UF Health Jacksonville
Volunteer Services Department

2019

New Volunteer Orientation
Annual Training Manual

Revised 3/2019
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Welcome from the CEO

Dear Friend:

Welcome as the newest member of the UF Health Jacksonville team. Volunteers have an important role at UF Health Jacksonville and the organization is grateful for your decision to join us. As an academic medical center, our affiliation with the University of Florida offers a unique opportunity to partner with physicians, scientists and educators who are dedicated to improving the health status of our community. You have the opportunity to work side by side with our faculty and team members to ensure that our patients receive the best of care.

Volunteers bring their own unique experiences with them and we value your ideas. I look forward to receiving your feedback and suggestions on ways in which we can improve care to our patients. Please share your thoughts with me by routing them through the Volunteer Office.

Your gift of time and talent towards furthering our mission is greatly appreciated. I know you will find your service here rewarding and meaningful.

With kindest regards,

[Signature]

Dr. Leon Haley
Chief Executive Officer, UF Health Jacksonville
About the Department of Volunteer Services

Mission
The Mission of the Department of Volunteer Services is to supplement the services provided by staff and physicians to UF Health Jacksonville customers by recruiting, placing and recognizing qualified and competent volunteers as well as coordinating community service projects both on and off campus. Priority placement of volunteers will be determined by the hospital’s patient satisfaction initiatives.

Main Office – Downtown Campus, Clinical Center  244-4271
Located on the first floor near the Information Desk
Hours:  Monday – Friday, 8:30 a.m. – 4:30 p.m.

Main Office – North Campus, Bed Tower, 1st floor  427-4271

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Other Departments

Employee Health  244-9576
Located in Tower I on the 5th floor

Security – Dispatch Center  244-4211
Located in the Clinical Center on the first floor near the ER

Patient Relations – Main Office  244-2277
Located in the Clinical Center on the first floor near the Cashier
Organizational Overview

The History of UF Health Jacksonville

The hospital’s origins date to 1870 as Florida’s first non-military hospital. Known then as Duval Hospital and Asylum, it became the cornerstone for the medical complex that is known today as UF Health Jacksonville. Brewster Nursing School, which later became Methodist Medical Center (MMC), opened in 1901, to care for victims of the great fire of Jacksonville.

In 1971, University Hospital, a city-owned 485-bed medical facility, opened across the street from MMC. In 1982, University Hospital became University Medical Center (UMC), a private not-for-profit organization that contracted with the city of Jacksonville to operate the facility and provide care for the uninsured. The next year, UMC opened the first Level I trauma center in Florida, complete with long-range air ambulance service.

The Jacksonville Health Education Program based at UMC became an extension service of the UF College of Medicine in 1969.

UMC and the UF faculty programs were designated as an urban campus of the University of Florida in 1988, strengthening the educational relationship between the hospital, the University of Florida and the city of Jacksonville.

In 1999, UMC and MMC combined to become Shands Jacksonville, affiliated with the University of Florida. When Shands Jacksonville was established, both organizations were in significant financial distress and the infrastructure of the facilities was weak and dated. A program of fiscal and operational restructuring was initiated in 2001 and in 2003, Shands Jacksonville became a subsidiary of Shands Teaching Hospital and Clinics. Fiscal stability was established through the combined support of the city of Jacksonville, the state of Florida, Shands Teaching Hospital in Gainesville and the University of Florida.

Over the ensuing decade, this partnership grew stronger and both Shands Jacksonville and the Jacksonville UF faculty practice became increasingly successful. Shands Jacksonville has been able to invest more than $200M during this period from internally generated funds, bringing its facilities and equipment up to and beyond current standards. At the same time, the UF College of Medicine–Jacksonville has been able to invest in program growth and recruit superb faculty. Taken as a whole, UF Health is now poised for accelerated clinical growth, greater reputation in educational and scientific programs, and enhanced economic impact through job creation and technology transfer.

In July 2009, UF recruited David S. Guzick, MD, PhD, from the University of Rochester, where he had served as Dean of the School of Medicine and Dentistry for seven years, to serve as Senior Vice President for Health Affairs and President of the UF Health System. In this role, he serves as the designee of the President of the University of Florida for all matters related to UF governance of Shands HealthCare on both the Gainesville and Jacksonville campuses. Accordingly in September 2009, he was voted Chair of the Board of Shands Teaching Hospital and Clinics, and in January 2010, he was voted Chair of the Shands Jacksonville Board.

The Shands facilities in Gainesville and Jacksonville became “sister” entities under common UF governance in September 2010. Each hospital operates with its own board and focuses on the unique needs and attributes of the community it serves, yet benefits from shared governance and strategic oversight by the University of Florida.
UF&Shands was rebranded University of Florida Health in May 2013. UF Health is the “umbrella” name that encompasses the hospitals, physician practices, colleges, centers, institutes, programs and services across northeast and north-central Florida. At the same time, Shands Jacksonville Medical Center changed its name to UF Health Jacksonville. Its commitment to high-quality patient care, leading-edge research and world-class education remains the same.

**Facts about UF Health Jacksonville Campus**

UF Health Jacksonville is a private, not-for-profit hospital affiliated with the University of Florida Health Science Center campuses in Jacksonville and Gainesville. The hospital’s origins date to 1870 as Florida’s first non-military hospital, known then as Duval Hospital and Asylum. Part of the University of Florida Health system, UF Health Jacksonville is a leader in the education of health professionals, a hub for clinical research and a unique provider of high-quality patient care. Combining our strengths with the UF College of Medicine – Jacksonville, we offer residents in Northeast Florida and Southeast Georgia all the benefits of an academic health center.

**PATIENT CARE**

UF Health provides a wide range of health care services on both an inpatient and outpatient basis. There are currently 24 UF Health primary care and pediatric practices located throughout Northeast Florida. Taken as a whole, UF physicians offer more than 100 advanced specialty and subspecialty services, including key programs in:

- Cardiology
- Interventional radiology
- Neurology and neurosurgery
- Obstetrics and gynecology
- Oncology
- Orthopaedic surgery
- Pediatrics
- Trauma and critical care
- Minimally invasive and robotic surgery

Located on the UF Health Jacksonville campus, the University of Florida Proton Therapy Institute is one of few facilities in the United States equipped to treat cancer with protons. Proton therapy greatly reduces the damage to surrounding tissue, which is a significant improvement over traditional radiation therapy.

UF Health Jacksonville is home to the state’s first and region’s only Level I adult and pediatric trauma program, TraumaOne. Our team consists of UF surgeons, nurses and other health care professionals with extensive training in caring for trauma patients.

**COMMUNITY INITIATIVES**

UF Health Jacksonville operates a variety of health education and outreach initiatives aimed at improving the quality of life for everyone in our community. Registered nurses, UF physicians, physician assistants, pharmacists and volunteers provide routine health screenings, education, disease counseling and case management. They also make referrals and link clients to other community service partners, regardless of insurance or ability to pay. UF Health Jacksonville is committed to decreasing disparities in health care delivery across ethnic and economic lines, and is especially vested in improving the health of residents living in the area surrounding the hospital, the most populated section of Jacksonville’s urban core.
**EDUCATION & RESEARCH**

Educating the health professionals of tomorrow is a key mission of UF Health. This mission is accomplished through educational programs for medical students, residents and fellows, pharmacy students and nursing students. The UF College of Medicine – Jacksonville currently offers 44 residencies and fellowships.

Located on the UF Health Jacksonville campus, the UF Center for Simulation Education and Safety Research is nationally recognized as a center of excellence for simulation training that promotes broadly disciplined health care education and patient safety. This goal is achieved by broadening the educational experience to maximize learning opportunities for students, residents, hospital personnel and other health care providers. The 24,000-square-foot facility offers unique opportunities to explore a wide variety of training scenarios, including mass casualty events, multiple patient encounters and a continuum of care from remote interventions through emergency room admissions and full surgical interventions.

The College of Medicine provides on-campus biostatistical consulting and research support services to faculty, residents, fellows and other researchers. These services are located in the Center for Health Equity and Quality Research (CHEQR). The mission of CHEQR is to conduct applied research on clinical care and health disparities among populations served by UF Health. As a service to faculty members and staff of the UF Health Science Center Jacksonville, the Institutional Review Board (IRB) provides guidance and assistance in preparing proposed projects that involve human subjects in research. The Jacksonville IRB oversees more than 550 active studies.

**SELECTED ACHIEVEMENTS**

- UF Health Jacksonville earned Magnet recognition by the American Nurses Credentialing Center (ANCC) in 2011. This prestigious designation is nationally recognized as the gold standard of nursing excellence.
- The University Health System Consortium named UF Health Jacksonville a “Rising Star” in 2012. The hospital also earned a four-star rating in 2012 and again in 2013.
- UF Health Jacksonville was ranked as one of the best hospitals in North Florida, according to U.S. News & World Report’s 2013-14 Best Hospitals rankings. The hospital was listed as high-performing in 11 specialties, including: cancer; cardiology and heart surgery; diabetes and endocrinology; ear, nose and throat; gastroenterology and GI surgery; geriatrics; gynecology; nephrology; neurology and neurosurgery; pulmonology; and urology.
- For their comprehensive, high-quality services, our chest pain center has earned certification from the Society of Chest Pain Centers, our stroke program earned re-certification from the Joint Commission, and our breast center received a special distinction from the American College of Radiology.

**VISION**

Our vision statement describes what we want to accomplish and where we want to be in the future as a health care organization.

Our vision is to be Jacksonville’s most valued community asset eliminating health care needs as a concern of the population. We will achieve this vision by:

- Delivering patient centered care that exceeds expectations of patients and families
- Providing unrivaled medical education and research
- Developing partnerships that join our work to the well-being of the community
MISSION

Our mission statement describes the fundamental reason for our existence – why we are in business.

Our mission at UF Health Jacksonville is to heal, to comfort, to educate and to discover. We dedicate our work to improving life through innovations in health care. Our commitment is to provide constant attention to the needs of our patients, community and each other.

VALUES

Our core values are our attitudes, mind-sets, beliefs and norms. They guide our decisions in all aspects of our lives. Values determine how work is accomplished and how we interact with each other and with customers and patients. One way we demonstrate our values is through our behavior.

