



VOLUNTEER HANDBOOK AND TRAINING MANUAL 2012

The success of Northwest Medical Center is due in part to the hard work and dedication of its volunteers. We have more than 400 volunteers who work in almost every area of the hospital.

We truly understand what it takes to care for our community because they are our family, friends and neighbors. To save lives, give hope and bring comfort to our patients and their families is not just our job - it is our purpose. It's what makes Northwest Medical Center not only a place our neighbors and families want to come to for medical care, it makes us a place where physicians want to practice and people are proud to work and volunteer.

We are very pleased you have chosen to volunteer at Northwest Medical Center and we hope you will enjoy a long and rewarding experience with us.

VOLUNTEERING PROVIDES AN OPPORTUNITY TO MAKE A DIFFERENCE IN YOUR COMMUNITY

The Young Man and the Starfish

A man was taking a sunrise walk along the beach. In the distance he caught sight of a young man who seemed to be dancing along the waves.

As he got closer he saw that the young man was picking up starfish from the sand and tossing them back into the ocean.

"What are you doing?" the man asked.

"The sun is coming up and the tide is going out; if I don't throw them in they'll die."

"But young man, there are miles and miles of beach with starfish all along it – you can't possibly make a difference."

The young man bent down, picked up another starfish and threw it back into the ocean. "It made a difference to that one." He replied. Just like the young man, volunteers make a difference too. They touch more lives in one week than most people do in a lifetime.

By: Loren Easley

TABLE OF CONTENTS

NMC Mission, Vision & Values.....	3
Volunteer Program Goals and Objectives.....	3
Volunteer Service Groups.....	4
Group Leaders.....	4
Chain of Command.....	4
Assignment Schedules.....	4
Dress Code.....	4
Hospital ID Badge.....	4-5
Rules of Conduct.....	5
Position Change – Termination – Leave of Absence.....	5
Meals.....	6
Benefits.....	6-7
Training.....	7
Community Cares.....	8-11
HCAHPS.....	12-13
Rounding.....	13
Confidentiality.....	14-16
Patient Rights and Responsibilities.....	17-18
Complaints and Grievances.....	18
Employee Health/Infection Control.....	19-20
Patient Emergency/Falls/Emergency Treatment	21
Environment of Care.....	22
Safety Management.....	22
Risk Management/Incident Reporting.....	22
Volunteer Injury.....	22
Liability Insurance.....	23
Security Management.....	23
Safe Haven – Baby Safe Program.....	23
Emergency Management.....	23-24
Fire Safety.....	25
Hazardous Material and Waste Management.....	26
Utilities Management.....	26

KEY CONTACT INFORMATION

Kevin Stockton	Chief Executive Officer	469-8109
Veronica Knudson	COO	469-8217
Andrew Wills	Assistant CEO	469-8107
Janis Offret	Chief Nursing Officer	469-8103
Annette Vince	Ethics and Compliance	469-8217
Tina Makinen	Manager Volunteer Services	469-8537
Employee Health		469-8750
Security		469-8196
Gerry Williams	Volunteer Dept.	469-8676

NMC MISSION, VISION AND VALUES STATEMENT

MISSION - The mission of Northwest Medical Center is to provide the communities we serve with quality cost-effective healthcare.

VISION - Northwest Medical Center will be the recognized leader in progressive healthcare delivery systems for southern Arizona.

VALUES - The core values of Northwest Medical Center are:

- **Excellence** – We achieve excellence through competence, continuous improvement, innovation, leadership and accountability.
- **Integrity** – We demonstrate integrity through strong conscience, honesty, fairness and trust.
- **Service** – We deliver great service through customer focus, responsiveness, enthusiasm and volunteerism.
- **Safety** – We ensure safety through education, assessment, reporting, analysis and prevention.
- **Teamwork** – We demonstrate teamwork through positive communication, multi-disciplinary care, mutual support and pride in our shared achievements.
- **Humanity** – We exemplify humanity through caring, respect, compassion, understanding and dignity.

VOLUNTEER PROGRAM GOALS AND OBJECTIVES

Goals - To offer individuals in our community a variety of opportunities to provide clerical or administrative support, or assist hospital employees in other ways that support and reinforce the hospital's mission of delivering extraordinary patient care.

Objectives

- Support hospital staff in order to extend the best patient care possible.
- Encourage volunteers to reach their individual goals.
- Promote community service by providing volunteer opportunities.
- Foster and promote interest in healthcare, medical and para-medical careers in the youth of the community.
- Provide a balance and enhance the atmosphere of the hospitals. Volunteers can create comfort, support and calm for the visitors, patients, employees and physicians.

NMC VOLUNTEER PROGRAM

VOLUNTEER SERVICE GROUPS

NMC volunteers are divided into Service Groups. Periodic meetings are scheduled for each Service Group. You are expected to attend these meetings. They are area specific.

GROUP LEADERS

- Elected by Group to serve a two year term on the Advisory Board
- Help train new volunteers and are a resource for questions on the volunteer position
- Assist volunteers to find substitutes
- Member of the Emergency Preparedness Chain of Command and will contact you if the hospital is under a disaster code or an emergency situation

CHAIN OF COMMAND ORDER

- All volunteers immediate supervisor is the Group Leader
- Next is the supervisor of the area in which you volunteer
- The Manager of Volunteer Services
- Administration

ASSIGNMENT SCHEDULES

Arrive at your assigned work area on time. If you are unable to report for your scheduled time, contact your service area.

Some volunteer positions require a substitute if the volunteer is unable to work their shift. If you are scheduled for one of these areas you will receive a list of other volunteers to call. If you are unable to get a substitute, contact your Group Leader to see if he/she can help you with a substitute. If you cannot get a substitute, notify the Area Supervisor.

