



Dignity Health™

California Hospital
Medical Center



Volunteer Orientation Manual

Contents

Welcome	1
History	2
Mission, Vision and Values	3
Volunteering at CHMC	4
Personal Safety	8
Emergency Codes and Procedures	11
Patient Safety	14
HIPAA & Confidentiality	18
Population-Specific Competency	19
Age-Specific Competency	20
Customer Service	24

Dear Volunteer:

Welcome to the family of caregivers at California Hospital Medical Center (CHMC). We are proud of the care we provide to our community and humbled by the fact that you have chosen our facility to share your time and talents.

Through the act of volunteering you will have an opportunity to learn about yourself and others; to be both a giver and a recipient of acts of caring; to become a neighborhood participant actively helping to create the environment of which you want to be a part.

At California Hospital, we recognize the importance of volunteers in our efforts to provide our guests with the most comfortable experience possible. In a stressful and often unfamiliar situation, volunteers provide a caring presence, a knowledgeable guide, and a friendly link in this unfamiliar world.

It is my sincere pleasure to extend the thanks of the entire organization for the commitment you are making to CHMC. I am confident that you will soon be experiencing the personal gratification that is the exclusive reward of those who share their time and talent with others.

Tracy Nordbak

Director, Volunteer Services Department



A History of Caring

Beginnings

California Hospital Medical Center was founded in 1887 by Dr. Walter Lindley and two other physicians. It was originally a three-story building located at 315 W. Sixth Street in Los Angeles. The first two floors contained doctor's offices and the third floor contained a small hospital of six to eight beds.

Twenty one physicians shared resources, acquired land on Hope Street, and proceeded to build the first physician-owned and operated hospital in Los Angeles. It was the first building in California especially created for medical purposes.

Less than 25 years later, the old frame buildings were replaced by a more modern nine-story brick building, resulting in another famous "first"—it was the first fireproof hospital in Los Angeles. California Hospital—the pioneer, private, general hospital, owned and operated by physicians—blazed the way and established a precedent which had a worldwide following. Today, California Hospital is a 318-bed acute care hospital that provides services for the dynamic community of downtown Los Angeles and its surrounding neighborhoods.

In 1998 California Hospital Medical Center joined a group of hospitals—a family of caregivers and staff delivering excellent care to diverse communities across Arizona, California and Nevada. Founded in 1986 and headquartered in San Francisco, Dignity Health is the fifth largest hospital provider in the nation and the largest hospital system in California.

Excellent care, delivered with compassion, for all in need. It's what we stand for.

We are dedicated to delivering high-quality, affordable health care services in a compassionate environment that meets each patient's physical, mental and spiritual needs. Upholding the core values of dignity, justice, stewardship, collaboration, and excellence, our healing philosophy serves not just our patients, but our staff, our communities, and our planet.

Our mission sets a clear focus for our work. Our values define how we carry out the mission. Our vision demands that we consistently and effectively live up to both.

Our Mission

Dignity Health is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

- **Dignity** - Respecting the inherent value and worth of each person.
- **Collaboration** - Working together with people who support common values and vision to achieve shared goals.
- **Justice** - Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
- **Stewardship** - Cultivating the resources entrusted to us to promote healing and wholeness.
- **Excellence** - Exceeding expectations through teamwork and innovation.

An Act of Caring & Sharing

As representatives of California Hospital, volunteers are entrusted with carrying forward our mission. Volunteers support the work of staff members, enhancing and augmenting the care they provide to our patients. Volunteers serve our patients and visitors enabling us to reach out to more of those whom we seek to serve. Volunteers are given an opportunity to actively integrate the values of our organization in their conduct as they spend time in and around our hospital.

California Hospital welcomes enthusiastic individuals of all backgrounds and abilities. We are committed to providing equal opportunity to all applicants. However, we reserve the right to screen applicants and extend volunteer opportunities to those who have interests, abilities and availability consistent with our needs and expectations.

California Hospital volunteers are passionate! They believe that people can make the world a better place...and they're willing to prove it.

California Hospital volunteers believe it's important to have fun and they make choices that will allow them to enjoy what they do.

California Hospital volunteers have integrity! They do what they say they will do.

California Hospital volunteers invest in things of value and insist that their time is spent in adding value to the investment.

California Hospital volunteers are effective! They believe in doing the right things, and doing them well.

Volunteers choose to participate, freely, for educational, religious or humanitarian reasons. We welcome individuals who wish to gain experience or evaluate career choices; we also welcome retired people who wish to share their life experience. However, individuals are not placed in positions as a prelude to employment or to be specifically trained for a position. Candidates who are solely interested in employment should visit the career opportunities on our website: www.chmcla.org.

Volunteer Rights and Responsibilities

- **You have the right to be treated with respect.**

Volunteers are part of the team, not free help, but rather an extension of the service the hospital provides.