In striving to fulfill our mission we will be guided by the enduring values of:

- EXCELLENCE in each and every customer experience
- RESPECT for the critical nature of our work
- COMPASSION for humanity and one another
- STEWARDSHIP of the trust and privilege to serve

TEST QUESTIONS: On your answer sheet, circle a, b, c, or d indicating the correct response to the items below:

1. All of the following statements demonstrate how we plan to achieve our vision except:
   a. Creating clinics in outlying towns
   b. Developing partnerships that join our work to the well-being of the community
   c. Delivering patient-centered care that exceeds expectations of patients and families
   d. Providing unrivaled medical education and research

2. Which of the following items best describes our mission?
   a. Heal, Comfort, Medicate
   b. Treat, Educate, Service
   c. Comfort, Heal, Resuscitate
   d. Heal, Comfort, Educate

3. Which of the following items best describes our core values?
   a. Respect, Integrity, Compassion, Trust
   b. Stewardship, Excellence, Trust, Loyalty
   c. Research, Community, Volunteerism, Compassion
   d. Excellence, Compassion, Respect, Stewardship
Hospitality & Service Standards of Behavior

Hospitality and service are a state of mind — an approach that’s reflected in all our actions throughout the day. It starts with the way we support and treat each other as colleagues and internal customers. We can make a positive impact with every interaction. By giving our caring attention to each customer — whether it is a patient, visitor, community member, or coworker — we create an environment where people feel acknowledged, understood, safe and valued.

The 20 service standards of behavior—divided into 4 categories-- are specific actions and practices that will result in the welcoming and attentive experience we all desire for ourselves and those we serve.

HOSPITALITY

First Impressions
- Be present, attentive and engage with others. Make eye contact, smile and give a friendly greeting.
- When someone approaches you, look up and acknowledge his or her arrival. Put aside what you are doing and concentrate on the customer.
- Address customers professionally, using their last names unless they request otherwise. (Example: Mr., Mrs., Ms., Dr.)
- Strive to meet customers’ immediate needs or find someone who can quickly assist.
- Show that you are genuinely interested. Use positive “yes” language. (Example: “I’m happy to help you” or “It’s my pleasure.”)
- Always use phrases that reflect polite manners. Say “excuse me,” “please,” “thank you” and “you’re welcome.” End each interaction with a courteous goodbye or closing that lets people know you appreciated the opportunity to serve them.

Etiquette in Shared Spaces
- Be friendly. Give your attention to others in public areas such as sidewalks, entrances, hallways, elevators and any high-traffic areas.
- Practice the “15-5 Rule.” If you pass within 15 feet of another person, acknowledge his or her presence with eye contact and a smile or other gesture that is welcoming, such as a nod. If you pass within five feet, add a friendly verbal greeting, such as “Hello” or “Good morning.”
- Keep conversations positive, professional and appropriate when around others.
- Give patients and people with disabilities priority access when traveling through our buildings and campus.
- Encourage the safe flow of foot traffic. Walk on the right-hand side of hallways, sidewalks and crosswalks. Move conversations aside so you don’t block traffic.
- Allow others to exit elevators before you enter; allow customers to exit and enter first.
- Give patients being transported top priority, even if you have to wait for the next elevator.
- In elevators or crowded spaces, break the silence and offer a greeting by saying “Hello” or offering assistance as appropriate.

Way-Finding
- Keep an eye open for customers who appear confused or lost. Greet them and volunteer assistance.
- Provide directions and personally escort customers to their destination whenever possible.
- If you cannot guide a customer to a location, seek immediate assistance and do not leave until you have found another staff person to help.
Patient & Customer Interaction

- Treat everyone with kindness, attention, honesty and compassion.
- Be sensitive to patients’ needs and ensure “no surprises.” Before entering a patient room or exam room, first knock and announce yourself.
- Follow through and keep your promises and commitments.

AIDET Communication

- Use the “AIDET” communication process when providing care. AIDET is an evidence-based practice designed to meet patients’ communication needs. Each step helps us provide a warm and friendly atmosphere and shows patients we are attentive and focused on them.
- AIDET stands for:
  - Acknowledge
  - Introduce
  - Duration
  - Explanation
  - Thank you

Patient Wait Times

- Provide a clean, comfortable and safe area for patients and visitors to wait.
- Keep patients informed about wait times. Set reasonable expectations and explain why there is a delay when appropriate. Thank them for their patience and, if appropriate, offer amenities to make their wait more comfortable. Follow through to meet expectations.
- Encourage patients and their loved ones to speak up and ask for assistance if wait times exceed expectations.
- Assess your patients’ level of satisfaction by asking, “Have we met your needs? Is there anything else I can do for you?”

Noise Levels

- Show respect for others by reducing disturbances and keeping noise levels at a minimum.
- Be especially sensitive to noise in patient care areas where patients may be resting, or in areas where patients and families may be in distress.
- Do not gather and talk in public areas, patient care areas, near doors or elevators, or near people trying to do their work. Be respectful and move work conversations and socializing to a private area.

Patient & Visitor Problem-Solving

- Anticipate others’ needs and strive to resolve problems before they become complaints. Be proactive and don’t wait to be asked to help.
- Immediately apologize for delays, inconveniences and problems (even when they are not your fault). Take the team approach and do not blame or complain to patients or visitors about colleagues or other units or services.
- Work to solve patients’ and visitors’ problems promptly, even with limited facts and resources. Be part of a positive solution.
- Remain calm and professional.
- If service-recovery assistance is needed, provide prompt service to maintain patient satisfaction. Enlist a supervisor to help. Consider calling in support and using other resources to solve the issue. Follow the problem-solving/service-recovery guidelines for your department, unit or practice.
TEAMWORK

Respectful & Supportive Interactions
- Treat colleagues with professional courtesy and respect. Demonstrate the same hospitality and friendly, customer-focused behaviors we use with patients.
- Offer your attention, a friendly greeting and say “please” and “thank you” when interacting.
- Understand that everyone has skills and talents he or she brings to the table.
- Appreciate the diversity within our workforce and customer base, and accept people’s differences. Relate to everyone with respect and fairness, regardless of his or her age, gender, race, ethnicity, national origin, cultural background, sexual orientation, religion or belief system and role in the organization.
- Do not tolerate inappropriate behavior in the workplace, including verbal and physical abuse. If a confrontation cannot be safely managed, immediately report it to a supervisor and/or security.

Recognition
- Show appreciation and acknowledge when a colleague demonstrates our standards of behavior and provides outstanding service.
- “Manage up” — build each other up in the eyes of others. Openly recognize and praise coworkers’ accomplishments — even when they are not present. Do this when talking with other coworkers, and also with patients and visitors.
- Let patients know they are in good hands at UF Health.
- Celebrate when colleagues make extraordinary efforts and go “above and beyond” to provide exceptional care and compassionate service.
- Do not point fingers or place blame on others when things do not go as planned.

Problem-Solving & Resolving Conflict
- Proactively anticipate and prevent potential problem situations. Recognize problems early and work to systematically and logically resolve them. Be part of a positive solution.
- Feedback is a gift, even when we are addressing problems. Provide tactful, constructive and respectful input to help colleagues improve their performance. In turn, accept others’ well- meaning, constructive feedback for improvement of your own performance. Feedback based on good intentions will let us do a better job.
- When experiencing issues or conflict, remain calm and professional. Move difficult conversations to an appropriate location, preferably in a non- public area.
- Seek positive outcomes. Resolve conflicts respectfully, directly and promptly with the individuals involved.
- Remain calm and professional when faced with confrontation. If necessary, take a brief “time out” to temporarily leave the situation if appropriate.
- Be discreet and tactful, preserving the dignity of all involved.
- Do not blame or embarrass others.
- Listen, be open and receptive and reflect on the conversation in progress.
- Acknowledge the other person’s viewpoint, perception or experience.
- Focus on the facts, not the people or emotions.
- Be willing to accept fault. Never underestimate the power of an apology.
- Seek positive solutions and see problems through to resolution.
- Contribute innovative solutions.
COMMUNICATION

Privacy & Confidentiality
• Respect and protect every patient’s right to privacy and confidentiality. Be familiar with and follow our core policies that protect personal and protected health information and proprietary business information.
• Do not discuss patient care or other sensitive or confidential information in any public area or space in which you might be overheard, or with anyone who does not have a medical or professional “need to know.”
• Retrieve printed, copied or faxed information promptly and put it in a secure place.
• Be discreet while talking on the telephone; lower your voice to ensure the privacy of your conversation.
• Protect the privacy of fellow colleagues; be sensitive and discreet and avoid disclosing the personal information of a colleague without their consent.

Active Listening
• Active listening encourages empathy, caring, patience and tolerance.
• Give the other person your attention. In particular, avoid distractions during difficult or critical conversations.
• Allow the other person to finish speaking before responding and do not interrupt.
• Try to understand what the other person needs — don’t make assumptions. Ask clarifying questions to ensure your understanding.
• In your response, reflect back or paraphrase some of the points the other person made to show that you heard him or her.

Verbal Communication
• Strive to consistently provide customers with excellent verbal communication so that they feel understood, well-informed and important.
• Remain calm, professional and attentive with each interaction.
• Use a friendly, welcoming tone of voice along with positive body language.
• Do not use inappropriate language, slang or profanity in the workplace.
• Take private conversations away from public spaces.
• When discussing problems, opt for face-to-face, verbal communication whenever possible, rather than electronic communication.

Body Language
• Be aware of using respectful, positive body language (non-verbal communication) when interacting with others.
• Look up and face the person with whom you are interacting.
• Make appropriate eye contact and give the customer your full attention.
• Ensure that your facial expression and tone of voice are consistent with your positive, customer-focused words.

Telephone Communication
• Answer the phone whenever possible; rely on voice mail only when necessary.
• Use a friendly, hospitable greeting while talking on the phone — if you smile when speaking, it will be reflected in your voice.
• Do not eat, drink or chew gum while talking on the phone.
• Ask permission before placing a call on hold, and tell the caller that you will be back to assist him or her. Check in with a caller to acknowledge you are still working to help him or her.
• If you have to transfer a call: Let the caller know the name and number of the person he or she will speak to. Transfer calls accurately, let the recipient know who is on the line, and don’t hang up until you have connected your caller with another person. If you’re transferring a call to voice mail let the caller know he or she will need to leave a message.
• End each call by asking “Is there anything else I can do for you?” and then “thank you.”