DRESS CODE AND PERSONAL APPEARANCE

- All Volunteers
 - Nametags at all times
 - Comfortable low-heeled, non-skid, closed toe shoes
 - Uniforms should be clean and pressed
 - No cologne or perfume allowed - Make-up/jewelry kept to a minimum
 - White or tan pants
- **Junior Volunteers:**
 - NMC short-sleeved purple scrub top with tan pants
- **Adult Volunteers:**
 - Regulation blue jacket, vest or smock unless scrubs are required
 - White blouse or shirt
- **Chaplains:** Business attire which includes a tie or clerical collar for men

HOSPITAL IDENTIFICATION BADGE

- Identifies for patients and/or employees that you are an NMC volunteer
- Gives you access to restricted areas based on your position assignment
- To be used at the Kronos time clock for swiping in at the start of your shift and out at the end. To clock in with a badge: Holding front of badge facing you, swipe badge through slot. It should read XPUN and your number or your name. Without a

Badge: **Press the "*" key**, at the "badge" prompt, **key in your 6 digit number** and then **press the "Enter" key**.

- Credit for double hours will be given to those who volunteer on holidays.

LIABILITY INSURANCE

Volunteers are not covered by Workers' Compensation. While performing activities/duties that have impact upon patient care, volunteers are covered by the hospital's liability insurance.

RULES OF CONDUCT

- Volunteers are responsible for the same standards expected of regular employees: to be prompt, dependable, efficient, accountable for actions and accepting of supervision.
- Volunteers must complete annual training and clearance from the Employee Health Department.
- Volunteers are responsible for adherence to the guidelines of the department where assigned, as well as reading, signing and adhering to CHS Code of Conduct.
- Any volunteer who displays disruptive conduct, major personality conflicts, theft, drug abuse or any other unacceptable behavior as outlined in the CHS Code of Conduct may be terminated by the Volunteer Manager.

General Rules

- For emergency situations, you may keep your cell phone on vibrate.
- No gum or food while in your assigned area. Drinks must have lids.
- No visitors while on duty.
- Do not take anything of value to assigned work area.
- Always check with the nurse before entering "Isolation" rooms.
- Do not enter a patient's room unless instructed to do so.
- Never read a patient's chart.
- Always knock and wait for an answer before entering a patient room.
- Accept instructions and constructive criticism gracefully.
- You may not change shifts or areas without clearance by the Volunteer Manager

Grounds for Dismissal

- Use of alcohol or illegal drugs while on duty
- Disregarding a supervisor's instructions
- Three consecutive non-reported (no-show) absences
- Unprofessional relations with patients, staff or other volunteers
- Breach of confidentiality/gossiping
- Failure to follow hospital policies and procedures

POSITION CHANGE – TERMINATION – LEAVE OF ABSENCE

- If you would like to change your position assignment or if you need to leave the program for an extended period of time or terminate your service, please contact the Manager of Volunteer Services at 469-8537.
- Assignments will NOT be held longer than thirty days unless the Volunteer arranges for her/his own replacement.
- A physician note may be necessary before you are able to return to work.

BENEFITS

RECOGNITION

Volunteers accumulate earned hours for their service. There is a recognition program to formally acknowledge each volunteer's hours and years of service. A Volunteer Awards Brunch is hosted annually, usually during National Volunteer Appreciation Week.

PARKING

Volunteers should park in the areas reserved for them in the new parking structure south of the hospital. Reserved spaces are on the first floor. If these spaces are full you are welcome to park on the second floor. There are also two reserved spaces in the west lot for those volunteers unable to walk very far. There are reserved Chaplain Parking signs in the west lot for visiting clergy.

COMPLIMENTARY MEALS/DISCOUNTED MEALS

NMC is pleased to provide a complimentary meal to our volunteers on the day you are working. Meals are to be eaten before or after your service time, NOT during unless there is no meal service before or after. Afternoon Volunteers are asked to wait until 11:15 or after to get their lunch. Meal breaks may be taken only if your service time covers an entire meal period (10:00a.m - 2:00 p.m. or 4:00 p.m. - 8:00 p.m.). **Please tell the Cashier you are a Volunteer if you are working but not in uniform (you wear scrubs or you are a Chaplain).**

VOLUNTEER COMPLIMENTARY LUNCH/DINNER MEAL GUIDE:

- Soup of the day or Salad Bar side salad
- Entrée with 2 sides- with Dinner Roll or Grill item with a side or
- Entrée size salad from Salad bar or Deli Sandwich from Deli bar
- Dessert or fruit
- Choice of 1: sm. bottled water, milk, fountain soda, coffee, fountain tea

COMPLIMENTARY BREAKFAST RATHER THAN LUNCH:

- Hot breakfast from the grill for example - 2 eggs/bacon/toast or pancakes/bacon
- Breakfast from Balance choice Bar (yogurt and fresh fruit)
- Donut or pastry or Cereal or Biscuit
- Choice of one: sm. bottled water, milk, fountain soda, coffee, fountain tea

Due to a higher product cost the following items can not be included in the complimentary meal, but can be purchased at the employee/volunteer discounted rate of 25% off of the regular price:

- Packaged 'Outtakes' entrée salads and sandwiches (in red cooler)
- Bottled sodas, power drinks, Odawalla drinks,
- Packaged snacks (located near register – Oreo cookies, Cracker Jacks, etc.)

Volunteers may purchase meals at a discounted rate of 25% off the regular price on days they are not volunteering.

Employee Wellness Center

Adult volunteers are welcome to use the Employee Wellness Center located at 1980 N Hospital Dr., Suite 103, on the 1st floor of the MOB adjacent to the main hospital. The center provides a bright and pleasant workout area, which is available 24/7. The center is filled with state of the art exercise equipment. Your badge IS coded to give you access to the facility. If you have any questions, call me at 469-8537.

Free Senior Circle Membership

After donating 100 hours, volunteers will receive a free membership in Senior Circle. This program will help you get more out of life through health talks, benefits at Northwest Medical Center and Oro Valley Hospital, and many more valuable member-only discounts and privileges.

TRAINING

The Volunteer Services Department is committed to providing all volunteers with the highest caliber orientation/annual training that will result in professional volunteers who will exhibit a positive image for the hospital and a commitment to our patients and their families we serve. It's important that ALL volunteers attend the hospital orientation to include HIPAA training.