- **We have the right to expect you to behave professionally with respect for the environment and opportunity.**

Volunteers are expected to be punctual, in uniform, and willing to do what is needed. Volunteers are expected to notify their service area in advance of an unavoidable absence.

- **You have the right to receive adequate orientation and training.**
In addition to a general volunteer orientation to California Hospital Medical Center, you will be oriented to the specific department to which you are assigned. You have the right to receive training until you feel confident and competent to serve independently. Periodically, additional training, including hospital-wide, department-specific and volunteer-specific updates, will be offered to assure that you have the tools to continue to perform to CHMC standards.
- **We have the right to expect that you will make an effort to learn the information which is presented and abide by the policies of CHMC.**
When unsure of instructions or what to do next, volunteers are expected to seek clarification and remain productive, not idle.
- **You have the right to a suitable assignment.**
Placement will be made with consideration given to personal preference, life experience, education and future goals.
- **We have the right to place the needs of the patient, staff and hospital mission before the desires of the volunteer.**
- **You have the right to the opportunity for personal growth.**
Based on performance, volunteers may be given greater responsibility over time, opportunities for transfer from one service to another, and a variety of experiences.
- **We have the right to expect that you will accept guidance and correction when needed.**
- **You have the right to a safe environment.**
Volunteers are due suitable conditions, including appropriate work space and tools for the requested task.
- **We have the right to maintain a safe environment.**
Volunteers, like staff members, are required to complete annual training and health screening procedures.
- **You have the right to be heard.**
As an observer in our hospital, you should feel free to make suggestions for improvement.
- **You have the right to recognition.**
We value the gift of your time and service. We will honor that in day-to-day expressions of appreciation, in special events for volunteers and by including volunteers in staff recognition events.

Volunteer Appearance & Conduct

Volunteering is a privilege and a responsibility.

Always report for duty in uniform. Your uniform identifies you as a part of the CHMC team to everyone, patient, visitors and staff members.

The uniform consists of long white pants, your uniform shirt, your badge and tennis shoes. Your uniform should be clean and complete each time you report for service. Wear your uniform with pride! It represents

the commitment you have made, and which has been accepted by, California Hospital. If at anytime, any part of your uniform is missing, you may be sent home.

In addition to the individual parts of the uniform, volunteer appearance should be appropriate and professional. Volunteers are limited to one earring per ear, no more than ½” long. Additional visible piercings, such as tongue, eyebrow, or nose, must be removed while on duty. Tattoos must be covered. Because many people are sensitive to fragrances, we ask that you refrain from using cologne or perfume immediately before beginning your shift. Volunteers’ hair must be neat. It must be of a naturally occurring hair color (not necessarily that of the volunteer, but someone must have been born with that color hair.)

Volunteers, please take your commitment to CHMC seriously. We do. Consistent volunteer attendance is essential to the credibility of the entire program. If you are not willing to make a commitment to regular attendance, please do not continue this process.

Once a volunteer is actively engaged in service, they are expected to call in unavoidable absences to their service area and to the Volunteer Services Department. Volunteers should never come to the hospital if they have a fever, suspect they are sick, or have been exposed to a contagious illness. Because we salute and support community involvement, leaves of absence will be granted to volunteers who have extra-curricular activities that significantly impact their ability to serve as agreed.

While in service, volunteer attention should be directed to our patients, visitors and staff. Distractions are not tolerated. Volunteers may not invite friends to visit them while on duty at the hospital. Volunteers are prohibited from using iPods. Cell phones should be turned off. Limited emergency exceptions may permit a phone to be set on vibrate. At no time should a volunteer be texting, photographing or answering a personal phone call while in service.

We appreciate bi-lingual skills which are often helpful in communicating with guests who have limited English skills; however, it is the policy of California Hospital that communication between staff and volunteers, while on duty, take place in English.

Volunteers are required to accurately and completely report the hours spent volunteering. The report should include the date, time and service area. This reporting will be used in the verification of hours for school requirements, future employment/scholarship references and system-wide volunteer performance and recognition.

Volunteers are provided with both complementary parking and a complementary meal after a 4-hour shift. It is understood that these are privileges, and not an obligation of the hospital, and that the misuse or abuse of either of them could result in the privilege being revoked.

Volunteers are prohibited from accepting gifts, such as tips, in return for service. Furthermore, volunteers are prohibited from selling or promoting products while in the hospital.

It is understood that volunteers may encounter professional staff while in service. Volunteers will refrain from asking doctors or others for professional advice while on duty in the hospital. In addition, volunteers will not share personal medical experiences or medical opinions with patients.

If at anytime the conduct of a volunteer is perceived as not in the best interest of CHMC, the volunteer may be terminated without recourse. Depending on the infraction, volunteers may be counseled to refrain from repeating inappropriate or unacceptable behavior in the future. However, non-observation of the confidentiality policy will result in immediate termination of volunteer status. The use of drugs or alcohol while on duty will result in immediate termination of volunteer status.