Electronic Communication
• Respond to emails, pages, calls and messages as quickly as possible.
• Avoid sending emails, pages or text messages to large groups unless the information is relevant to all the individual recipients.
• When responding to group emails, reply only to the sender when appropriate; do not “reply to all” unless necessary.
• Do not engage in personal emails, text messaging, phone calls, Web surfing and social media during work time and in public areas. During breaks, move these activities to a private area away from customers.
• When you are passing by sidewalks, entrances, hallways, elevators, patient care areas and waiting rooms, please refrain from using mobile devices and ear buds/ headphones. This will help you connect with others in a friendly manner, appear available and attentive, remain available to assist people in need and stay safe because you are aware of your surroundings.

PROFESSIONALISM & RESPONSIBILITY

Personal Responsibility
• Take pride in the quality of your work, and the service and care you provide your customers.
• Be familiar with these standards of behavior and practice them daily.
• Be accountable for your decisions, actions, performance and behaviors.
• Seek and take advantage of all the resources available to help you perform your best work at UF Health. Ask for help when needed.
• Be a resource for others. Provide help to others at every opportunity.
• Be positive and professional at all times.
• Keep personal and work-related frustrations separate from on-the-job customer interactions. Do not engage in contributing to gossip or rumors. Support the positive reputation of others.
• When outside our campuses, please remain a positive representative for UF Health and support its reputation. As we “manage up” and build up our coworkers, let us do the same for the organization and demonstrate our pride at all times.

Physical Appearance & Presentation
• Present yourself as a professional representative of the UF Health team.
• Wear clothes that are clean, in good repair and tidy.
• Wear your employee ID badge at all times, at shoulder level and facing forward so customers can easily identify you.
• Practice good personal hygiene: be clean and avoid strong-smelling perfumes, colognes and personal products.
• Do not chew gum at work. Do not eat or drink while providing care or service.
• Follow relevant work rules and department- specific guidelines for appropriate work attire and appearance. This includes guidelines for clothing, jewelry, fingernails, and tattoos, etc.
Appearance & Maintenance of Work Areas

- Take personal responsibility for keeping your work areas, public areas and meeting spaces clean, clutter-free and safe for all colleagues and customers.
- Dispose of litter and clean up spills, indoors and on campus. If necessary, use paper towels or gloves or call Environmental Services for assistance. Know the guidelines for disposal of trash, hazardous waste and biomedical waste.
- Return equipment to its proper place so it is available to others when you are finished using it.
- Immediately report faulty equipment or safety hazards and ensure they are managed appropriately.

The Patient Relations Department provides a specific channel through which patients can seek solutions to issues, concerns, and unmet needs.

♦ If you don’t know how to help someone, refer them to the Information Desk, Patient Relations Department or Volunteer Services

TEST QUESTIONS:

4. You are in a meeting with your colleagues and you notice one of your co-workers rolling their eyes, making snide comments about the meeting and generally being uncooperative. What will you do?
   a. Do nothing.
   b. Join in and be buddies.
   c. Help that person succeed by sharing information regarding the benefits of hospitality.
   d. Ridicule them in the meeting for being offensive and rude.

5. You are preparing to get into the elevator when you notice someone is coming down the hall, they are a bit far but you can tell they will need an elevator too. What will you do?
   a. Wave, get in and wait.
   b. Wave, smile and jump into the elevator just as the doors close.
   c. Wave, smile and hold the door until they get there.
   d. Do nothing, stand there, greet your friend, and wait for the next elevator.

6. While walking to your next project, you find a document with a patient’s name, address and many other private details about one of our patients/customers. What will you do?
   a. Rip it up and toss it into the nearest trash can.
   b. Read it and show your friends what you found.
   c. Put it in your pocket for later.
   d. Give it to your supervisor for proper handling.

7. Every interaction you have with a patient or visitor can make a positive impact on their experience.
   a. True
   b. False

8. Our customers include patients, visitors, co-workers and the community.
   a. True
   b. False
9. It’s OK to vent about your day or talk about a patient while in the elevator or other public areas:
   a. True
   b. False

10. If you are unfamiliar with an area and a visitor asks for directions, you should:
   a. Tell them you don’t know either.
   b. Give them directions as best you can.
   c. Take them to the general area and leave them to find the exact area themselves.
   d. Take them to someone who can help them.

11. The preferred type of communication to use when solving problems, especially complex issues, is:
   a. verbal, face-to-face.
   b. verbal, by phone.
   c. written, by email.

12. What is AIDET?
   a. Accept, Inquire, Duration, Exclude, Thank You.
   b. Acknowledge, Introduce, Duration, Explanation, Thank You.
   c. Acquire, Introduce, Desire, Explain, Thank You.
   d. Acknowledge, Inquire, Duration, Extend, Thank You.

13. You notice a co-worker doing something that makes another employee or patient appreciate what was
done to help. What would be the most appropriate behavior to demonstrate?
   a. Smile and move on.
   b. Get involved with your co-worker and contribute to the experience.
   c. Show appreciation and acknowledge when a colleague demonstrates our standards of behavior.
   d. Do nothing.

Section II

Patient Confidentiality

Medical Records
All requests for medical records or patient information must be obtained through the Health Information Management (HIM) department. HIM is located in the basement of the Clinical Center building.

Patient Rights
Patients have specific rights during their treatment at our facilities. You will see a “UF Health Jacksonville Patient’s Bill of Rights” posted at every elevator on campus.

The Patient’s Bill of Rights states that patients have the right to:
- be treated with courtesy and respect, with appreciation of individual dignity, and with protection of privacy.
- a prompt and reasonable response to questions and requests.
- know who is providing medical services and who is responsible for his/her care.
- know what patient support services are available, including whether an interpreter is available if he/she does not speak English or has a hearing impairment.
- know what rules and regulations apply to his/her conduct.
• be provided with written information about advance directives and available health care decision-making options in Florida. A patient has the right to formulate advance directives and to have the medical staff and hospital personnel caring for the patient implement and comply with his/her advance directives.

• Medicare patient has the right to receive a “notice of beneficiary discharge rights,” “notice of non-coverage rights,” and “notice of the beneficiary right to appeal preliminary discharge.”

• participate in decisions involving his/her health care, including consideration of ethical issues. A patient has the right to participate in the development, including any revisions, and implementation of his/her inpatient treatment/care plan, outpatient treatment/care plan, his/her discharge plan, and his/her pain management plan.

• make informed decisions regarding his/her care, including the right to receive information from the health care provider about diagnosis, planned course of treatment, including surgical interventions, alternatives, risks, and prognosis and outcomes of care that may impact his/her decisions regarding treatment.

• accept or refuse treatment, except as otherwise provided by law.

• have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital upon request.

• be given, upon request, full information and necessary counseling on the availability of financial resources for his/her care.

• know, if eligible for Medicare, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

• receive, upon request prior to treatment, a reasonable estimate of charges for medical care. Such reasonable estimate shall not preclude the health care provider or the health care facility from exceeding the estimate or making additional charges based on changes in the patient’s condition or treatment needs.

• receive a copy of a clear and understandable itemized bill upon request and to have the charges explained.

• impartial access to medical treatment or accommodations regardless of race, national origin, religion, sexual orientation, physical handicap, or source of payment, age, color, marital status, or gender.

• receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

• know if medical treatment is for experimental research purposes and to consent or refuse to participate in such experimental research knowing that refusal will not compromise access to any other services.

• to know the hospital’s procedure for expressing a grievance. A patient has the right to express grievances regarding any violation of his/her rights through the grievance procedure of the health care provider or health care facility which served him/her and to the appropriate regulatory agency.

Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308
(888) 419-3456

Joint Commission on Accreditation of Healthcare Organizations/Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(800) 994-6610
https://www.jointcommission.org/

• personal privacy, except as limited for the delivery of appropriate care.

• receive care in a safe setting.

• be free from all forms of abuse, neglect and harassment whether from staff, other patients or visitors.
• the confidentiality of his/her clinical records, except as provided by law.
• Except under limited circumstances, to access information contained in his/her clinical records within a reasonable time frame.
• access individuals outside the hospital by means of visitors and by written or verbal communication. When it becomes necessary to restrict communication, the therapeutic effectiveness of the restriction will be periodically evaluated.
• retain and use personal clothing or possessions if space permits and it does not interfere with another patient or medical care.
• be free from restraints or seclusion used as means of coercion, discipline, convenience, or retaliation.
• appropriate assessment and management of pain.
• access any mode of treatment, including complementary or alternative healthcare treatments, that is, in his/her own judgment and the judgment of his/her physician(s), in the patient’s best interest, to the extent that such mode of treatment is offered by the hospital.

**Employees and Volunteers as Patients**

When a patient is an employee or volunteer of the hospital, additional measures to preserve privacy are required. Management may not have access to medical records or computer access for the patient, and caregivers may not release information to co-workers.

Employee Health is committed to employee health information confidentiality. Please call Employee Health at 244-9576 if you have any questions about confidentiality for employees or volunteers as patients.

**Uniform Terminology for Describing Patient Conditions**
The only information that can be released to the general public is a description of the patient’s condition. The “uniform terminology” for describing patient conditions is:

<table>
<thead>
<tr>
<th>No Information Available (If patient is opted out)</th>
<th>Patient or family has requested that no information be released or the patient meets specific criteria requiring limited release of information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Patient is conscious; vital signs are stable and within normal limits; Outlook for recovery is excellent</td>
</tr>
<tr>
<td>Fair</td>
<td>Patient is conscious; vital signs are stable and within normal limits; Patient is making satisfactory progress in relation to his or her diagnosis; Outlook for recovery is favorable</td>
</tr>
<tr>
<td>Serious</td>
<td>Patient is acutely ill; vital signs may be unstable and/or not within normal limits; Outlook for recovery is somewhat questionable</td>
</tr>
<tr>
<td>Critical</td>
<td>Patient has major complications; vital signs are unstable and/or not within normal limits; Outlook for recovery is not favorable</td>
</tr>
</tbody>
</table>

**NOTE:** When in doubt about honoring a request for patient information, check with your supervisor before doing so. Communications and Marketing is responsible for the release of information to the media. Direct requests for information by newspaper, television, or other media should be routed to Communications and Marketing.