This orientation should be reviewed or attended at a minimum of once per year or additionally if required by the hospital for all employees. Training and orientation topics include:

- The Volunteer Handbook
- Hospital Mission/Vision/Values
- Volunteer Benefits & Recognitions Program
- Patient Rights & Responsibilities
- Dress Code and ID Badge
- Protocol for signing in and out
- Fire Safety
- Patient Safety
- Patient Confidentiality/HIPAA
- Infection Control
- Code of Conduct booklet
- Risk Management
- Community Cares program

Department-Specific Training:

The Department Manager, a designated employee or volunteer of that department will conduct an initial training session. This ensures that the volunteer understands the needs for the department, the volunteer role in that department, and who to go to for questions.

Volunteers who will transport patients within the hospital must be physically able and have special training by their assigned department. For certain departments, a physical (bending, lifting, etc.) and/or a competency test may be given.

Evaluation:

An evaluation will be conducted once a year (or after 50 hours of volunteer service) by the Volunteer Services Manager and is based, in part, on the department manager's evaluation, also given at the same time.

COMMUNITY CARES

Community Cares is a culture of service and operational excellence.

We know that excellent patient care helps provide better quality outcomes. The Community Cares culture connects 10 standards of behavior to daily actions that can help us maintain a high benchmark for service and operational excellence and deliver great patient care.

Our Community cares culture also nurtures each employee/volunteer by developing a sense of purpose, providing worthwhile work and giving each of us the opportunity to make a difference in the lives of the patients we care for.

By living these standards in our daily activities, together we are building a stronger future for our organization. Our goal is to create great places for employees to work, physicians to practice medicine, volunteers to volunteer and patients receive care.

STANDARDS OF BEHAVIOR

1. Attitude
2. Appearance
3. Commitment to Co-Workers
4. Communication
5. Customer Waiting
6. Privacy
7. Responsiveness
8. Safety Awareness
9. Service Recovery
10. Sense of Ownership

ATTITUDE

It all begins with a positive attitude about the customers we serve. Our goal is to *exceed* our Customers' expectations. We are committed to providing the highest quality of service and Meeting our customers' needs with the utmost kindness, care, compassion, courtesy, empathy, respect and friendliness.

We will demonstrate our Commitment to a Service Attitude by...

- Promptly welcoming, acknowledging, and serving our customers with a smile and direct contact. Don't allow anyone to feel ignored.
- NOT treating customers as an interruption to our work: they are our reason for being here
- Reminding ourselves that patients and their families are the most important aspect of our business.
- Using Key Words at Key Times (KWKT). Ending each conversation with "Is there anything else that I can do for you?" This helps align the behavior of staff to the needs of the patient.
- Using Acknowledge-Introduction-Duration-Explanation-Thank You (AIDET) to help the patient better understand his/her care by reducing anxiety.

- Reminding ourselves that patients, our customers, have feelings, emotions, fears, anxiety, likes and dislikes.
- Sharing a service excellence mindset. It is not optional!!
- Conveying the right attitude at all times. The professionalism, efficiency and patient-centered attitude projected by everyone can be the difference between keeping a customer for the agency and losing not just that customer, but also that person's friends and family.
- Thanking patients and referral partners for choosing our facility.

“Is there anything else I can do for you?” Every conversation, Every time

APPEARANCE

We need to take pride in our personal appearance and our facility image.

We will demonstrate our Commitment to a Professional Appearance by:

- Being sure our Volunteer uniform is neat, clean and appropriate
- Wearing the name identification badge at all times.
- Keeping your work area neat

COMMITMENT TO CO-WORKERS

We are linked to one another by a common purpose: serving our patients and our community. Your co-workers and our physicians and volunteers are our team members. They deserve our respect and support.

We will demonstrate our Commitment to Our Physicians and Co-workers by...

- Treating co-workers with respect and courtesy at all times. We best serve our patients and families when we all work together.
- Being honest and kind in all our interactions with one another
- Being a mentor
- Respecting obligations to our co-workers
- Respecting cultural diversity with our employees and patients
- Welcoming new employees and volunteers. Being supportive by offering help and setting an example of cooperation
- Treating every co-worker as a professional. Recognizing that we each have an area of expertise. We can all learn from each other in order to better serve our patients
- Using **Key Words at Key Times** to manage up myself, my co-workers and other departments
- Treat one another with professional courtesy and respect *at all times*
- Treating *co-workers as customers*
- Treating other departments as customers

COMMUNICATION

The goal of communication is mutual understanding. We must be committed to listening attentively to our customers in order to fully understand their needs. Close attention should be given to both verbal and non-verbal messages. We are committed to exceed our customers' expectations and provide more than what is expected.

We will demonstrate our Commitment to Communication through...

- Remember everyone is our Customer
- Everyone will be greeted with a warm friendly "hello", "good morning", "good evening."
- Use the "Hello Principle" by acknowledging anyone with 10 feet of you and verbally acknowledging anyone with 5 feet of you.
- When talking with anyone, make eye contact and acknowledge them.
- Using **Key Words at Key Times and AIDET** with customers
- Avoid interrupting the customer.

CUSTOMER WAITING

Our customers' time is very valuable to them. We will always keep them informed regarding any delays.

We will demonstrate our sensitivity to Customer Wait Times by...

- Using **Key Words at Key Times** to keep patients and family members informed.
- Always thanking customers for waiting and apologizing for delays
- Utilizing our **Service Recovery ACT model**.

PRIVACY

We will always maintain customer privacy and confidentiality. It is the personal responsibility of everyone to protect the privacy and confidentiality of every customer. We will treat patient information with confidentiality according to the HIPAA Privacy rule.

We will demonstrate respect for our Patients' Privacy by...

- Always knocking before entering a patient's room and waiting for them to invite you in before entering
- Communicating with customers in a private manner

SAFETY AWARENESS

It is the responsibility of all of us to ensure an accident-free environment.

We will demonstrate our Commitment to Safety by...

- Be aware of potential hazards.
- Reporting any safety issues immediately to a supervisor.