Volunteers are participants, not spectators. As such, they should address any concerns regarding their volunteer experience with appropriate hospital staff.



Personal Safety in the Healthcare Environment

Volunteering is a privilege and a responsibility.

As someone who spends a significant amount of time in our hospital you can enhance the safety of our environment or increase the risks. Once you put on your volunteer uniform, people will expect you to know about the hospital and its policies. Guests will observe your conduct and assume that it is safe and correct.

The simplest and more effective way to reduce hazards in the workplace is to be constantly vigilant regarding the environment. Knowing what is customary at CHMC is the first step in recognizing an unusual occurrence. Learn your area and trust your instincts.

Please take your responsibility seriously. Read and study the information in this manual. Ask questions if you need clarification.

Infection Prevention

It is our responsibility to protect our patients, co-workers and visitors health through consistent observance of infection control measures. Through orientation and ongoing education, volunteers are made aware of their responsibility in maintaining a safe environment.

The first step in safeguarding our environment takes place when you, as a prospective volunteer, are required to have a health screening. Throughout your tenure with CHMC, you will be required to have annual re-screenings. In addition, volunteers and employees are encouraged to get a flu shot, provided by CHMC, each fall.

Hand hygiene is the most effective way to prevent the spread of infection. At CHMC, we employ both soap and water hand washing and alcohol hand decontamination agents. It is the policy of CHMC that doctors, nurses and employees are required to wash their hands before and after each visit with every patient. Because this policy is in place to protect the safety of our environment, volunteers must abide by the same practice.

As a volunteer you should practice hand hygiene when hands are visibly soiled, when you arrive at the hospital, when you use the restroom, when you cover your cough or sneeze, after blowing your nose, before eating or drinking, before and after using gloves, before and after leaving a patient room, before you leave the hospital at the end of your shift. You, as a non-clinical member of our team, can set an example for others and help to keep yourself and those who come in contact with you safe from infection.

We practice Standard Precautions at all times to protect ourselves from the blood and body fluids of all patients. This includes using personal protective equipment, including gloves, masks or gowns when coming in contact with body fluids from any patient. Protective gear can be found at each nursing station.

As an additional layer of safety, volunteers are prohibited from entering patient rooms which have a posted isolation card. Volunteers are also prohibited from transporting biohazardous materials, including urine, stool and blood specimen.

This symbol signifies a biohazardous material. Please treat any item that contains this symbol with caution and respect.

Biohazardous materials are human waste materials that are contaminated with liquid blood or body fluid and/or large amounts of dried blood. These materials are to be disposed of in red bags that carry this symbol. Because these bags are processed separately, at great expense to the hospital, do not put any regular trash in the red bags.



Finally, while we appreciate your commitment, if you wake up with a cough, cold, fever or other suspected illness, please call in your absence. We don't want your germs, nor do we want you, in a weakened condition, to take anything home from CHMC.

Body Mechanics and Injury Prevention

Injuries can happen anytime, anywhere. For this reason, we would like to provide you with some safety tips on how to help prevent injuries.

Body mechanics is simply performing activities while the body is in the correct position. There is a curve in the lower back that helps to safely distribute the load and the work your body does. When moving your body, always try to maintain this curve. Do not twist or bend this area of your back. Instead use your legs to reposition your body to avoid twisting and bend your knees, not your back, to lift items.

Be aware of your surroundings. When you arrive for your shift, look around. Do you see tripping hazards? Some kind of obstruction—paper, liquid, cords—if so, please remove the hazard or notify someone else of the danger so that it can be taken care of. As a member of the team you are a steward of our environment. Throughout your shift report any malfunctioning equipment or danger to your supervisor.

Slow down, the hospital is full of slow moving, impaired people. Use caution with swinging doors. Look through glass panel when available, open door slowly when not available.

Take note of any activity that seems unusual or out of place. Trust your instincts and report it to security or any staff member.

Use common sense. Ask for help if you are unsure of your ability to do something.

Use appropriate tools. Use carts and ladders when required to move things. Always push, instead of pulling, when using a cart.

Lift or move things twice. *Once* in your mind before you actually do the lifting or moving. Ask yourself the following questions “what is the easiest and safest way to accomplish this task?” “Is this too heavy for me to move by myself?” “Can I use a cart?” “Is the path clear of obstacles or objects I could trip on?” “Is the ground wet?” Once you have planned the safest way of lifting or moving an object, *then* you can move on and actually complete the task at hand. When lifting and moving objects please follow these *commandments of body mechanics*:

1. Gueestimate the weight
2. Hold the item close to you

3. Keep your feet apart to provide a wide base of support
4. Keep your back straight
5. Do not twist
6. Bend at your knees
7. Count if someone is helping you



Despite our best efforts, accidents happen. If you are injured:

Report the incident IMMEDIATELY to your supervisor and follow his/her instructions. If the injury is minor, you be instructed to seek treatment at the Employee Health Department, located on the 4th floor of the PNR Building. If it is a major injury or it takes place after business hours or on a weekend, report to the Emergency Department for treatment.