**TEST QUESTIONS:**

14. The Patient’s Bill of Rights is normally posted in or beside the following area:
   a. Information Desk
   b. Elevators
   c. Parking Garage
   d. Media Center
15. “Uniform Terminology” can be best described as ”
   a. Terminology that patients use to describe how they’re feeling
   b. Terminology that patient care givers use to communicate with patients
   c. Terminology that the hospital uses to describe the condition of patients to the general public
   d. None of the above

**HIPAA Information Privacy and Security Tutorial**

**UF Health Jacksonville Privacy Office**  
*Phone* 904.244.1285 • *Fax* 904.244.1987  
*Email:* hipaa@jax.ufl.edu  
580 W. 8th St. Tower I, 10th Floor  
Jacksonville, FL 32209

**UF Health Jacksonville Hotline: 1-888-329-3569**

UF Health Jacksonville provides this tutorial to help our users maintain the confidentiality, availability, and integrity of information contained in UF Health's computer systems and electronic health record. This course will help you to understand your role in safeguarding protected health information.

You hold a position of trust and responsibility within UF Health Jacksonville. The enterprise must protect itself and its users from potential security breaches that may result in liability for the organization or YOU personally. Thank you for helping us to protect our patients' information and to continue to provide superior patient care.

Topics addressed within this tutorial include:

- Definitions of Privacy, Confidentiality and Security
- Protection of Health Information
- Privacy and Security of Health Information
- Laws, Regulations & How they Apply to Health Information
- Breach Prevention
- Red Flags Rule
- Potential Consequences and Sanctions

- **Definitions of Privacy, Confidentiality and Security**
  We at UF Health Jacksonville are legally obligated to create a secure environment for the information we collect. We are committed to protecting the confidentiality and security of this information, maintaining its integrity and to preserving patients' rights to privacy.

- **Privacy**
  Privacy is the right of an individual to enjoy freedom from intrusion or observation; the right to maintain control over certain personal information; and the right to expect a healthcare provider/system to respect the individual’s rights.

- **Confidentiality**
  Confidentiality is the practice of permitting only certain authorized individuals to access information, with the understanding that they will disclose it only to other authorized individuals.
**Security**  
Security or Security measures encompass all of the administrative, physical, and technical safeguards in an information system.

- **Protection of Health Information**
  
  **Why Protect Health Information?**
  
  In health care, accurate and complete information is critical to providing high quality patient care. Incomplete or inaccurate medical information can lead to misdiagnoses, improper treatment and potential life-threatening situations. It is the responsibility of everyone who works in health care to learn, understand and practice information confidentiality and security.

- **Do Americans Believe Health Care Providers do a Good Job at Keeping Health Information Confidential?**
  
  Statistics show that 1 in 7 Americans have done something to protect their privacy to avoid embarrassment, stigma, or discrimination. For example:
  - Withheld or provided inaccurate information
  - Paid out-of-pocket
  - Avoided care altogether

- **What is HIPAA? What is HITECH?**
  
  **HIPAA** is the Health Insurance Portability and Accountability Act. The Privacy Rule, Security Rule, and Enforcement Rule are part of HIPAA.

  **HITECH** is the Health Information Technology for Economic and Clinical Health Act. HITECH strengthens and expands HIPAA regulations.

  **HIPAA Seeks To:**
  - Strike a balance between government's interest in health information and an individual’s right to maintain control.
  - Allow individuals more control of their health information.
  - Impose accountability for breaches of confidentiality.
  - Implement safeguards to protect health information.

- **The HITECH Act**
  
  **HITECH expanded HIPAA in many ways, including:**
  - Creating a new, mandatory federal breach reporting law;
  - Requiring the Department of Health and Human Services (HHS) to conduct compliance audits and to provide for education;
  - Increasing the level of penalties for violations of HIPAA;
  - Changes to Accounting of Disclosure requirements made through electronic health records or “EHRs” and the Minimum Necessary Standard;
  - Allowing individuals to request copies of their EHR in electronic form;
  - Tightening the restrictions on the use of patient information for Marketing and Fundraising;
  - Establishes new criminal and civil penalties for noncompliance.
How Regulations Apply to Health Information

Keeping Health Information Confidential & Secure Is the Right Thing to Do!

Look for the positive benefits of maintaining information privacy and security:
  • It's Right for Our Patients.
  • It's Right for Our Physicians and Employees.
  • It's Right for Providers and Employers.
  • It's Right for You.

Everyone is Responsible for Information Privacy and Security!

So…What does HIPAA Apply To?

To Protected Health Information or PHI which is information that:
  • Relates to a person’s physical or mental health, the provision or payment of health care;
  • Is created or received by a covered entity;
  • Is transmitted or maintained in any form (oral–written–electronic–photographic).

Individually Identifiable Information is any and all information, obtained or maintained in any format by UF Health Jacksonville that pertains to or can be reasonably identified as relating to a specific patient.

Examples of individually identifiable information include: Name, Address, Telephone number, Fax number, Email address, Date of Birth, Social Security Number, Medical Record (Unit) Number, Health Plan Beneficiary number, Account number, Certificate or License number, Photographic images, device numbers, and any other element that may be used to identify an individual. This also now includes genetic information.

See Policy A-01-059 Confidential and Protected Information.

UF Health Jacksonville Protects Health Information By:
  • Providing education and training to raise awareness;
  • Implementing safeguards, policies, and procedures to protect the privacy and security of information;
  • Enabling workforce members to report known or suspected violations;
  • Auditing access to or use of health information;
  • Listening to our patients and workforce members who report complaints of violations and taking actions to address those complaints.

Joint Notice of Privacy Practices:
  • Tells patients how UF Health may use and share health information.
  • Informs patients of their rights under HIPAA.
  • Tells patients UF Health’s duties to protect health information.

Opting Out of the Facility Directory
  • When a patient opts out of the facility directory…
    ❖ An “&” sign will appear in McKesson indicating opt out.
    ❖ The word “Privacy” will appear in EPIC indicating opt out.
• If opted out, **NO** information may be given to persons who call and ask for patient by name. If **not** opted out, staff may disclose location and general one-word condition.  

• *See Policy A-05-006 Facility Directory/ Patient Census.*

**ALWAYS CHECK THE PATIENT CARE SYSTEMS FIRST.**  
**Do Not Use Navicare for verification!**

• **Exception:**  
  *Information required by the Florida Poison Information Centers (FPIC).* Regardless of a patient’s opt out status, UF Health Jacksonville staff may provide patient information to the FPIC upon request and after verifying the identity of the FPIC staff.

➢ **Minimum Necessary**  
• Only access, use and disclose the minimum amount of information necessary to complete the task at hand!  
  • *See Policy A-01-027 Minimum Necessary Information* for more information.

➢ **Professional Need to Know**  
• “Need to Know” is information that is essential to the provision of patient care and/or the conduct of hospital business as defined by the employment or professional responsibilities of the individual.  
  • The PHI you wish to access, view, use or disclose must be within your defined job duties.

➢ **How Can I Keep Health Information Secure?**  
• Make sure to understand and sign the Confidentiality & Security Agreement.  
  • Do not share your User ID or password with anyone.  
  • Encrypt portable devices (i.e. laptops, CDs, USBs) if they access or store UF Health Jacksonville patient information.  
  • Change passwords often and use strong passwords.  
  • “Control – Alt – Delete before you leave your seat.” Log off or lock your PC.  
  • Arrange workstations so monitors are not viewable to passers-by.  
  • Don’t look away; report known or suspected incidents.  
  • Always assist patients who may report a HIPAA complaint and notify your supervisor and the Privacy Office promptly.

➢ **How Can I Protect Confidentiality?**  
• Respect the wishes of the patient when using or disclosing their health information. Know who the patient has authorized to receive their health information.  
  • Only view, access, use or disclose health information with which you have a professional need to know.  
  • Only use or disclose the minimum amount of health information to accomplish the task at hand.  
  • Keep printed copies of patient information secure at all times.  
  • Verify fax numbers routinely; use a fax cover sheet when faxing patient information outside of UF Health Jacksonville.
• Only access, use and disclose the minimum amount of information necessary to do the job.
• Don’t look away; report known or suspected incidents.
• Always assist patients who may report a HIPAA complaint and notify your supervisor and the Privacy Office promptly.

➢ **Five Privacy Principles**

1. Don’t view medical records without proper authority and Professional Need to Know.
2. Be aware of your surroundings when discussing PHI.
3. Verify the identity of the person/facility to which you communicate, distribute or fax PHI.
4. Patient photographs should be taken by authorized staff with Professional Need to Know.

   **To report privacy concerns anonymously call:**
   
   1-888-329-3569

➢ **Definition of Breach & Breach Prevention**

A “breach” generally means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information.

Compromises the security means that the breach poses a significant risk of financial, reputational, or other harm to the person affected.

**Help prevent breaches!**

• Encrypt all portable electronic devices.
• Secure PHI by encryption and proper destruction.
• When accessing or viewing patient information:
  – Adhere to the professional need to know and Minimum Necessary Requirements.
• Contact ITS before you transfer large amounts of data or download a new program to your PC.

➢ **What are Red Flags?**

Red flags are suspicious patterns or practices, or specific activities that indicate the possibility of identity theft.

• Categories include:
  – Suspicious documents
  – Suspicious personal identification
  – Suspicious activities
  – Suspicious medical information
Examples of Red Flags

• Individual is unable to remember their own DOB or SSN during registration.
• Information provided to staff (e.g. SSN) belongs to another patient.
• Individual presents with no forms of identification (e.g. driver’s license, State ID Card) or proof of insurance and is unable to verbally provide other identifying information.

If you suspect identity theft, collect appropriate patient information and notify your supervisor immediately. See Policy A-05-020 Medical Identity Theft and Misuse by the Patient or Other Person.