SERVICE RECOVERY

If a customer complains, do not be defensive; their perception is their reality. To reverse a potentially negative situation use ACT:

- Apologize: Acknowledge and Apologize with no excuses; listen to the complaint; thank the customer. Summarize what you heard to confirm you understanding. By apologizing, we are telling the patient/customer that we are going to take care of situation. "I'm sorry we didn't meet your expectations".
- Correct: Correct the issue or make it right. Offer suggestions for resolution; ask whether those suggestions will meet their expectations. Take action to resolve the problem. Inform the customer of your actions.
- Thank: Thank the customer for bringing this to your attention. Always end with, "Is there anything else I can do for you?"

SENSE OF OWNERSHIP

Every staff member must feel a sense of ownership toward his or her job. We will take pride in what we do and how we do our job. We will feel responsible and be in control of the job that needs to be done.

We will demonstrate our Sense of Ownership by.....

- Being accountable. Understand and accept your responsibilities.
- Taking responsibility for the entire patient experience. No one will say: "That's not my job. If you are unable to meet the request, find someone who can. Contact the appropriate person or take care of the situation immediately.
- Using Key Words at Key times and AIDET to let patient/physicians, staff and visitors know why we do things.
- Managing up co-workers, other departments, physicians and/or your boss to improve communication.
- Taking pride in what you do as demonstrated by dressing appropriately and keeping work area clean.
- Understanding the marketing values of patient satisfaction, word of mouth brand equity of employees, physicians, patient, etc.
- Following organizational and department policies and procedures.
- Paying attention to detail in order to make sure we have the necessary tools to do our job effectively.
- Role model and mentor others.
- Creating a culture that helps people feel appreciated included and valued. Following the golden rule and treating patients and their families like we would like to be treated under the same circumstances.

HCAHPS

HCAHPS- What is it and what does it mean to me?

- H-Hospital
- C-Consumer
- A-Assessment of
- H-Healthcare
- P-Providers and
- S- Systems

For the longest time I thought of HCAHPS as “patient satisfaction” but have come to understand that it is more than just patient satisfaction. It is actually our patient’s perception of the quality of the care we provide at Northwest Medical Center.

The way HCAHPS works is patients who have had a hospital stay with us are called on the phone about 4-6 weeks after discharge. They are asked very specific questions about the care they received.

So what are the questions?

- During this hospital stay how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?
- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted?
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- During this hospital stay, how often did doctors treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often did doctors explain things in a way you could understand?
- During this hospital stay, how often were your room and bathroom kept clean?
- During this stay, how often was the area around your room quiet at night?
- During this hospital stay, how often was your pain well controlled?
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

As you see the questions are very specific to quality of care provided. Nurse and physician communication are very important for a patient's understanding of their disease process and treatment plan. Quick response to call lights keeps patients safe and helps to prevent falls. Keeping rooms and bathrooms clean is key to infection prevention. And we have all spent the night in a noisy hotel and know what that does for us the next day—imagine if we were sick on top of that.

There have been many studies showing patients whose pain is well controlled heal better and quicker than those with poor pain control. The importance of medication understanding goes without saying. How many stories have you heard about someone taking a medication incorrectly or having a severe side effect or combining two medications that turned out to be deadly?

And of course, last but not least, do we have given the patient all the information and help they need to stay well and stay home?

So next time you hear the term HCAHPS think Quality Patient Care.

HOURLY ROUNDING

The nursing staff does hourly rounding to

- Reduce anxiety
- Perform scheduled tasks
- Check the 4 P's – pain, position, personal items, potty
- Ask about additional comfort needs
- Conduct an environmental assessment
- Close the conversation – telling the patient when they will be back
- Document the rounding on the chart

VOLUNTEER ROUNDING

- Check with the nurse before seeing any patient with a closed door
- Always knock and wait for the patient to let you know you can come in
- Don't forget to use your AIDET
- Take an environmental assessment – look at additional comfort needs.
 - Do dead flowers need to be removed?
 - Does the temperature feel comfortable?
 - Is the patient's water pitcher empty?
 - Is the patient's tray table close at hand with needed items (phone, tissue, water, etc.)
- Always leave the patient with: "Your nurse will be back to check on you within the hour. Is there anything else I can do for you now?" If it is something you can do, please do so. If the request involves anything of a clinical nature, let the patient know that you will tell their nurse right away.

NO PASS ZONE

No one walks by a patient call light – a patient call light is a patient need. The faster we respond to their call light, the faster the response to the patient need. Volunteers are exempt from answering red call lights – bathroom lights and/or entering isolation rooms).

HIPAA, CONFIDENTIALITY, CHAIN OF COMMAND & PATIENT RIGHTS

HIPAA - NOT JUST AN ACRONYM, IT'S THE LAW

HIPAA PRIVACY – Health & Insurance Portability & Accountability Act

The main purpose of the HIPAA Privacy Rule is to give patients more control over how we can use and share their Protected Health Information (PHI).

PROTECTED HEALTH INFORMATION (PHI)

- Covers information in any form (written, verbal, or electronic).
- Does not include only health information. Demographic/billing information such as addresses, social security numbers, medical record numbers and account numbers are also PHI.

“MINIMUM NECESSARY”= DO I HAVE A BUSINESS NEED TO KNOW?

- Do I need this information to do my job effectively and ensure good patient care?
- What is the least amount of information I need to do my job?

EXAMPLES OF MINIMUM NECESSARY

- A billing clerk may need to know what laboratory test was done, but not the result.
- An admissions clerk does not need to have access to the full medical record in order to carry out his/her job.
- A patient transporter typically does not need to access the full medical record to do his/her job but would need to know if the patient was on oxygen and the liter flow.

WHAT IS THE DIFFERENCE BETWEEN “USE” AND “DISCLOSURE” OF PHI?

- USE = sharing PHI within the facility.
- DISCLOSURE = sharing PHI outside of the facility.

INCIDENTAL USES & DISCLOSURES

An incidental use or disclosure is not a violation of HIPAA provided the facility has applied *reasonable safeguards* and implemented the *minimum necessary standard*.