Environmental Safety

As a volunteer, you may help us maintain a safe environment by remaining conscious of the environment at all times.

Please take the initiative to notice any electrical hazards and report them to the supervisor. Odd smells, frayed cords, smoking equipment are examples of hazards.

In the event of a power outage essential functions at CHMC will maintain power due to an emergency generator. Outlets that are connected to the generator are located throughout the hospital. These outlets are designated with a RED switch plate cover. These outlets are to be used at all times for critical patient care electrical equipment only. For instance, a ventilator, not a television set.

Take pride in the hospital environment: pick up trash that is lying around, report spills or other slipping hazards to EVS immediately.

The Material Safety Data Sheet book contains information on every potentially harmful substance found in the hospital. Each department has a Material Safety Data Sheet or MSDS sheet on all substances used in that department. Each MSDS sheet contains the following information:

- Name of chemical
- Manufacturer's name
- Safe handling instructions
- Appropriate personal protective equipment
- First-aid measures in the event of exposure
- Clean-up procedures

Before beginning service in a hospital department, please note the location of the MSDS book used in that department.

Emergency Codes and Procedures

Fire and Life Safety

Environmental awareness is an essential element of fire safety. It is the responsibility of everyone in the hospital to be constantly alert for conditions that cause fire. If a fire does start, the actions taken during the first few minutes can make the difference between containment and catastrophe. Always follow the instructions of your supervisor.

If you smell smoke or discover a fire-DO NOT WAIT FOR AUTHORIZATION-activate the manual pull immediately!

We use the acronym **SAFE** to help us remember what steps to take in the event of a fire.

S stands for Life **S**afety. First we remove people who are at risk from the fire and then close fire doors.

A stands for **A**larm. Pulling a manual fire alarm or dialing 6666 from any internal phone will alert the operator and/or other emergency responders.

F stands for **F**ight the fire. CHMC has ABC extinguishers, safe to extinguish all types of fire, throughout the hospital. The acronym PASS can serve as a reminder of how to operate an extinguisher. P=pull the pin, A=aim at the base of the fire, S=squeeze the lever, S=sweep from side to side.

E stands for **E**vacuate. If it becomes necessary to evacuate, the objective is to remove as many people as quickly as possible. Our goal would first be horizontal, across fire doors, and then vertical evacuation. In the event of vertical evacuation, NEVER use the elevators. Know the closest stairway in your service area.

Security & Workplace Violence

We all have a role, volunteers included, in securing our environment. Something as simple as wearing a badge identifies you as someone who belongs at CHMC. Being familiar with normal processes and trusting your instincts when something seems out of the ordinary can help us intervene before incidents arise. Security is always available by calling ext. 5565 from any hospital phone.

Workplace violence is a growing problem. We could all be victims of workplace violence simply by being in the wrong place at the wrong time. Perpetrators can come in many packages. They may be a distressed patient or their family member, they may be an angry staff member or their spouse, or they may be a disturbed person who randomly selects CHMC as the place of their rage.

Workplace violence is prevalent in hospitals for many reasons. Hospitals welcome visitors and want their patients to have access to friends and family. Hospitals have drugs and narcotics. There are stressors related to the hospital environment: Anxiety about medical conditions, long waiting times, physical pain, etc.

Awareness is a crucial tool in diffusing potentially violent situations and/or enabling bystanders to remove themselves from a dangerous situation.

Typically violent behavior escalates. Early intervention and acknowledgement of tension can sometimes diffuse a dangerous situation. The earlier in the escalation, the better our chances to reduce tension and resolve the problem.

Escalating states and signs of anxiety may include the following:

- *Agitated:* Tapping of fingers or toes, rolling of eyes or heavy sighs. This is a relatively common condition. This is an easy intervention. Even the smallest acknowledgement or apology can reverse this tension. “I’m so sorry you’ve had to wait so long.” “I can see you’re cold. We have to keep the temperature down in this department.” Don’t be afraid to apologize when it is appropriate. It’s not your fault, but maybe you can be the solution.
- *Verbally Hostile:* “This is the worst hospital I’ve ever been to.” “I’ve never had to wait so long in my life.” Impersonal expressions of hostility. This is verging on dangerous. Continue to acknowledge, but make mental plans to get away and get help if necessary.
- *Verbally Threatening:* “You are an idiot.” “She is the worst nurse I’ve ever had.” The verbalization has moved from inanimate objects to individuals. This is a very dangerous situation. Leave the area and contact security and tell them the location where the incident took place and describe what was said and the person who said it.
- *Physically Threatening:* Aggressive behavior towards inanimate objects in the environment. Kick or hit a wall, door or chair. Swat at papers or equipment on a desk. You should immediately leave the area and contact security and tell them the location where the incident took place and describe what happened and the person who committed the act.