➢ Consequences for Breaches of Patient Confidentiality or Security

Potential consequences include:

• Loss of reputation,
• Loss of employment,
• Impact on license or credentials,
• Fines and or jail

HITECH created four “penalty tiers” for violations:

Tier A – Offender did not know (and by exercising reasonable diligence would not have known) that a violation occurred. Fine of $100 - $50,000 Each.

Tier B – Violation is due to "reasonable cause" and not willful neglect. $1,000 - $50,000 Each.

Tier C – Violation due to willful neglect, but is promptly corrected. $10,000 - $50,000

Tier D – Violation due to willful neglect and is not corrected. $50,000 Each

➢ TEST QUESTIONS:

16. Sharing protected health information inappropriately is wrong because:
   a. It hurts the patient’s feelings.
   b. It violates ethical, legal, and regulatory rules about patient confidentiality.
   c. It makes you look like a gossip.
   d. It is not wrong, as long as nobody finds out.

17. The most secure passwords are:
   a. Names of sports teams
   b. Personal names or fictional characters
   c. Your date of birth
   d. Combinations of upper and lowercase letters, numbers, and special characters

18. An employee calls an adult patient to remind him of an appointment, what medications to bring, and preparations the patient needs to take before the visit. The patient’s spouse answers the phone and the employee discloses the appointment in detail, including medications to bring and diagnosis information, to the spouse of the patient. Has the employee breached the patient’s confidentiality?
   a. Yes, because the employee shared the patient’s health information with the spouse without obtaining the patient’s consent to do so.
   b. No, because the spouse has a right to know.
19. A doctor's office receives a fax from an insurance company that indicates that the plan will pay a maximum of $1,000 for two days of Patient X's hospital stay following an inpatient procedure. This fax is considered:
   a. Not confidential because it contains only financial information, not health information.
   b. Not confidential because the fax wasn’t created by a health care provider.
   c. Confidential as it identifies a person’s health information and a health care provider received it.
   d. Not confidential because it was transmitted by fax.

20. UF Health Jacksonville' computer systems maintain an audit trail of access to patient records.
   a. True
   b. False

21. A care provider has the right to access any patient's medical record information in EPIC, even those not under his or her care.
   a. True
   b. False

22. Do you, as a user of UF Health Jacksonville Information Systems and a parent, have an absolute right to look up your own child’s record?
   a. Yes
   b. No

23. You would like to use a patient’s story about the wonderful care that they received in our clinic to help with a fundraising effort. If the patient said it was okay to publish the story that identifies the patient by name and the care that they received, you don’t need the patient’s written authorization to do so.
   a. True
   b. False

24. If you suspect a breach of confidentiality or information security, you should:
   a. Active the RACE plan.
   b. Do nothing and hope that things get better.
   c. Tell your manager and notify the Privacy Office or Information Technology

25. Violating ethical, legal and regulatory rules could result in:
   a. Loss of job and/or licensure
   b. Monetary sanctions and prison terms
   c. Personal liability
   d. All of the above

26. The Joint Notice of Privacy Practices tells our patients about what?
   a. How UF Health may use and share health information.
   b. Patient rights under HIPAA.
   c. UF Health’s duties to protect health information.
   d. All of the above

27. Privacy and security are the responsibility of
   (Choose the best answer)
   a. Hospital Management
   b. My manager
   c. The Privacy Office
   d. The Medical staff
   e. Me personally
   f. All of the above (EVERYBODY)!
Disaster Preparedness

Types of Disaster
UF Health Jacksonville has a Comprehensive Emergency Management Plan that identifies how we, corporately and individually, are to respond in the event of a disaster. Generally speaking, all disasters fall within two categories. Our plan identifies them as external and internal disasters.

Our Mass Casualty Response plan addresses those events that occur outside of our facility, such as a plant explosion or a train wreck. These are events that would stress our immediately available resources and require us to make changes in our daily operations. In such situations, the City’s Fire and Rescue Division would declare the event as a Mass/Multiple Casualty Incident (MCI). All hospitals would be notified of the impending onslaught of patients as soon as possible to prepare for their arrival. Our hospital may need to augment current manpower and resources, implement the Hospital’s Incident Command System, as well as any identified systems to assist us in caring for the injured.

An internal disaster is one in which the event happens at or inside our facility. A mass electrical failure that continues for an extended period of time is an example of an internal disaster. Other examples include but are not limited to a fire, severe flooding, or a major contaminant that poses a threat. These internal disasters may cause us to partially or completely evacuate one or more buildings. It is imperative that employees are able to identify their role in the disaster plan and be aware of escape routes when an immediate evacuation of patients and staff is required.

Hurricane/Inclement Weather Events
The Atlantic hurricane season officially runs from June 1st to November 30th, although most tropical storms and hurricanes typically occur during August-October peak period.

Hurricanes present us with a set of unique circumstances. Not only is there a threat to our patients, staff, and the facility but also to our families and homes. Remember that UF Health Jacksonville is not a safety site. Due to the nearness of the St. John’s River, many areas in downtown Jacksonville become flooded in a storm surge. Learn the emergency evacuation route nearest to your home.

The safety and emergency preparedness of your own home and family come first. However, volunteer assistance can be essential during a natural disaster. The safety of our patients is our priority and volunteer staff can assist in a variety of ways. Please have a plan for your family and pets.

Staff - employees and volunteers – who provide service during a disaster need to bring personal items with them, such as hospital ID badge, change of clothing, sleeping bag and pillow, flashlight, water, snacks, prescriptions and personal medications, cash and important documents. For updated campus information during an extended disaster call 244-GATOR (4286). You will reach a recording, which provides frequently updated information.

Other Disasters
There are additional types of disaster planning for which we, as an institution, must be prepared. Such disasters may also involve chemical, biological, nuclear, or radiological agents. Protective equipment and intensive training and education are provided to those who are at greatest risk for interaction with contaminated patients and the public. All of these situations are addressed in the hospital’s Disaster Plan. Each department maintains a copy of this Disaster Plan.
Emergency Codes

During a fire or medical emergency volunteers can:

- Be supportive of patients, visitors and families
- Run errands for staff as requested
- Help clear the halls
- Always remain calm

Volunteers must familiarize themselves with the special codes used by the hospital for various emergencies. The white card attached to UF Health Jacksonville identification badges includes the following emergency codes:

<table>
<thead>
<tr>
<th>TYPE EMERGENCY</th>
<th>EXTENSION</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
<td>42222 Give Location</td>
<td>CODE RED</td>
</tr>
<tr>
<td>Hazardous Chemical Spill</td>
<td>44211 Give Location</td>
<td>CODE ORANGE</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td>44211 Give Location</td>
<td>CODE BLACK</td>
</tr>
<tr>
<td>Child Abduction</td>
<td>44211 and 42222</td>
<td>CODE PINK</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td>42222 Give Location</td>
<td>CODE BLUE</td>
</tr>
<tr>
<td>Missing Adult/Child</td>
<td>44211 and 42222</td>
<td>CODE SILVER</td>
</tr>
<tr>
<td>Active Shooter/Violent Person</td>
<td>44211 Give Location</td>
<td>CODE WHITE</td>
</tr>
</tbody>
</table>

Fire and Safety

**FIRE FACTS**

**Fire is fast.** A flame can take only minutes to grow into an inferno. “Flashover” can occur when the air is hot enough to ignite every combustible object in the room. **Fire is hot.** Heat can burn lungs and fuse clothing to skin.

**Smoke can kill.** Smoke contains toxic gases that can kill within minutes. Carbon monoxide poisoning causes 75% of all fire deaths.

There are three primary causes of hospital fires:
(1) **Smoking** (smoking is not permitted on our campus)
(2) **Electrical Equipment** (report any equipment that is in disrepair or any outlets that are overloaded; extension cords, adapters, etc., are not permitted)
(3) **Combustible materials** (always store flammable materials away from heat)

There are two key physical barriers at our facilities that help prevent the spread of a fire:
(1) **Doors.** Hospitals doors are fire retardant. They will contain smoke and fire when closed manually; when the alarm is activated, corridor doors will close automatically.
(2) **Smoke Dampers.** Internal smoke and heat detectors in the ceilings will activate the ventilation dampers and alarm system when smoke is present or a certain temperature is reached.

**RESPONDING TO A FIRE**

There are four steps to follow when responding to a fire. Think of the word RACE to remember the four steps. Do these four steps in this order:

- **R** – Rescue or remove patients or victims in immediate danger
- **A** – Activate or sound the alarm and call X42222
- **C** – Contain or confine the fire
- **E** – Extinguish the fire, or Evacuate
FIRE EXTINGUISHER FACTS

Fire extinguishers should be held in an upright position. You should remember the acronym P-A-S-S for the proper use of a fire extinguisher:

- **P** – Pull the ring pin (giving yourself a distance of 10 feet)
- **A** – Aim the nozzle at the base of the fire
- **S** – Squeeze the lever
- **S** – Sweep from side to side, toward the base of the flames

**Types of Fire Extinguishers**

There are multiple types of fire extinguishers used on the UF Health campus. Choose the type of fire extinguisher based on the material that is burning. As a general rule, the portable fire extinguisher’s continuous discharge will only last 45-60 seconds.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>MATERIAL BURNING</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC</td>
<td>Use on ALL types of fires</td>
</tr>
<tr>
<td></td>
<td>This type is used in most general areas at UF Health.</td>
</tr>
<tr>
<td>CO2/BC</td>
<td>Use on grease, chemical and electrical</td>
</tr>
<tr>
<td></td>
<td>These types are usually found near electrical equipment, in telephone electrical rooms and air handling rooms.</td>
</tr>
</tbody>
</table>

Volunteers also need to know:

- Location of the nearest exit doors, fire pulls, and fire extinguishers for the areas to which they are assigned.

- If someone were to call out the fire code in your area, you must (1) know the appropriate number to call; (2) indicate the location of the situation; and then (3) activate the manual fire pull station alarm.

- Volunteers may assist as needed and as requested by staff. As a volunteer, you may be asked to assist with moving patients, closing doors and windows and clearing the corridors etc., as specifically directed by trained staff. Additionally, all volunteers can help comfort patients and visitors who may be frightened and upset.