Examples of incidental uses and disclosures:

- Discussions during teaching rounds
- Calling out a patient's name in the waiting room
- Sign in sheets in hospitals and clinics

PROTECTING PATIENT PRIVACY “DOs”

- Close curtains and speak softly when in semi-private rooms.
- Log off of the computer when you are finished.
- Dispose of patient information in accordance with hospital policy and procedure.
- Clear patient information off your desk and place in a secure location when not in use.
- Verify fax numbers and addresses before sending PHI.

PROTECTING PATIENT PRIVACY “DON'Ts”

- Discuss a patient in public areas such as elevators, hallways or cafeterias or outside the facility or office.
- Share your computer username, ID, or password.
- Look at information about a patient unless you need it to do your job.
- Take information about patients (including nursing report notes) home.

AREAS OF CONCERN

- Friends/family/self – when you are seeking information on your family, friends or yourself, you are not working with an employee and you must access PHI using the procedures required for non-employees.
- Volunteers as patients – information regarding volunteers who are patients should not be shared unless you have permission from the patient.
- Before PHI is removed from a facility by any means, electronic or hard copy – the following questions must be answered:
 - 1. Does it need to go outside the facility?
 - 2. If so, are reasonable safeguards in place for the data?

EXAMPLES OF HIPPA POTENTIAL VIOLATIONS

- Text messaging medical information about a patient.
- A volunteer passing on information to her son about his spouse or their children.
- Allowing a former volunteer into “off-limits areas” where PHI is located.
- Taking pictures of patients with a cell phone camera.
- Releasing information to a caller who does not have the pass code given to those who are authorized to receive information.
- Mailing/faxing PHI to the wrong person.
- Looking at the PHI of a volunteer for non-work reasons.

NO EXCUSES

- Good intentions such as “I needed to let his mother know he was in the hospital”,
- “She is my best friend and she wouldn’t mind me looking,” do not count.
- Just plain nosiness is also no excuse.

REPORTING SUSPECTED HIPPA VIOLATIONS

Suspected HIPAA violations should be reported to:

- The Facility Privacy Officer, and
- The Corporate Compliance and Privacy Officer.
- The Confidential Disclosure Program Hotline may also be used.

NON-RETALIATION

CHS POLICY, STATE AND FEDERAL LAWS PROVIDE PROTECTION FROM RETRIBUTION OR RETALIATION AGAINST ANY PERSON FOR REPORTING ACTUAL OR SUSPECTED VIOLATIONS.

COMPLIANCE IS NOT AN OPTION: COMPLIANCE IS MANDATORY UNDER HIPAA

- Compliance with HIPAA is part of our culture.
- Compliance with HIPAA is part of your job responsibilities.
- Noncompliance may result in disciplinary action up to and including termination.

FINAL THOUGHTS

- Confidentiality and protecting PHI is everyone’s job.

- Privacy Matters. Don't discuss protected healthcare information in public or with those who do not need to know.
- Don't get casual about privacy and confidentiality.

CONFIDENTIALITY

All information that you may hear directly or indirectly concerning patients, doctors or hospital employees should be kept confidential. Volunteers should not express curiosity in regard to a patient beyond the carrying out of their duties. Volunteers must adhere to the policies stated in HIPAA and are not to divulge information of any kind about a patient to anyone other than the appropriate staff member. A patient's treatment or condition is not to be discussed where it may be overheard or outside the hospital. Breach of patient confidentiality may result in the Volunteer being dropped from the Volunteer Program.

Volunteers, who operate computer equipment or have access to software systems as necessary to perform their responsibilities, must understand the Information Security Policies in effect throughout the system and agree to the following provisions:

- To abide by all current and future Information Security Policies for the software programs to which they have access.
- To use appropriate system access methods to computer systems and equipment
- Keep access methods and passwords secure

CHAIN OF COMMAND

If you have a question or concern regarding an issue in your area, you should contact your immediate supervisor. Your immediate supervisor may be your Group Leader or a staff member in a supervisory role. The Manager of Volunteer Services would be next on the chain, followed by Administration.

If a patient or a family member has a concern regarding treatment, they should contact the patient's nurse or a Case Manager. There is a Case Manager on every floor. To access a Case Manager, the family/patient should be directed to the Unit Clerk on the floor for assistance. If the patient or family member has a complaint that has not been addressed by the staff present, they should be escorted to Administration during the regular hours and the Administrative Supervisor after hours.

Northwest Medical Center

Patient Rights & Responsibilities

In caring for the medical problems of patients, NMC strives at all times to respect the patient's individuality, privacy and other rights.

Patient Rights:

1. The patient has a right to be treated in an environment which supports dignity, respect and consideration.
2. The patient has the right to reasonable access to care regardless of their race, creed, sex, national origin or source of payment and care which addresses respect for cultural and personal values, beliefs and preferences.
3. The patient has the right to participate in the development and implementation of his or her plan of care.
4. The patient has the right to make informed decisions regarding treatment, recordings, films or other images, including the right to give or withhold informed consent.
5. The patient has a right to be informed of his or her health status in a manner which he/she understands, be involved in care planning and treatment and be able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
6. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives in accordance with existing laws.
7. The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.
8. The patient has the right to personal privacy.
9. The patient has the right to receive care in a safe setting and to access protective and advocacy services.
10. The patient has the right to be free from all forms of harassment, neglect exploitation and sexual abuse.
11. The patient has the right to the confidentiality of his or her clinical records.
12. The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of the individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.
13. All patients have the right to be free from physical or mental abuse and corporal punishment. All patients have the right to be free from restraint or seclusion or any form, imposed as a means of coercion, discipline, convenience or retaliation from staff.
14. The patient has the right to know the identity and professional status of individuals providing services to him or her and to know the physician or practitioner primarily responsible for his or her care. The patient is informed of any formal relationship between the hospital and any other health care institution or individual practitioner when it relates to their care.
15. The patient has the right to religious and other spiritual services.
16. The patient has the right to a reasonable and effective pain management plan developed between the patient and their treating physician.
17. The patient has the right to voice complaints or grievances without the fear of discrimination or reprisal.