Emergency Procedures

When volunteers are familiar with hospital emergency procedures they can be an asset by providing assistance to our guests rather than being an additional person in need of assistance.

Emergencies are reported to the hospital operator by dialing ext. “6666” from any hospital telephone. Volunteers have the right and the responsibility to call a code when necessary. When the phone is answered, state the nature and the location of the emergency.

In the event of any emergency, volunteers are instructed to take direction from their immediate supervisor regarding the role they should play in any response. Never leave the hospital during an emergency without first notifying the Volunteer Services Department and/or the service area supervisor.

Once an emergency is reported, the information has to be communicated to all hospital staff and volunteers. However, since we do not want to alarm our guests, we use an emergency code system to communicate the nature of the emergency to our staff and volunteers without providing too much information to anyone else. When announced overhead, codes will note the location of the emergency. For example: “Code Blue in ICU.” Please help responders by helping to clear hallways of equipment or obstructions, including visitors or other people that may be in the way. Please avoid the areas affected by any codes.

Refer to the following chart to understand the codes and the appropriate volunteer response:

Emergency Codes & Basic Staff Response		
CODES	DESCRIPTION	INITIAL RESPONSE
<p style="color: red;">Fire CODE RED</p>	Fire, smoke or smell of something burning	<input type="checkbox"/> Safety of Life - Remove people / Close doors <input type="checkbox"/> Activate the closest alarm / Dial 6666 <input type="checkbox"/> Fight the fire if safe to do so <input type="checkbox"/> Evacuate and relocate
<p style="color: blue;">Medical Emergency CODE BLUE</p>	Medical Emergency such as respiratory and/or cardiac arrest	<input type="checkbox"/> Dial 6666 <input type="checkbox"/> Give location and description of call

Infant Medical Emergency CODE WHITE	Infant Medical Emergency such as respiratory and/or cardiac arrest	<input type="checkbox"/> Dial 6666 <input type="checkbox"/> Give location and description of call
Combative Person CODE GRAY	Patient/visitor/staff member presenting a safety risk to the facility, other staff, and visitors.	<input type="checkbox"/> Dial 6666 <input type="checkbox"/> Clear the area of non-essential personnel to keep out of reach of perpetrator.
Person with Weapon/Hostage Situation CODE SILVER	Anyone encountering a person brandishing a weapon or a person who has taken hostages in the medical facility	<input type="checkbox"/> Dial 6666 <input type="checkbox"/> Keep clear of the area; close/ lock your doors <input type="checkbox"/> Clear the area of non-essential personnel.
Infant Abduction CODE PINK	Removal/kidnapping of an infant, under one year of age, from the medical facility by an unauthorized person.	<input type="checkbox"/> Dial 6666 <input type="checkbox"/> Go to the nearest exit and prevent all visitors/staff with a baby from leaving. Search all visitors/staff that are carrying packages/bags or wearing clothing that might conceal a baby.
Child Abduction CODE PURPLE	Removal/kidnapping of a child, one year of age and older, from the medical facility by an unauthorized person.	<input type="checkbox"/> Dial 6666 <input type="checkbox"/> Go to the nearest exit and prevent all visitors/staff with a child from leaving. Search all visitors/staff who are carrying packages/bags or wearing clothing that might conceal a small child.
Bomb Threat CODE YELLOW	Notification of a bomb on campus, usually by an outside caller.	<input type="checkbox"/> Obtain as much information as possible (Where is the bomb, when will it go off, what does it look like, why was it placed, etc.) <input type="checkbox"/> Dial 6666 <input type="checkbox"/> Have staff and visitors turn off all 2-way radios, cell phones, pagers and other type of handheld phones. <input type="checkbox"/> Do not touch or move any suspicious objects. Immediately report any suspicious items to security. <input type="checkbox"/> Evacuate area/building if directed.
Hazardous Material Spill CODE ORANGE	Any major spill that may present a hazard to people, the environment, or that may have effects that are unknown.	<input type="checkbox"/> Isolate spill area <input type="checkbox"/> Deny entry to others <input type="checkbox"/> Dial 6666 <input type="checkbox"/> Contact your supervisor / Nursing Administrative Supervisor/ Safety Officer
Patient Elopement CODE GREEN	When a missing/elopeing patient has been determined to be a danger to himself/herself, or is identified as a safety risk.	<input type="checkbox"/> Dial 6666 <input type="checkbox"/> All personnel shall monitor all points of exit and surrounding area in their vicinity as assigned <input type="checkbox"/> Communicate any suspicious activity to security immediately
Rapid Response Team CODE RRT	Utilized by staff in the event of deterioration of patient condition.	<input type="checkbox"/> Dial 6666
CODE H	Utilized by patient or visitor in the event of deterioration of patient condition or concern regarding care.	<input type="checkbox"/> Dial 6666
TRIAGE INTERNAL	Internal Disaster	<input type="checkbox"/> Report to your department for further instructions.
TRIAGE EXTERNAL	External Disaster	<input type="checkbox"/> Report to your department for further instructions.