- Never use the elevators during a fire emergency; always use the stairs.

- Always remember to remain calm during a fire emergency.

TEST QUESTIONS:

28. All of the following actions can be taken when responding to a fire, **except:**
   a. Open all doors and windows
   b. Sound alarm
   c. Rescue patients
   d. Extinguish or Evacuate

29. The UF Health Jacksonville Emergency Code for fire is:
   a. Dr. Fire
   b. Code Red
   c. Dr. Red
   d. Code Blue
Health Policy

Health Screening Requirements for Volunteers
All volunteers are required to report to Employee Health prior to starting their volunteer assignment and complete the paperwork provided.

- Volunteers must take an initial and annual Tuberculosis (TB) skin test (PPD), unless the volunteer has a positive history, in which case the PPD is waived.
- Volunteers must get the TB skin test at their own expense through their PCP, a walk-in clinic/urgent care center or at the health department.
- Employee Health requires all volunteer applicants to provide their immunization records to show proof of immunizations. If you do not have proof of immunizations, blood will be drawn by the Employee Health staff to check immunity.
- Volunteers are advised to contact their local school system or health department to obtain their immunization records.
- If you indicate a history of positive Tuberculosis (TB) skin test, you must provide proof to Employee Health in either written form or x-ray.
- Flu Shots are offered to all Volunteers at no cost
- Handouts providing detailed TB and Hepatitis B Vaccination information are available in the Volunteer Office or Employee Health.

Personal Illness

- In order to facilitate your own recovery, and to protect patients, visitors, staff and fellow volunteers from the spread of infectious organisms, hospital policy mandates that you do not come in when you are sick have a fever, a fever blister, etc.

- Chicken Pox – If you have a negative history to chicken pox (meaning you have never had chicken pox), you may not be immune and will not be assigned to the Nursery. If you have an exposure to chicken pox or herpes (shingles) you should not have direct patient contact from the 10th through the 21st day after exposure. If you do develop chicken pox, you should not return to volunteering until all lesions have dried and crusted (generally 6 days after the rash onset).

- Injuries or long illness – Volunteers who have been out with a serious illness or infection, recuperating from a surgical procedure, or who have been injured while on duty, may not resume their volunteer service until cleared for duty by Employee Health.

Infection Control Terms

Hand Hygiene. Hand hygiene is generally considered the single most important procedure for preventing the spread of germs. Hand hygiene applies to hand washing or antiseptic hand rubs. The CDC recommends washing hands vigorously for at least 15 seconds or by applying alcohol-based gel or foam to hands, rubbing vigorously for at least 15 seconds as recommended by the Institute of Healthcare Improvement. (Please refer to policy IC-01-007).

Exposure Control Plan. The hospital has a written plan that addresses exposure to blood-borne pathogens available through the Infonet computer system (Please refer to policy IC-01-005). Each department has access to the system, which is available for volunteers to review as well. The Exposure Control Plan outlines in detail what to do in the event of a possible exposure or contact with hazardous materials or waste, accidental needle stick, etc.

Hazardous Materials (biomedical waste). Volunteers should be aware that all potential hazardous or infectious materials or waste, whether contaminated or not, are disposed of according to the hospital’s Hazardous Waste Plan. All solid or liquid waste that may present a threat of infection to humans; i.e., used sharps (needles), linens soiled with blood, etc., is considered biomedical waste and must never be mixed with regular trash. Biomedical
waste must be put in a red bag and is disposed of differently than regular trash. If biomedical waste is mixed with regular trash, then all of it must be handled as biomedical waste (Please refer to policy ES-01-001).

**Isolation Room.** Volunteers may not go into any isolation room or room marked as “contact precaution”, or interact with isolation/precaution patients, unless specifically directed and properly trained for appropriate protective protocol by patient care staff. All appropriate PPE-personal protective equipment must be worn while inside the patient room, even if no patient contact is anticipated. These rooms are clearly identified with an isolation/precaution sign, which will fall into one of four general categories: (1) **Airborne Precaution**; (2) **Droplet Isolation**; (3) **Contact Isolation** or (4) **Protective Protocol**. (Please refer to policy IC-01-001)

**Patient Specimens or Needle sticks.** Because volunteers do not provide direct patient care that would put you at risk for exposure, direct contact with a patient’s blood or bodily fluid, or an accidental needle stick, is highly unlikely. However, if it were to occur, volunteers must report the incident to their supervisor immediately. Volunteers are examined and/or treated by Employee Health, as per Volunteer Infection Control policy, and incident report is initiated and the Director of Volunteer Services is notified (Please refer to policy IC-01-005 Part VII)

**Personal Protective Equipment.** When working in direct patient care areas, standard precautions are taught and practiced. This includes proper training in the use of personal protective equipment (PPE): i.e., gloves, gown, goggles, etc. Personal protective equipment must be worn whenever there is a risk for possible exposure to blood and bodily fluids. (Please refer to policy IC-01-001 and SA-01-013).

**Standard Precautions.** This term means that all patients should be considered potentially infectious. Standard precautions do not apply to casual patient contact, only to anticipated contact with blood or bodily fluids.

Protective measures, such as wearing latex or latex-free gloves should be taken any time you anticipate contact with or exposure to a patient’s blood or bodily fluids whether it is known to be infectious or not.

Use **Standard Precautions** to protect yourself against all blood and body fluids (except sweat, saliva, or tears.). This means:

- Assume that all blood and body fluids (except sweat, saliva, or tears) are infectious, no matter what the source.
- Use appropriate Personal Protective Equipment (PPE) such as gloves, masks, gowns, etc. if your job involves contact with blood or body fluids.
- Dispose of blood, body fluids, and materials contaminated with blood/body fluids in the appropriate containers (red bags, needle/sharps boxes, or sewage system).
- Do not touch broken glass with your hands. Use forceps or tongs to dispose of broken glass into an approved sharps container.
- Keep all cuts and breaks in exposed skin covered with a bandage and wear disposable gloves.
- Disinfect surfaces contaminated with blood or body fluids using a 1:10 bleach solution or other approved disinfectant.
- Do not eat, drink, smoke, or apply cosmetics or lip balms in areas where there may be blood or body fluids.
- Do not store food or drink in refrigerators where blood or body fluids may be present.
- Wash your hands frequently and thoroughly, even after using gloves.

For questions, please call the Infection Control office: 244-4812, 4811 or 4208
TEST QUESTIONS:

30. The single most effective way to prevent the spread of bacteria or germs is:
   a. Standard Precautions
   b. Wearing gloves
   c. Hand Hygiene
   d. Not touching any surface

31. In order for Hand Hygiene to be effective, the CDC recommends to wash your hands vigorously for at least:
   a. 45 seconds
   b. 15 seconds
   c. 5 minutes
   d. 15 minutes

32. Standard Precautions means that all patients are considered potentially infectious whether they are infections or not. Protective measures such as wearing gloves should be taken whenever there is anticipated contact with blood or other body fluids.
   a. True
   b. False

Heart Attack and Stroke Education

UF Health Jacksonville is a Center of Excellence for Chest Pain and Stroke, meaning that we have staff who have been specially trained to treat and manage the care of people who suffer from chest pain and stroke. Part of maintaining our Center of Excellence accreditation is ensuring that everyone has received basic education in these areas. The following is intended for non-clinical personnel.

What is a heart attack?
The heart is a large muscle that pumps blood and oxygen throughout our body. The heart needs oxygen to survive. When the heart muscle is deprived of oxygen it can cause damage or death to part of the heart muscle – this is called a myocardial infarction or Heart Attack.

Did You Know? Every 34 seconds, someone in the United States has a Heart Attack

What is EHAC?
Early Heart Attack Care (or EHAC) education asks you to learn the signs and symptoms of a heart attack so you can become an active bystander to save a life - even if it’s yours. Why?
• Over 800,000 people die in the US every year from a heart attack
• On average, 50% of these patients displayed, but ignored, the warning signs

Did You Know? 85% of heart damage occurs within the first two hours of a heart attack.

EHAC is knowing the subtle danger signs of a heart attack and acting upon them immediately - before heart damage occurs

Signs and Symptoms

- Chest pressure - squeezing, aching, or burning
- Feeling of fullness
- Jaw pain
- Pain that travels down one or both arms
- Excessive fatigue
- Anxiety
- Nausea
- Back pain
- Shortness of breath
Women and Heart Attacks
Women with Heart Attacks may experience some other symptoms:

- Pain and numbness may be in the right arm and chest
- May feel completely exhausted or drained (#1)
- Nausea or dizziness
- Upper back pain that travels up into the jaw
- May think their stomach pain is the flu, heartburn or an ulcer

Unusual Presentations
Unusual presentations are also known as atypical presentations. This is where the signs and symptoms may be different. For instance, a person with diabetes may not complain about pain or pressure in the chest.

So be alert for the following:

- A sharp or “knife like” pain that occurs when coughing or breathing.
- Pain that spreads above the jaw bone or into the lower body.
- Difficult or labored breathing

What should I do?

- First of all - Know your body. You know if something doesn’t feel right. Don’t waste time- get help!
- UF Health Jacksonville is a Chest Pain Center. If you are here and start experiencing any of the symptoms of a heart attack call for help by dialing 42222 and give your location – say you’re having chest pain
- If you see a colleague or a visitor having symptoms of a heart attack, have them sit and stay calm while you call for help
  - Call 42222
  - Give location including which building and floor
  - Tell the operator what is happening
- If it happens at home, don’t drive yourself to the hospital – Call 911

Note: Call 911 at “off-campus” locations - most of the locations off Boulevard, 10th Street, 11th Street, and off-site clinics. See Policy A-01-062_App A for a table of on-campus vs. off-campus locations.

What is a stroke?

- A Stroke is a disease that affects the blood vessels leading to and inside the brain.
- A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain either becomes blocked by a clot (this is called an ischemic stroke) or bursts (this is called a hemorrhagic stroke).
- With either of these, the brain can no longer receive blood and oxygen so brain cells die.

What are the effects of a stroke?