Patient responsibilities:

1. The patient has the responsibility to provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advanced directives and other matter relating to their health.
2. The patient has the responsibility for following the treatment plan recommended by their practitioner primarily responsible for their care. This includes instructions from the hospital staff as they carry out the orders of the practitioner.
3. The patient has the responsibility to inform the hospital or practitioner of any advance directives, changes to the advance directives and to provide the hospital with a written copy of the advance directives.
4. The patient has the responsibility to follow applicable hospital policies and procedures concerning patient care and conduct. The patient has the responsibility to treat hospital staff with dignity and respect regardless of age, race, religion, sex or sexual preference, disability or handicap or any category protected by state and federal law.
5. The patient is responsible for the outcome of their actions if they refuse treatment or do not follow the practitioner's instructions.
6. The patient is responsible for the financial obligation of their health care and to fulfill the obligation promptly.
7. The patient has the responsibility to be considerate of the rights of other patients and hospital staff, be respectful of the property of the hospital and other persons and for assisting in the control of noise and the number of visitors.

Grievance Process:

Northwest Medical Center strives to provide the best possible care during your hospital stay. If you feel that you have not received the best care possible, NMC's Complaint Policy provides you with a mechanism to voice your concerns about patient care and safety. All complaints and concerns are given the utmost attention and courtesy.

If you have any concerns, questions or complaints about your care or treatment, please let your care provider know on the hospital unit where you are receiving treatment. If you have a complaint, we want to resolve it as soon as possible. If during your care at NMC you have voiced a concern to your care provider and feel it has not been resolved, or if you wish to make a formal complaint, please contact NMC's Hospital Administration by calling 469-8100 during business hours. After business hours, please call the Hospital Operator and ask to speak with the Administrative Nursing Supervisor.

If you believe your concern has not been addressed by Northwest Medical Center, you may contact:

- Arizona Department of Health Services, 400 West Congress, Suite 116, Tucson, AZ 85701.
Phone: (520)628-6965, Fax: (520)628-6991
- The Joint Commission
One Renaissance Boulevard, Oakbrook Terrace, IL 60181.
Phone: (800)994-6610, Fax: (630)792-5636, E-mail: complaint@jointcommission.org

A patient may lodge a complaint directly with the regulatory agencies without first filing an internal grievance with the hospital.

EMPLOYEE HEALTH, INFECTION CONTROL, PATIENT EMERGENCIES, INJURY MANAGEMENT AND EMERGENCY TREATMENT

EMPLOYEE HEALTH

One of the duties of the Employee Health Department is to monitor your immunization records and make sure they are current. Each year your health records will be reviewed. TB testing is done on an annual basis. Annual flu vaccines are offered.

INFECTION CONTROL

Infection is a risk to patients, visitors, volunteers and staff. Infectious diseases can be spread through direct contact or the air.

For example, a person can get infected if disease-causing organisms enter his or her bloodstream (e.g., through a small cut or puncture wound) or are breathed in or ingested.

Basic infection control measures are in place to decrease the risk of infection transmission. These include hand hygiene, standard precautions, respiratory etiquette and special disease precautions.

1. Hand Hygiene

Hand washing (hand decontamination) is the most effective way to prevent the spread of infection. Hand washing protects patients, healthcare workers, volunteers and visitors from the spread of infection. Infectious organisms can easily contaminate the hands and be spread from place to place or person to person. Decontaminate hands by washing with warm water and soap. Lather them for about 15 seconds, then dry using paper towels. Remember to use the paper towels to turn off the faucet. Hands should be washed before and after your shift, after using the restroom, before and after eating, after removing gloves and any time hands are contaminated. Alcohol hand sanitizers are very effective for killing germs on the hands and can be used to decontaminate hands as long as your hands are not visibly soiled. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.

2. Standard Precautions guidelines is a system that uses personal protective equipment (gloves, gowns, masks) to protect against exposure to blood and/or body fluids. Everyone's blood is treated as if it were infectious. As a volunteer you should not perform duties that might knowingly expose you to a patient's blood or body fluids.

Removing Gloves:

- Make sure that the glove's outer surface never touches your skin.
- Grasp the outside of a glove near the wrist.
- Pull down until the glove comes off inside out.
- Cup this glove in the palm of your gloved hand. Then, insert two fingers of your bare hand inside the cuff of the remaining glove.
- Pull down so this glove also comes off inside out – with the first glove tucked inside.
- Dispose of used gloves in the regular trash.
- Decontaminate hands after removing gloves.

3. Respiratory Etiquette

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose with either a tissue or the crook of your elbow or hands to prevent the spread of infection to others. Be sure to throw away used tissues and decontaminate your hands right away.

- NMC has a “Universal Respiratory Etiquette” program in clinics and waiting room areas to prevent the spread of respiratory illness.
- Signs that offer visitors and patients surgical masks, tissues, and hand washing wipes, per their request, if they are coughing or have a flu-like illness are posted in the waiting rooms and lobbies.

4. Special Disease Precautions

Isolation or disease precautions are used for patients who have or are suspected to have contagious disease or a disease of epidemiologic concern. These patients have a sign designating A, B, C, D or E on the door. Volunteers should check with the nurse before entering a patient’s room with an Isolation sign posted. Those volunteers who are in patient care areas will receive a copy of these signs.