Patient Safety

Patient Rights

Patients have many rights when it comes to the care they receive in a hospital. So you can understand the nature of our organizational responsibility, please review the following rights which are posted throughout CHMC.

Patients have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.
7. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve the pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.

10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided with this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
 - a. • No visitors are allowed.
 - b. • The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 - c. • You have told the health facility staff that you no longer want a particular person to visit.
19. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.
20. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.

21. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
22. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status or the source of payment for care.
23. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or calling:
24. The grievance committee will review each grievance and provide you with a written response within ____ days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).
25. File a complaint with the state Department of Health Services regardless of whether you use the hospital's grievance process. The state Department of Health Service's phone number and address is:

These Patient Rights combine Title 22 and other California laws, Joint Commission and Medicare Conditions of Participation requirements. (4/07)

National Patient Safety Goals

Periodically the Joint Commission identifies areas of improvement, related to patient safety, based on trends seen throughout the nation.

Many of the safety goals are directly related to clinical staff, for instance Goal #2 relates to clear and consistent communication between caregivers as they discuss patient care. However, volunteers should be informed about some of the NPSGs which relate to possible voluntary service. The current NPSGs that volunteers need to be aware of include the following:

Goal 1: Improve the accuracy of patient identification.

Purpose: To reduce errors related to misidentifying patients.

Process: At CHMC we use 2 identifiers. The best identification is always self identification. If a patient is unable to verbalize, we use the date of birth. The DOB can be found on patient paperwork and can be cross checked using the arm band issued to each patient. As a second form of ID we use the Medical Record number which can also be found on the armband.

Goal 7: Reduce the risk of health care-associated infections.

Purpose: Patients acquire infections once they have been admitted.

Process: Advocate the use of antimicrobial chemical agents. Advocate frequent hand hygiene practices. Gel In/Gel Out. Wash In/Wash Out.

Goal 9: Reduce the risk of patient harm resulting from falls.

Purpose: Patients fall, injuring themselves.

Process: Nursing assessment upon admission for fall risk factors. Use of conspicuous identifiers to help staff and volunteers recognize at risk patients: yellow blanket, room sign. Remove obstructions. Frequent toileting. Place within visual range of nursing unit.

Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy.

Purpose: Patients, their family members and friends recognize subtle shifts in behavior. Visitors may be the first person to notice a deterioration in condition due to proximity.

Process: Encourage patients, family members and visitors to speak up when they have concerns. Implement Code H, empowering family members and visitors to quickly intervene.

Goal 14: Identify safety risks/patients at risk for suicide

Purpose: Reduce the occurrence of sentinel events.

Process: Nursing assessment upon admission for risk factors. Use of conspicuous identifier to help staff and volunteers recognize at risk patients: green gown. Educate family members about resources.



HIPAA & Confidentiality

In order to preserve the dignity and privacy of individuals, the United States Government has recognized that any intimate information known by or given to a minister, a lawyer, or to a doctor or hospital, its individual employees, and volunteer members, must be kept in strict confidence. The Health Insurance Portability and Accountability Act (HIPAA) protect all of us from the unlawful disclosure of protected information.

Regardless of your position here, you are entrusted with the responsibility of maintaining the patients' right to confidentiality.

When you become a member of the CHMC volunteer program, you have accepted a responsibility which carries with it a privilege of service to our patients. As a volunteer member, you are an integral part of the hospital team and accept, and agree to abide by, the CHW Code of Conduct.

All information (PHI) which you may hear, directly or indirectly, concerning a patient, a doctor, or any member of the hospital's personnel, **MUST** be considered strictly confidential. Such information should never be discussed with anyone either inside or outside of the hospital.

Patients, employees and volunteers have the right to expect their personal information to be held in the strictest of confidence and that only persons who are authorized will have access to the information.

The release of any information to unauthorized individuals is a breach of hospital policy and subjects you to disciplinary action, including termination.

Population Specific Competency

A competency is a skill or standard that is expected to be found among people doing specific tasks. Cultural competencies are skills you use to work well with patients of all cultures. These skills involve considering a patient's culture when giving care and treating each patient and visitor as an individual.

As a volunteer at CHMC, you will come in contact with patients, visitors and staff. It is important that you are aware of how a person's cultural beliefs and practices affect many of the ways they behave or act. For example, cultural beliefs often have an impact on how we show politeness or respect when talking with someone; on how it is acceptable to show pain or what is considered to be the appropriate way to treat children or older people. Be aware of how cultural beliefs may also impact how people respond to or behave within the health care setting. For example, self-care is often promoted in treatment. However, in some cultures, family and others are expected to play a leading role.