Strokes on the right side of the Brain result in:

- Loss of movement on the left side of the body
- Eyesight problems

Strokes on the left side of the brain result in:

- Loss of movement on the right side of the body
- Slow, cautious, behavioral style
- Behavioral changes
- Memory loss
- Memory Loss
- Difficulty or Loss of ability to speak or understand language
What are the risk factors of a stroke?

Major - risk factors you cannot control
- Increasing age - majority occur age 65 or older
- Gender - women have more strokes than men annually
- Heredity (including race) - children of parents with stroke, African Americans are at higher risk of death with a stroke
- Prior stroke or “Warning Strokes” - also known as Transient Ischemic Attacks or TIAs where you have the symptoms of a stroke but no lasting damage

Modifiable – risk factors you can change or control:
- Smoking
- High blood cholesterol
- Atrial Fibrillation
- Sickle cell disease
- High Blood Pressure
- Peripheral artery disease
- Poor Diet
- Heart Disease
- Diabetes
- Location (Most common in SE United States) Stroke belt
- Inactivity and obesity
- Alcohol and/or drug abuse
- Low income

Signs of a Stroke
- Face Drooping
- Arm Weakness
- Speech Difficulty
- Time to call 911

Time lost is brain lost. The longer you wait to seek help when you experience the signs and symptoms of a stroke the more brain is damaged. Early recognition of stroke symptoms and rapid treatment may stop or reverse that damage.

What should I do?

At home:
- Call 911 immediately

At UF Health Jacksonville:
- Help the person to remain calm
- Have them sit or lay down
- Call 4-2222 and give them:
  - Location
  - Building
  - Floor
  - Room
  - What is happening

Note: Call 911 at “off-campus” locations - most of the locations off Boulevard, 10th Street, 11th Street, and off-site clinics. See Policy A-01-062_App A for a table of on-campus vs. off-campus locations.
TEST QUESTIONS:

33. If I observe someone having a stroke or a heart attack, I should (select all that apply):
   a. Call 911 if I am outside the hospital
   b. Call 42222 to get help if I am at UF Health Jacksonville (a Chest Pain Center and Stroke Center of Excellence)
   c. Sit with them until the symptoms go away
   d. Tell them to drive to the emergency room and walk them to their car

34. Signs of a heart attack are:
   a. Chest pain or pressure
   b. Jaw pain
   c. Shortness of breathe
   d. All of the above

35. Signs of a stroke are:
   a. Face drooping
   b. Arm weakness
   c. Speech difficulty
   d. All of the above

Personal Safety

SECURITY (phone extension 44211)

Volunteers are encouraged to be security conscious at all times.

- When volunteering, always wear your ID Badge
- Volunteers should call security 244-4211 (or x44211) if they observe a suspicious person, have any security concerns, or if you require an escort to the parking garage or parking lot.

Some safety tips to protect yourself and personal property:

- As a volunteer, it is encouraged that you be friendly, however, we don’t recommend the development of close friendships or intimate relationships with patients or staff.
- Our hospital strives to provide a work environment free from intimidating, threatening or offensive conduct. Any actions or comments that are found to be harassing or offensive are not to be tolerated, and should be reported immediately to your department manager and to the Director of Volunteer Services.
- If you become involved in an unwelcome situation, leave the room or workstation immediately, or call out loudly for assistance
- Store your valuables in a secure location.

What to Do if Confronted by an Aggressive Person

Resolve disagreements peacefully and try to avoid arguments. Ask another person to intercede, if necessary. Making a formal report is your best opportunity to solve the problem. Report any aggressive behavior you experience or witness to your supervisor, Volunteer Services, or Security.
TEST QUESTIONS:

36. Security may be contacted by dialing x______ from any in-house phone:
   a. 42411
   b. 44211
   c. 44112
   d. 41124

37. Which of the following are safety tips for volunteers:
   a. Use lockers for personal belonging whenever available
   b. Walk out with a “buddy” or call security for an escort to your car during non-business hours
   c. Report suspicious behavior
   d. All of the above

Proper Body Mechanics

Back injuries are the #1 type of injury in the workplace. It is important for all staff – employees and volunteers alike – to be trained on proper bending, lifting and care of the back. Never attempt to lift an object that might possibly be too heavy or that could cause injury to you. Get someone to help you lift if you feel it is necessary, and always practice these safety measures:

- Visualize the lift
- Tuck in your pelvis
- Bend your knees
- Hug the load

Safe Lifting
Prevent injuries and make your work environment by following these tips:

- Never reach above your shoulders, use a step stool or ladder
- When reaching down, support your upper body with one arm
- Always keep the load close to your body without leaning forward
- Push, rather than pull, whenever possible
- Bend your knees and hips – not your back
- When leaning forward, move your whole body, not just your arms
- Ask for help

Transportation Guidelines
Many of our patients, and even our visitors, may require being wheelchair transported within the facility.

- Volunteers may independently transport medically stable patients in wheelchairs; however, volunteers may not independently transport (but may assist a staff member in transporting) stretcher patients, patients with IV pumps, chest or other types of drainage tubes, seizure patients, or patients who are unwilling or unable to be moved safely.

- Any volunteer not comfortable in transporting a patient because of concern for their own safety or the safety of the patient, should decline (but find someone else) to perform the task.

Volunteers may not assist an inpatient in getting in/out of bed without staff assistance.
Wheelchair Procedures:

1. Introduce yourself to the patient and explain why you are there.
2. Lock the wheelchair by using chair brakes and move leg and foot supports out of the way before assisting patient to wheelchair. Protect your own back by using proper body mechanics when positioning the leg and foot supports (i.e., squat, do not bend).
3. Assist patient into wheelchair (outpatients only). Call a nurse or aide to help an inpatient into the wheelchair. Protect your own back by using proper mechanics when assisting a patient to or from the wheelchair.
4. Place leg and foot supports under the patient, continuing to use proper body mechanics. Have the patient place arms in lap. If wearing a hospital gown, lay sheet in lap. If patient is cold, offer to get a blanket. Carefully check for hanging clothes or other items that may become entangled in wheels.
5. Unlock wheels and proceed going slowly.
6. Turn the chair around and back down ramps and into an elevator. Look for “hold” button, if needed.
7. When turning corners, go slowly, do not hug the wall. Look up into mirrors that are placed in hallway intersections for safety.
8. Travel at slow rate. Push chair; do not pull.
10. Always ask when in doubt about transporting a patient.

Right to Know and Hazardous Materials

- Health care workers, employees and volunteers, need to understand the risks and limitations when working with or around chemical substances. The hospital has very specific policies and procedures with regard to hazardous materials.
- Although volunteers are not expected to work directly with hazardous materials, there are hazardous materials in the workplace and everyone needs to know what potential hazards (or environmental exposures) exist in their specific work area.
- Volunteers need to know that the hospital’s Exposure Control plan is located in the Safety Manual. Each department is responsible for keeping a copy of the hospital’s Safety Manual in a visible location. The hospital’s exposure control plan outlines in detail what to do in the event of possible exposure or contact with hazardous materials, and should also include Safety Data Sheets (SDS) on any hazardous materials used in each department.
- All Florida hospitals come under the Federal Occupational Safety & Health Administration (OSHA) law, making each department director responsible for implementing a training program, within the first 30 days of employment. Hazardous communication training includes identifying areas where hazardous materials are present, maintaining Safety Data Sheets (SDS) and providing information to staff on proper waste disposal, product labeling and emergency response.
- It is important to be aware that there are 4 common routes by which a chemical can enter the body:
  (1) *inhalation*, through the respiratory system
  (2) *ingestion*, through oral consumption
  (3) *injection*, through an open cut or wound
  (4) *absorption*, through the skin
• Each department is responsible for visibly posting Safety Data Sheets for each product that contains any potentially hazardous material. These data sheets detail precautions for safe handling as well as antidotes.
• Any exposure to hazardous materials must be reported to the person to whom you report and/or the Director of Volunteer Services immediately.

Why So Regulated?
Hospitals have plenty of rules and regulations! We are monitored not only by the policies of hospital administration and individual departments, but also by state and federal laws and regulatory boards. Volunteers need to be aware of this and specifically be familiar with the term “The Joint Commission.”

Joint Commission for Accreditation of Healthcare Organizations (also referred to as “The Joint Commission”) is one such regulatory board. A Joint Commission survey team schedules a surprise visit (site inspection) every 36 months.

What does that mean for volunteers?
• The Volunteer office has the responsibility to make sure our volunteer files are maintained according to certain standards.
• Volunteers are responsible for being prepared as well. If you are on duty during a Joint Commission survey, you might be asked one of the following questions:

  1. What is the Mission Statement of the hospital? (See page 8)
  2. What is the hospital’s fire safety code and the fire safety plan for your area? (See page 26-27)
  3. What do you do as a volunteer, how were you trained, and how do you know if you are doing a good job? (duties specified in service guideline/job description; trained by attending volunteer orientation and department specific training; volunteer competencies performed annually)

Volunteer files and Training Records
In addition to your initial application form and related documents, training records are also maintained for volunteers. All training relevant to any volunteer service area should be reported to the volunteer office for appropriate documentation.

Volunteer training opportunities include:
• Orientation
• Additional training or in-service programs specific to your area of service
• Periodic educational in-service programs for all volunteers
• Annual mandatory training
• Telephone Etiquette training
• Most other classes offered to employees are also available for volunteers (computer training, CPR certification, etc.)

Advanced training for volunteers. The term “age specific competencies” describes the way hospital staff are trained to understand the special communication needs, health and safety concerns and psychosocial issues of specific age groups. Simply put, each patient is unique and they have unique needs based on certain development stages. Health care providers need to give individualized care based on those differences. Volunteers will receive additional training to become aware of those differences referred to as Age Specific Competency training.

Departmental Checklist
Volunteers will also receive area specific training provided by staff in their service area. A checklist will be reviewed, completed and signed, preferably on the volunteer’s first workday.
Performance Improvement and Patient Safety

Definition of Quality

Quality means doing the right thing the first time!