HAND HYGIENE GUIDELINES

- **Hand hygiene** is a term that applies to the use of waterless antiseptic hand rub and hand washing with water and either plain soap or products containing an antiseptic agent.
- **What types of diseases can good hand washing prevent?**
 - Any diseases spread through the oral-fecal transmission
 - Influenza
 - Respiratory Viruses
 - The common cold
 - The spread of infections from one patient to another in the hospital
- **When should hand hygiene take place?**
 - When hands are visibly soiled
 - Before entering any patient room
 - Upon leaving any patient room
 - Before eating
 - After you use the restroom
 - After coughing or sneezing
 - Any time you come into contact with a patient’s skin or body fluids
- **Decontaminate Hands:**
 - The use of alcohol hand gel is available in all patient care areas
 - Use before having direct contact with patients
 - Use after having any contact with patient’s skin
 - Use after touching any inanimate objects in the vicinity of the patient
 - Apply to the palm of the hand and rub all surfaces of hands, fingers and Nails until the hands are dry
- **How should hand hygiene be done?**
 - Wet your hands with warm running water
 - Add soap and rub your hands together making a soapy lather
 - Do this away from the running water for 10-30 seconds
 - Wash the front and back of your hands as well as between your fingers and under your nails
 - Rinse well under warm running water
 - Let the water run down into the sink – not to your elbows
 - Dry thoroughly

PATIENT EMERGENCY

In the event of a patient emergency, for example a patient/visitor experiencing severe chest pains, a volunteer:

- Working in the Urgent Care should notify the either the Admitting Lead or the Urgent Care Nurse (whoever is closer). They would verify if a physician was on duty and if not call 911.
- Working at the Information Desks within the hospital should call the Operator at ext 7111.
- Working in the outlying buildings should call PBX Operator at ext. 7111. Make sure you give them your location.

PATIENT/VISITOR FALL

If a patient or visitor falls while in your area, call the operator at 7111. They will either dispatch Security to your area or will give you additional directions.

EMERGENCY TREATMENT

We follow the Emergency Medical Treatment and Active Labor Act (“EMTALA”) in providing emergency medical treatment to all patients, regardless of ability to pay. Anyone who presents with an emergency medical condition is treated and admitted based on medical necessity. In an emergency situation, financial and demographic information will be obtained only after the immediate needs of the patient are met. We do not admit or discharge patients simply on their ability to pay.

Patients are our responsibility once they arrive at our facility. If a visitor or patient asks about the location of the Urgent Care, ask if they are seeking medical treatment or if they would just like to know the location. If they are seeking care, we **must** direct them to the Emergency Room. Sending them from the hospital to the Urgent Care would be a violation of the EMTALA Law.

If a patient wants to leave without the doctor’s permission or without being treated, the CNL should be notified immediately.

ENVIRONMENT OF CARE

The Environment of Care is made up of three basic components:

- Buildings
- Equipment
- People

A variety of key elements and issues can contribute to creating the way the hospital feels and works for patients, families, staff and others in the health care delivery system.

The components can also be significant in their ability to influence patient outcomes, satisfaction and improve patient safety.

The Environment of Care is subdivided into seven specific functions:

- Safety
- Security
- Hazardous Materials and Waste
- Emergency Management
- Fire Safety
- Medical Equipment
- Utilities

NMC has developed and maintains a written management plan describing the processes it implements to effectively manage each of the seven functions of the environment of care.

SAFETY MANAGEMENT

It is important for staff to recognize and report hazardous conditions that may jeopardize the safety of anyone.

For example, wheelchairs, stretchers, EKG machines, etc., should never be parked in hallways when not in direct use.

Environmental tours are conducted throughout the facility on a regular basis; however, it is important to understand that safety is part of everyone's job. Report any unsafe condition to your supervisor immediately.

The hospital Safety Officer is ultimately responsible for safety at the hospital and any buildings or property owned, including parking lots, ground and other exterior features.

Risk Management and Incident Reporting - The foundation of the risk management program is based upon the ability to promptly obtain important facts and details of the circumstances surrounding an event within a reasonable time of when the event occurred.

Volunteer Injury - If a volunteer is injured, he/she should report the incident to his/her direct supervisor who will complete an Incident Report. Volunteers are not covered under the Hospital's Workman's Compensation Policy. If the injury is due to hospital negligence, for example, water left on the floor by Environmental Services, the injury will be considered under the Hospital's Liability Coverage. If the injury is **not** due to negligence on the part of the hospital, for example the volunteer falls because he/she stumbled, that would not be considered an issue of Liability on the part of the hospital and the volunteer's own health insurance should cover him/her.

Volunteer Liability - Volunteers are covered to the same extent as employees for their liability for injuries to patients or others arising out of the performance of their volunteer duties. These duties are listed in the position description for your area. **Volunteers may not be covered under the liability insurance if the service they are providing is not listed on their position description.**

SECURITY MANAGEMENT

The Security Management Program is intended to support the facility by providing a safe and secure environment for patients, visitors, employees, volunteers and medical staff. Security is available 24 hours per day.

Security Tips:

- Always wear your ID Badge while on duty.
- Keep belongings in a secured desk or locker.
- If you see someone that doesn't look as if they belong, notify someone immediately (Security, the Operator, your Supervisor, etc.)

Safe Haven – Baby Safe Program - This law allows mothers of babies under 72 hours of age to be dropped off at a hospital (medical facility), police or fire station and other designated areas without fear of prosecution. The purpose of this law is to give these women an alternative option allowing them to turn over the infant at locations where they would not be at risk for jeopardizing the health and safety of their newborns.

If a person wants to leave an infant, please do the following:

- Take the baby – even if it appears to be more than 72 hours old.
- We are not allowed to ask the name of the mother.
- Inform a staff member of the situation.

EMERGENCY MANAGEMENT

Emergency management, also known as disaster planning, involves planning for the use and management of hospital staff and physical resources in the event of a major disruption of services.

NMC has written and adopted a set of pre-planned, organization-wide responses to manage disruptions of normal operations. These responses are known as the Emergency Operations Plan.

To report an emergency in the hospital or at campus locations dial “7111”. Off campus clinics must dial “911” for all emergencies and follow emergency response procedures specific to their site.

Remember to clearly state the type of emergency and the specific location.

To be better prepared for potential emergencies, we participate in planned emergency drills with the Local Emergency Planning Committee. When emergency drills are called, Volunteers should advise patients and visitors in their immediate area that we are in a drill situation, they need to stay in the area and we will notify them when we are all clear.

An “all-hazards” approach is taken for responding to emergencies in which the same initial actions are taken in response to any emergency situation.