Other cultural factors to be aware of include the patient's:

- ❖ Country of origin. Many people in the US today have roots in other countries. How long a person has lived in the US may affect his/her views toward health
- ❖ Preferred language. Patients who are encouraged to speak or read in their own language may feel more at ease and may also understand their care better
- ❖ Communication style. Nonverbal and verbal communication styles vary from culture to culture. For example, in some cultures it is not considered acceptable to show pain so patients may try to deny or hide discomfort. The opposite could also be true.
- ❖ Views of health. Patients may see illness as having a supernatural cause, such as punishment from sins. They may also feel they need a certain traditional cure in order to get better, such as an herbal remedy or specific diet.
- ❖ Family and community relationships. Patients may expect to have a large number of their family member visit them while in the hospital. Others may not be used to the idea of family being involved in their care.
- ❖ Religion. A patient's religion may affect his/her consent to treatment, schedule of care or room arrangement (because of their need for certain prayer practices for example), birth and death practices.
- ❖ Food Preferences. Religious, healing and other cultural practices all can affect what foods a patient may eat or avoid.

Developing cultural competencies does not mean that you will know everything there is to know about every culture. However, it does mean that you will be aware of how a person's culture affects their behavior and their needs while in the hospital. It also means that you will be more sensitive to people's beliefs; avoid stereotyping; and treat everyone with respect, kindness and compassion.

Age Specific Competency

As a volunteer at CHMC you will come in contact with people of all ages. It is important that you have basic knowledge about each patient's unique needs as they relate to their age. By learning and understanding the specific needs of each of the following age groups you will be able to better deal with patients and visitors at CHMC.

INFANTS AND TODDLERS (ages 0 to 3 years) are curious



During the first few years of life, infants and toddlers are growing rapidly. They explore the world by playing, crying, babbling, and later by learning how to talk. Infants and toddlers do not like to be separated from their parents. They depend on others to care for them, and, generally speaking, they seek to trust others. Because they don't know much about the world and they are eager to explore, safety is a major concern for this age group.

Examples of age specific care for this age group include:

- ❖ Whenever possible, involve parent in care during feeding, diapering and bathing. If a child/parent couple is separated while in the ER, be the link between the parent and the child until they can be reunited again.
- ❖ Provide safe toys and ample opportunity to play. As a volunteer, you may be just the right person to help entertain children in our care. Read to them, speak to them, play with them, and smile! Remember also to watch out for their safety, as young children often have no sense of fear or danger.
- ❖ Encourage child to communicate by talking to them, smiling at them, etc.

YOUNG CHILDREN (ages 4 to 6 years) are active



As children grow, their growth rate slows down a bit and their motor skills continue to improve. They learn basic skills such as dressing themselves and toilet training. They also begin to use symbols (like letters) and have a very vivid imagination. At this age, children become more independent and begin to be more aware of others' feelings.

Examples of age specific care for this group include:

- ❖ Involve parent and child in care—let the child make some food choices, etc. Don't be afraid or shy to reach out to parents/children at CHMC. Chances are they will welcome your friendly smile and your willingness to connect with them.
- ❖ If the child is a patient at CHMC, this is your opportunity to play! Use toys and games to reach child and reduce fear.
- ❖ Encourage the child to ask questions, play with others, and talk about their feelings.
- ❖ As a volunteer you will be more aware of the safety rules at CHMC. When appropriate, feel free to answer questions the parents may have about safety rules at CHMC (such as our pediatric safety/alarm program that helps to protect our young patients). Help parent teach child safety rules.

OLDER CHILDREN (AGES 7 TO 12) are doers

Physical growth slows down until puberty. They love to learn new things and have a good understanding of cause and effect; they can read and do math.



By this age children have developed a sense of self and the focus on school activities and sports. It becomes important to “fit in” with their peers, to feel competent and useful.

Examples of age specific care for this group include:

- ❖ Allow the child to make some care decisions. For example, if you have been asked to help feed a child, ask them what they would like to eat first.
- ❖ Be friendly and answer questions the children/parents may have. If you don't know the answer, say “I am not sure about that but I will find out.” Remember, children this age love to learn new things so they will welcome bits of information you can give them about being a volunteer, the hospital, etc.
- ❖ Build their self esteem – ask them to help you, recognize them when they do something good.
- ❖ Help them make good, healthy, safe choices.



ADOLESCENTS (ages 13 to 20 years) are in transition

During adolescence, we see another growth spurt. Physical development of reproductive system begins at this stage. Teens develop the ability to be abstract thinkers and to choose their own values. Building close relationships is important and balancing their peer group with their family life becomes a challenge. Most teens are concerned with their physical appearance, may take unnecessary risks (unsafe driving) and may also challenge authority.

