers,” recalls Schultes. “Over time the numbers began to dwindle as people's children got older.”

During that time, the group's role evolved from “pushing the hospitality cart” to providing new education and outreach services such as extending information on car seats and immunizations to new mothers at the hospital. Those outreach efforts are even stronger today,

Perspective

GARY S. CARTER, FACHE – President

Have you hugged a hospital volunteer today? Maybe not a literal hug, but a symbolic one at least — a warm thank you, an appreciative smile.

Because the fact is, hospital volunteers and auxiliaries provide unmatched value in many of the areas where hospitals in general have stumbled lately. Publicity over medical errors, staff shortages and other challenges in healthcare have shaken public trust. No one is better positioned to help restore that trust than the volunteers who live, work and socialize in your community. They put a face — a trusted, respected face — on your institution, and their word-of-mouth carries more weight in the community than anything uttered by a hospital executive or PR department.

Volunteers also can provide that human touch to patients left frustrated and fearful of the many complexities of healthcare. Our industry pro-

vides wonderful care to millions of patients each year, but the

demands on staff and the increasingly high tech nature of our work can make hospitals a daunting place. Our facilities can be made more human, thanks to the efforts of volunteers.

Yet, if you ask a number of hospital volunteers if they feel valued by their organizations, you're likely to get many different answers. Some believe their contributions are truly understood and valued by the hospital, but others wonder whether their work is really appreciated.

The United Nations has declared 2001 the International Year of the Volunteer. Let's mark that declaration by embracing the commitment, caring and compassion of our hospital volunteers and auxiliaries.



with the auxiliary spreading the hospital presence at community health fairs and through programs such as the emergency labeling efforts led by NJHA's Council on Auxiliaries. (See page 3 sidebar.)

The changes make sense. Not only do they improve recruitment among younger parents who want to "see the direct, important benefits to their children," but they also serve the hospital well by establishing stronger community ties, says Schultes. That's especially important as New Jersey hospitals face occasional challenges to their tax-exempt status, adds Schultes.

There may be no better return-on-investment than volunteers.

With a proud history behind them, volunteer and auxilian leaders are determinedly marching into the future. Family memberships are a new strategy auxiliaries are using to broaden their membership base, says Schultes. The early results are positive. Schultes says most participants at a recent meeting of statewide auxilian leaders reported increases in membership.

"They were the most enthusiastic meetings," says Schultes. "They realize that they're really making an impact."

Directors of volunteer services are also cultivating the next generation to guarantee a future pool of hospital volunteers. At Mountainside, McCabe notes that about 100 of its regular volunteers are students who fill a variety of roles, from clerical positions to patient advocate spots. She routinely works with area high schools, many of which now require volunteer service as a graduation requirement.

An added benefit of the student volunteer program: It promotes healthcare careers at a time when many clinical areas are experiencing serious staff shortages.

Says McCabe, "It's an eye-opener to healthcare fields, and one of them just might say, 'This is for me.'"

For hospitals, there may be no better return-on-investment than volunteers. For all their contributions, McCabe notes that their demands are simple and self-less.

"For volunteers, what's at the end of the rainbow is a smile and a thank you and a good feeling in your heart," says McCabe.

Auxiliaries Reaching Out With Emergency Labels

By KERRY McKEAN KELLY

From infancy to old age, New Jersey's hospital auxiliaries have you labeled.

A three-faceted initiative coordinated by NJHA's Council on Auxiliaries is providing emergency contact labels to people of all ages. It's all part of auxiliaries' evolving focus on community outreach and well-being.

"The auxiliaries were interested in a project that would provide some direct, tangible benefits to members of their community," says Sally Roslow, NJHA vice president of development and trustee relations and liaison to the Council. "They especially wanted to reach families and younger members of the community. This labeling effort reaches that target audience, but its benefits also extend to all ages."

The initiative encompasses three separate programs:

- The W.H.A.L.E. program (it stands for "We Have a Little Emergency") distributes labels with identification and emergency contact information that can be affixed to car seats and strollers.
- The Helmet Emergency Labeling Program, or HELP, provides similar identification labels specifically for children's bicycle helmets. Launched two years ago in New Jersey, the program has now "gone national" when it was presented last September at the national conference for the American Society of Directors of Volunteer Services, Auxilians and Volunteers.
- The latest component of the labeling effort, Labels for Life, will debut Nov. 1 at NJHA's annual Fall Focus auxilian and volunteer conference. This program provides identification tags that can be affixed to shoelaces and zipper pulls. While the previous

programs targeted youngsters, this new effort will focus on adults, including joggers and Alzheimer's patients.

"We realized it's not just kids that need this identification, so we expanded into Labels for Life," explains Council Chairperson Kathy Schultes. "It will really cover the entire spectrum, from birth to death."

It's all part of auxiliaries' focus on community outreach and well-being.

The introduction of Labels for Life is just one aspect of what promises to be a busy fall for the Council on Auxiliaries. In addition to Fall Focus in November and a round of regional auxiliary meetings in September and October, the Council is preparing to reintroduce the TOPS program – Teens Organized to Prevent Smoking. This important program encourages auxiliaries to partner with schools and youth organizations in a peer-driven effort to reduce smoking among teens. A Council-produced manual outlining the initiative was recently updated and is being shared with hospital auxiliaries across the state.

For more information on these programs and other Council activities, call NJHA at 609-275-4224

ADDRESS CORRECTION REQUESTED

Interview: Robert Ferguson

BY KERRY McKEAN KELLY

Robert Ferguson, 87, of Montclair is a dedicated volunteer. For more than 30 years he served the Montclair chapter of the American Red Cross and has given more than 5,000 hours of service to Mountainside Hospital. He reflects on his three-plus decades of volunteerism.

Q Why are volunteers so important to hospitals?

A hospital couldn't run without volunteers. At Mountainside, volunteers give approximately 48,000 hours of time per year. That's the equivalent to about 25 full-time employees. The hospital would be hard-pressed to try to fill those hours.

Volunteers are also important because people need help. When they are sick or hurt, they need someone to make them smile or laugh or just sit and chat with them.

We serve as the link to the community and patients view us as one of them.

Q What motivates you?

I believe there is nothing worse than waking up in the morning, looking in the mirror and saying to yourself that nobody needs you. Volunteering gives me a place to go, makes valuable use of my time and makes me feel needed.



I've been very fortunate my whole life and believe it's time to give something back. Volunteer work is very important and can be a lot of fun.

Q Have changes in health-care changed the role of the volunteer?

No, the role of the volunteer has not changed. Perhaps what has changed is where we go. Years ago, the bulk of volunteer work was on the nursing floors. Now, volunteers are all over the hospital – in the outpatient and rehab areas, same-day surgery, as well as in the traditional roles.

Q What type of "work" do you do as a volunteer?

My work at Mountainside began with delivering newspapers – along with some laughter and compassion – to patients. I

also serve as a patient representative, talking with patients and making sure their needs are being met, and as a greeter where I welcome visitors and help them find their way. I've also helped the hospital auxiliary to raise funds for programs and services.

Q What advice do you have for someone thinking about volunteering?

Don't be a spectator, be a participant.

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