***EMERGENCY CODES –**

- **CODE RED – FIRE – Assist in evacuating visitors and patients.**
- **CODE BLUE – CARDIAC ARREST – Stay away from the area**
- **CODE YELLOW – BOMB THREAT – Standby for information or instructions from leadership in your area.**
- **CODE GREY – COMBATIVE PERSON – Stay away from the area**
- **CODE SILVER – PERSON W/ WEAPON – Stay away from the area**
- **CODE WHITE – EMERGENCY DEPARTMENT SATURATION - No Response**
- **CODE PINK – CHILD ABDUCTION – Move to cover the exits - Help secure the building – Do not let anyone leave without checking their bags**
- **CODE BLACK – SEVERE WEATHER – Assist in evacuating visitors to safer location**
- **CODE AMBER – PATIENT ELOPEMENT – Watch for patient**
- **CODE ORANGE – HAZARDOUS SPILL – Contact nearest staff member**
- **CODE TRIAGE INTERNAL - DISASTER INTERNAL – Report to your supervisor for instructions**
- **CODE TRIAGE EXTERNAL – DISASTER EXTERNAL – Report to your supervisor for instructions.**

Volunteer Responses to Codes

If an emergency were to occur, the hospital disaster plan may include areas where volunteers can lend support.

VOLUNTEER RESPONSIBILITIES:

- Volunteers working at the Information Desks should keep patients and visitors informed. If this is a fire drill, notify the visitors in the area that this is a drill and they will need to stay in the lobby or move outside. Progress within the hospital is not permitted. If this is an actual fire, move those in the Lobby outside the Hospital.
- Volunteers in patient care areas and all other areas should report to their supervisors in their area for directions on what is needed.
- Volunteers who circulate around the hospital (i.e., couriers, patient support visitors, etc.) should avoid the area of the fire and report to the closest nurse's station or department.
- All other volunteers in the hospital should avoid the area of the fire and report to the Assembly Area which is the Cafeteria. The secondary location (if the fire is in the cafeteria) is the Outpatient/Emergency Room Lobby

ID badges are issued by Security and must be worn at all times while on duty. Attached to the back of the ID badge should be a card with the disaster codes.

It is forbidden to allow anyone to use your badge to gain entrance to the facility or any location within the building. No one without an ID badge or an authorized employee is allowed in sensitive areas of the facility.

If you see inappropriate behavior between visitors, call Security (8196).

Report suspicious behavior or suspicious packages to the Security (8196) immediately. **DO NOT HANDLE OR MOVE ANY SUSPICIOUS PACKAGE!**

*This information is contained on your ID badge

FIRE SAFETY

Fire safety should be practiced at all times. Fire is only possible by combining three elements, fuel (wood, paper, gas, oil, etc), heat and oxygen.

Fire Alarm System - The hospital's fire alarm system is comprised of fire alarm panels, numerous smoke detectors, manual pull stations and audio/visual alarms. These elements work together to comprise a reliable means to alert you should a fire occur.

When the fire alarm system is activated, either by smoke detection or manually, the system automatically sounds the alarm, closes all smoke/fire doors and deactivates the air conditioning system to prevent smoke from circulating throughout the building.

Know the location of the nearest pull stations, fire extinguishers and Fire Exits.

24-Hour Monitoring - Our fire alarm system is monitored 24 hours a day by an outside monitoring agency. When the alarm system is activated, this agency alerts the local Fire Department for immediate dispatch and response.

Smoke Zones & Fire Zones - The hospital is divided into several smoke/fire zones. These barriers (walls) are designed and constructed to restrict the movement of smoke. They also have protected openings with fire doors that close automatically when a fire alarm is activated. As a general rule, you should never exit through these doors once they activate during an alarm. Remember, elevators are not an acceptable means of evacuation during a fire.

Automatic Sprinkler System - An automatic sprinkler system has been installed so that if a fire should occur, it will be extinguished. This system is automatic and does not require human intervention to activate it. Proper storage practices should always be observed in regard to sprinkler heads. No storage is allowed within 18 inches of sprinkler heads. This will be monitored on a continuous basis by the safety committee.

Portable Fire Extinguishers - Portable fire extinguishers are located throughout the hospital for your use in extinguishing small, controllable fires. The extinguishers are classified as ABC extinguishers, which mean they will extinguish wood, paper, oil, grease and electrical fires. You should become familiar with the location of extinguishers in your area and how they operate.

***R.A.C.E. Procedure** – If you should discover a fire, the following procedure (R.A.C.E.) should be followed:

- **Rescue** – Remove person in IMMEDIATE danger to the safety of the nearest safe smoke zone. Ensure that all patients have been evacuated from danger.
- **Alarm** – Report the fire by dialing “7111” and activating the manual fire alarm pull station.
- **Confine** – Close doors and windows in immediate area.
- **Extinguish** – Extinguish only small, controllable fires which do not pose a threat to your safety.

*This information is contained on your ID badge

***How to use a portable fire extinguisher – P.A.S.S.**

- P – Pull Pin
- A – Aim at the base of the fire
- S – Squeeze handle
- S – Sweep side to side

Fire Drills - We conduct a fire drill once per shift per quarter. These drills are “live” and you should respond as if you are responding to an actual fire. All employees and volunteers are required to participate.

HAZARDOUS MATERIALS AND WASTE MANAGEMENT

The Hazardous Materials and Waste Management Program are designed to identify all types of materials and wastes that require special handling.

An MSDS (Material Safety Data Sheet) contains the following information: Chemical Identification, Hazardous Ingredients, Physical Data, Fire and Explosion Data, Health Hazards, Reactivity Data, Spill or Leak Procedures, Special Protection Information and Special Precautions.

If you as a volunteer see a chemical spill, alert the nearest staff member.

UTILITIES MANAGEMENT

The Utilities Management Program is overseen by Plant Operations. Electrical Power, Water, Gas, Sewage, Communications, Heating, Ventilation, Air Conditioning and Backup Generators are included in the Utility Management Program

Anytime any of these utilities fail, the facility may respond by calling a **Code Internal Triage**, depending on the severity of the failure.

*This information is contained on your ID badge