Examples of age specific care for this group include:

- ❖ Teens are especially sensitive to privacy. Respect it and go out of your way to help them attain it.
- ❖ Treat them more as an adult than a child. Avoid authoritarian approaches.
- ❖ Show respect – be considerate of how procedures, treatment, etc may affect appearances, relationships, etc.
- ❖ Be friendly even if they are not friendly back. Reach out to them! In time, they may come around.
- ❖ Guide teens in making positive lifestyle choices—for example, correct misinformation from other teen peers. If appropriate, and if they seem interested, invite them to join our Volunteer Corps when the time is right in their lives.
- ❖ Encourage open communication between teens and parents, peers.



YOUNG ADULTS (ages 21 to 39) build connections

Physical and sexual maturity is reached at this stage. Nutritional needs are for maintenance, not for growth. New skills are acquired to solve problems. Career goals are set and it becomes important to seek closeness with others. Often, it is during this stage that a person starts his/her own family.

Examples of age-specific care for young adults:

- ❖ Support the person in making health care decisions.
- ❖ Recognize family and work commitments. Ask them about their families, their children, and their jobs.



MIDDLE ADULTS (ages 40 to 64) seek personal growth

Adults in this age group begin to age and some may develop chronic health problems. At this time in their lives, they use life experiences to learn, to create and to solve their problems. Middle adults hope to contribute to future generations, like to stay productive and to try hard to avoid feeling “stuck” in life. They also struggle with balancing their dreams with reality and being planning for retirement. At this time in their lives they may be faced with caring for aging parents.

Examples of age-specific care for middle adults:

- ❖ When speaking with them, keep a hopeful attitude and focus on their strengths, not their limitations. Encourage them to talk about their plans, their feelings, etc.
- ❖ Ask them about things they have done in their lives and recognize the person’s physical, mental and social abilities/contributions.
- ❖ If they bring up their retirement plans, ask about them. Show interest, concern and warmth toward them.



OLDER ADULTS (ages 65 to 79) enjoy new opportunities

Older adults age gradually, and there may be a natural decline in some physical abilities and in their senses (hearing, seeing, etc.). They continue to be active learners and thinkers although their memory may begin to decline a bit. During this time in their lives, older adults may experience new roles (grandparent, widow/er, etc.) and they may struggle between independence and dependence. Older adults also spend time reviewing their live experiences.

Examples of age specific care for older adults:

- ❖ Be willing to listen to them. Encourage the person to talk about their life experiences. If they have experienced a loss, allow them to share their feelings of loss and grief.
- ❖ Treat them with respect and recognize that they may have limitations such as not hearing well. Offer assistance if they seem to need it.
- ❖ Be friendly; answer their questions and obtain help if you don’t have the answers.
- ❖ Encourage them to get involved in social activities such as volunteer work, senior clubs, etc.



ADULTS AGES 80 AND OLDER move to acceptance

As adults reach this age group, their physical abilities continue to decline and they may be at increasing risk for chronic illness and other major health problems. Learning does continue although memory skills and/or speed of learning may decline. Confusion in this age group may be caused by illness or a medication problem. Emotionally, older folks begin to accept end of life and personal losses and they try to live as independently as possible.

Examples of age-specific care for adults ages 80 and older:

- ❖ When possible, encourage their independence by providing physical, mental and social activities.
- ❖ Be there for them when they face difficulties --- a kind word, a smile, a warm touch, a listening ear go a long way!

The above age-specific characteristics give you with some basic facts about human growth and development. We encourage you to use this information as a starting point in your interaction with patients, visitors, staff and other volunteers. Remember, however, that each person is a unique individual who deserves to be treated, above all, with dignity and compassion.



Customer Service

When you enter CHMC to serve our patients and support our staff, you are taking a huge step into the realm of possibility.

Regardless of your assignment when you sign in and begin your shift, your primary job is to be of service to others. Please embrace the possibilities!

Everyone who enters our hospital, whether they are a patient, visitor, vendor, staff member, or volunteer, brings with them expectations. They may expect to wait. They may expect to bring a smile to the face of a loved one. They may expect to see a particular person. Perhaps they expect to learn something new. Be assured that everyone enters the building with an expectation.

Providing great customer service can be summed up as *Exceeding Expectations*. It is your job to do everything you can to exceed the expectations of everyone you encounter. You can begin by practicing the following behaviors:

- ❖ Smile! It is a mandatory part of your uniform. It creates a bridge. It reduces barriers. It reduces fear. It reduces intimidation. Smile! 😊
- ❖ Make eye contact. Acknowledging a person, even with a simple nod, helps them feel more comfortable in asking and accepting help.
- ❖ Initiate verbal contact. “Good Afternoon!” “Welcome!” “How can I help you?” Even if you’re feeling unsure, you are not the stranger here. You belong here and you have the ability to help out a guest. I promise you know more than they do! Build a bridge so they don’t have to.

You have the possibility of creating a memory for another person. Embrace it! Sometimes the smallest gesture or help can make a tremendous difference in a day. You may be the extraordinary person in the experience of a California Hospital visitor.