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Faculty Disclosure

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The presenters have nothing to disclose.
Objectives

1) to explore the nature / strength of collaboration and how it has shaped the Community Hospice Training (CHT) Coalition over the years

2) to present the CHT model of collaborative volunteer training

3) to give participants tools & ideas to grow their current volunteer training program using collaboration as a model
STOP
Collaborate & Listen
Definition of Collaboration

- The Interaction Institute for Social Change (2007) defines collaboration as *bringing parties and resources together for a common purpose or goal.*

- We are smarter together than alone.
Benefits of Collaboration

- Simplifying complexity
- Efficiency
- Relationships / community
- Capacity building
- Dialogue / discussion
How Collaboration Benefits Volunteer Programs

- Identifies and trains leaders
- Builds respect
- Shares resources
- Uses existing structures
- Foundation of community
- Best practice of volunteer programs
Leadership Responsibility

- Hospice leadership buy-in is key
  - Motivate
  - Empower
  - Set timelines / expectations
  - Mitigate / manage conflicts
  - Evaluate outcomes
Volunteer Coordinators as Leaders

- Multi-faceted Responsibilities
  - Talent recruitment / networking
  - Public relations
  - Human resources
  - Management
  - Coaching / redirecting
  - Decision-making
Building Leadership

Collaboration:
- Teaches / models facilitation
- Increases leadership capacity
- Creates a supportive environment for change and growth of members
- Provides structure to develop leaders
- Maximizes resources
Building Diversity

- Volunteer Coordinators’ diverse backgrounds
  - Previous work experience
  - Knowledge base
  - Perspectives
  - Gender diversity
Initial Assessment

- Identify Stakeholders
  - Hospice volunteer programs

- Organizational context
  - Structure, operations

- Consensus building
  - Shared vision
The Big Picture

- Where we are
- Where we want to be
- How we will get there
Measuring Success

- Outcomes / evaluations
- Capture best practices
- Celebrate accomplishments
Let’s look at a success story of collaboration in action…
Community Hospice Training (CHT) Coalition

Mission

The *Community Hospice Training Coalition* cooperatively creates and implements quality and cost effective training for hospice volunteers.

The community is enriched by the non-competitive, supportive relationship of the participating agencies as they promote hospice volunteer training in the Portland area.
History

- Impetus for coalition formation
- Created in early 1980s with five collaborating agencies
- Member agencies are in-home and/or residential hospice services
- Periodic reassessment and renewal of coalition agreement (3 year term)
Collaboration Model of the CHT: A Confederation Model

“Confederation…individual states operating separately from, yet integrally part of a federal whole. The umbrella organization exists because of the constituent parts, to which it provides services, coordination and other support.”

Nonprofit Organizations Working Together
http://www.thecollaborationprize.org
Statement of Understanding

- Meetings
- Roles and responsibilities
- Curriculum and manual development
- Utilization of agency resources
- CHT is its own entity (nonprofit)
Goals

CHT Program Goals

- Provide our community with qualified hospice volunteers
- Produce highest quality training
- Cover a vast amount of material
- Prepare volunteers for hospice role
- Reduce workload
Cycle of a Hospice Volunteer Coordinator’s Work Flow

Training:
- Hospice philosophy
- Mandated competencies
- Roles of Hospice Team
- Completed paperwork

Recruitment
- Screening
- Interviewing
- On-boarding paperwork for agency
- Background check & drug screen

Making assignments
- Coaching volunteers
- Supervising assignments
- Recognition
- Retention
- Ongoing training
Strengths and Challenges in the CHT Model

- Collaboration
- Building partnerships
- Meeting individual program needs
- Resource utilization
- Recruitment
- Measuring outcomes
## Collaboration

### Strengths
- Shared workload
- Volunteer trainee feedback
- Shared “brainstorming”
- Colleague support
- Mentoring & role modeling
- Standardizing the volunteer role
- Established processes
- Stability

### Challenges
- Agency differences
- Scheduling meetings
- Communicating clearly
- Sharing leadership
- Agreeing upon education model, style and resources
- Letting go of individual preferences
- Consensus
## Building Partnerships

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges</th>
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<tr>
<td>Community commitment</td>
<td>Consensus</td>
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<td>Visibility and credibility</td>
<td>Flexibility within a rigid structure</td>
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<tr>
<td>Decrease in isolation</td>
<td>Change</td>
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<tr>
<td>Community standards</td>
<td>Compromising and adapting</td>
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<td>Various geographical areas</td>
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<td>Advocacy</td>
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<td>External recognition</td>
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Meeting Individual Program Needs

Strengths

- Equal opportunity to enroll 12 trainees 4x/year
- Training options
- Training meets and exceeds Medicare and Joint Commission standards
- Boosts morale and agency reputations

Challenges

- Agency preferences
- Need for additional training pieces outside the coalition
- New ideas and energy may be slower to incorporate into the training
Resource Utilization

Combined agency resources produce:

**Strengths**
- Expert presenters
- Shared expense
- Centralized budget
- Shared workload
- Shared creativity
- Varied venues

**Challenges**
- Equitability
- Expectations
- Balance
- Reinvestment
- Agency accountability
# Volunteer Recruitment

## Strengths
- Combined resources encourage media support
- Volunteers who are serious will follow through
- Volunteer screening
- Volunteer absorption rate
- Predictability
- Switching agencies

## Challenges
- 3-4 training classes/year
- Trainee attrition
- Volunteer confusion
- Set times of the year; not flexible
- Competition; perceived and real
Measuring Outcomes

**Strengths**
- History of data / trends
- Collection of consistent data
- Presenter feedback
- Big picture
- Different learning styles
- Screening tool / red flags
- Volunteer Coordinator engagement

**Challenges**
- Quantity of evaluations
- Interpreting the bell curve
- Extremist views / contradictions
- Mitigating taking feedback personally
- Failure to capture all feedback
Tools & Ideas
Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.

—Andrew Carnegie
Planning your own collaboration effort

- Assessment questions
- SWOT Analysis
- Collaboration Model
Initial Assessment Questions

- Would the administrations of your hospice agency support a coalition by providing funds, meeting time for volunteer coordinators, and presenters for training content?
- With which other hospices do you already collaborate or meet?
- How much time do you spend developing and planning your current trainings?
Training Assessment Questions

- How many trainings per year do you have?
- How many trainings per year would you like to have?
- Can you work with shared leadership and decision making?
- Do you have the time flexibility to allow for collaborative planning meetings?
- Can you think of community venues in which to hold the trainings?
SWOT ANALYSIS

- **Strengths**: Helpful to achieving the objective (attributes of the organization)
- **Weaknesses**: Harmful to achieving the objective (attributes of the organization)
- **Opportunities**: Helpful to achieving the objective (attributes of the environment)
- **Threats**: Harmful to achieving the objective (attributes of the environment)
## SWOT Analysis of CHT Model: Training

<table>
<thead>
<tr>
<th>Helpfulness</th>
<th>Harmfulness</th>
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<tbody>
<tr>
<td><strong>Internal</strong></td>
<td><strong>External</strong></td>
</tr>
<tr>
<td><strong>Strength</strong></td>
<td><strong>Opportunity</strong></td>
</tr>
</tbody>
</table>
|  • Volunteers who are serious will follow through  
  • Reputation in community  
  • Promotion in the community  
  • Shared leadership  
  • Rotating venues, structure of training |  • Shared cost  
  • Controlled # of volunteers absorbed  
  • Predictable planning  
  • Exceeds Medicare standards  
  • Shared work load  
  • Creativity, problem solving  
  • Mentoring & training Vol. Coords |
| **Weakness** | **Threats** |
|  • 3-4 training classes / year  
  • Rigid schedule; not flexible  
  • Expert presenters from all different agencies |  • Competition; perceived and real  
  • Equability  
  • Slow to change / adapt  
  • High level of communication / consensus building |
Good design begins with honesty, asks tough questions, comes from collaboration and from trusting your intuition. —Freeman Thomas
Before Collaborating…

- Identify a program area for collaboration
- Plan a meeting
- Identify cost savings, work load and risks
- Put details in writing
- Ensure upper management buy-in
- Formalize partnerships
Starting with One Goal

Two programs with a shared program that have a shared client base, shared mission and program focus on goals.

Joint Partnership with Affiliated Programming

Nonprofit Organizations Working Together

http://www.thecollaborationprize.org
Next Steps

- Who will go forward?
- What will your next steps be for pursuing the idea of a training coalition in your community?
- What additional information do you need?
- Who will you call to discuss the idea?
- What is the start date for initiating your plan?
Conclusion

“Coming together is a beginning, staying together is a progress and working together is success.” – Henry Ford
References

- From the Top Down, Susan J. Ellis
- Collaborative Working Team: www.ncvo-vol.org.uk/collaborate
- http://www.thecollaborationprize.org