Performance Improvement

Performance Improvement is the organization’s methodology for systemically measuring, assessing, monitoring and improving important functions, work processes and patient outcomes. Performance Improvement requires building relationships with both internal and external stakeholders through team facilitation. Each person in our organization is responsible for identifying opportunities for improvement and working with others to implement solutions. When one is identified the Quality Management Department coordinates Performance Improvement initiative by partnering with those areas in identifying, coordinating and facilitating changes for improvement.

Patient Safety

Why Patient Safety? It’s important. It’s our business. It’s because we care.

Patient Safety is defined as “freedom from accidental or preventable injuries produced by medical care”. Patients have a right to expect health care in an environment free from injury or risks. Healthcare workers have the same expectation of working within a system that supports safe and effective care.

The Joint Commission our accreditation body for health care established the National Patient Safety Goals to encourage improved patient safety in hospitals and other healthcare settings. The 2014 Hospital goals that volunteers should be familiar with are:

1. Identify patients correctly
   A. In providing care we use two pieces of the patient’s information to identify the patient, i.e. patient name, medical record number, or date of birth. We will verify by asking the patient the information and comparing that information to the patient’s armband.

2. Improve staff communication
   A. Communication includes how we manage “handing-off,” information including an opportunity for all staff/volunteers to ask and respond to questions.

3. Preventing infections
   A. The best way to prevent infections is to wash your hands frequently.

4. Reduce the risk of patient harm resulting from a falls
   A. If you see a patient, visitor, or staff member fall call for help immediately by dialing 2222. Give the operator your location and the type of emergency and they will send the appropriate staff to the area.
   B. Use a wheelchair to transport patients whenever possible.

5. If you see a medical emergency of a patient, visitor, or staff member
   A. Our facility has put into place a “Rapid Response” team to immediately respond to any patient, visitor, or staff emergency event. Anyone (staff, security or volunteers) may access the team by dialing 2222. Give the operator your location and the type of emergency and they will send the appropriate staff to the area.
Should you identify an issue that you feel could impact patient safety, please contact:
• Your supervisor immediately or
• UF Health Jacksonville Patient Safety Hotline at 244-SJPS (7577) or
• For anonymous reporting, complete a report on the Bridge by clicking departments in the left hand column and go to Patient Safety and click on the orange box

*Any questions please call the Patient Safety Team at 244-7531 or 244-8783.*

**HCAHPS: Improving the Patient Experience**

Patient Experience is…
“The sum of all interactions, shaped by an organization’s culture, that influence patient perception across the continuum of care” – The Beryl Institute

Patient experience involves patients, family members, and staff (both clinical and non-clinical).

**Describe your role in Patient Experience…**

- **Why should we care?**
  - Patient experience impacts:
    - Patient loyalty
    - Patient outcomes
    - Communication
    - Staff recruiting
    - Medicare reimbursement (VBP)
    - Patient safety
    - Patient compliance
    - Staff retention
    - Community support

- **What is my role/responsibility?**
  - Think “Patients first”!
    - What do our patients expect from us?
    - What needs will they have that we can anticipate?
    - How can we capture moments to connect with them?
  - Remember the basics:
    - Hospitality
    - Communication
    - Teamwork
    - Professionalism & Responsibility
    - Follow AIDET (Acknowledge, Introduce, Duration, Explain, Thank)
    - Watch noise levels
    - Assist with way-finding

**Patient Experience Surveys**

- Surveys are conducted to gather information on patients’ perceptions of their experience.
- Patients are surveyed in all areas/units: inpatient units, Emergency Department, clinics, surgery centers.
- A random sample of patients is surveyed by telephone between 48 hours and 6 weeks after discharge.

**HCAHPS**

- Inpatient adults receive the HCAHPS survey (Hospital Consumer Assessment of Healthcare Providers and Systems).
- Hospital results are publicly posted on the Hospital Compare website and are adjusted for mode of survey and patient mix to allow fair comparisons between hospitals.
- This data is tied to our **Value Based Purchasing (VBP)** reimbursement rate from CMS (Centers for Medicare and Medicaid Services).

*In other words… we get paid based on patient experience!*
The 9 Domains of HCAHPS

- HCAHPS survey questions fall into these 9 domains:

<table>
<thead>
<tr>
<th>HCAHPS DOMAIN</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication With Nurses</td>
<td>Nurses show courtesy and respect, listen, and explain</td>
</tr>
<tr>
<td>Communication With Doctors</td>
<td>Doctors show courtesy and respect, listen, and explain</td>
</tr>
<tr>
<td>Responsiveness of Staff</td>
<td>Call button responsiveness and bathroom help</td>
</tr>
<tr>
<td>Pain Management</td>
<td>Pain controlled and help with pain</td>
</tr>
<tr>
<td>Communication About Medications</td>
<td>Medication and side effect explanation</td>
</tr>
<tr>
<td>Hospital Environment</td>
<td>Cleanliness and quietness</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>Help after discharge and symptoms to monitor</td>
</tr>
<tr>
<td>Care Transition</td>
<td>Care preferences, responsibilities, and medications</td>
</tr>
<tr>
<td>Overall Rating</td>
<td>Hospital rating on a scale of 0 to 10</td>
</tr>
</tbody>
</table>

HCAHPS Results

- Most questions asked are based on frequency with a scale of *Always, Usually, Sometimes,* and *Never.*
- We only receive credit when a patient reports the best possible answer (for example “Always” on a scale of Always to Never)
- Results are reported as “percent always” and are averaged for each domain.
- Our goal is to be in the top 50% of hospitals, or the 50th percentile.

**TEST QUESTIONS:**

38. Patient experience involves which of the following:
   a. The patient
   b. Caregivers
   c. Family members
   d. Staff
   e. All of the above

39. On a scale of Always to Never, we receive credit for which of the following responses:
   a. Always
   b. Usually
   c. Sometimes
   d. Never
   e. A and B
   f. None of the above

40. HCAHPS domains include...
   a. Hospital Environment
   b. Nurse Communication
   c. Responsiveness of Staff
   d. Pain Management
   e. All of the above
   f. None of the above

41. I have the power to influence our patients’ experiences at UF Health.
   a. True
   b. False
Annual Centers for Medicare & Medicaid Services (CMS) General Compliance

Why do I need this training?

This training will:

• help you to identify the laws and rules pertaining to Fraud, Waste, and Abuse
• cover cultural competency training for diverse populations (including those with Disabilities), abuse, neglect, and exploitation
• provide awareness and training on how to report improper practices as all workforce members play a role in ensuring compliance with the rules

This training is created and required by Centers for Medicare and Medicaid Services (CMS) and by the commercial payors with whom we have contracts. 42 CFR Section 422.503(b)(4)(vi)(C) and 42 CFR Section 423.504(b)(4)(vi)(C) note Sponsors, employees, governing body members, and their related entities are required to complete this training.

Fraud, Waste, and Abuse

**Fraud** is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment up to 10 years. Violators are also subject to criminal fines up to $250,000.

**Waste** includes practices that, directly or indirectly, result in unnecessary costs to the Medicare Program, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

**Abuse** includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Civil False Claims Act (FCA)

The civil provisions of the FCA make a person liable to pay damages to the government if he or she knowingly:

• Conspires to violate the FCA
• Carries out other acts to obtain property from the Government by misrepresentation
• Conceals or improperly avoids or decreases an obligation to pay the Government
• Makes or uses a false record or statement supporting a false claims
• Presents a false claim for payment or approval
• Damages and penalties: Any person who knowingly submits false claims to the government is liable for three times the Government’s damages caused by the violator plus a penalty.
Health Care Fraud Statute

The Healthcare Fraud Statute states, “Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program…shall be fined under this title or imprisoned not more than 10 years, or both.”

Conviction under the statute does not require proof the violator had knowledge of the law or specific intent to violate the law. For more information, refer to 18 USC Sections 1346-1347.

Damages and Penalties: Persons who knowingly make a false claim may be subject to criminal fines, imprisonment for up to 20 years, or, if the violations resulted in death, the individual may be imprisoned for any term of years to life. For more information, refer to 18 USC Section 1347.

Anti-Kickback Statute

The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal health care program (including the Medicare Program).

Damages and Penalties: Violations are punishable by a fine of up to $25,000 and imprisonment up to 5 years. For more information, refer to the Social Security Act (the Act), Section 1128B(b)

Stark Law (Physician Self-Referral Law)

The Stark Law prohibits a physician from making referrals for certain designated health services to an entity when the physician (or a member of his or her family) has an ownership/investment interest or a compensation arrangement. Exceptions apply.

Damages and Penalties: Medicare claims tainted by an arrangement that does not comply with the Stark Law are not payable. A penalty of around $24,250 can be imposed for each service provided. There may also be around a $161,000 fine for entering into an unlawful arrangement or scheme. For more information, refer to 42 USC Section 1395nn.

Civil Monetary Penalties (CMP) Law

The Office of Inspector General (OIG) may impose civil penalties for several reasons, including:
- Arranging for services or items from an excluded individual or entity
- Providing services or items while excluded
- Failing to grant OIG timely access to records
- Knowing of and failing to report and return an overpayment
- Making false claims
- Paying to influence referrals

Damages and Penalties: The penalties can be around $15,000 to $70,000 depending on the specific violation. Violators are also subject to three times the amount claimed for each service or item or of remuneration offered, paid, solicited, or received. For more information, refer to 42 USC 1320a-7a and the Act, Section 1128A(a)

What Are Your Responsibilities?

As a UF Health Jacksonville employee, you play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare noncompliance.
• You must comply with all applicable statutory, regulatory, and other Medicare Part C or Part D requirements, including adherence to the established compliance program.
• You have the duty to report any compliance concerns and suspected or actual violations of which you may be aware.
• You have a duty to follow the Code of Conduct, which articulates the organization’s commitment to compliance and ethical behavior, and the expectations under the standards of conduct.
• You have a duty to complete certain training per Medicare Parts C and D requirements.

How Do You Help Prevent FWA?

• Conduct yourself in an ethical manner
• Ensure accurate coding and billing
• Ensure proper and accurate documentation
• Ensure appropriate coordination with other payers
• Know FWA policies, procedures, standards of conduct, laws, regulations, and CMS’ guidance
• Be aware of potentially suspicious activity
• Verify all information received
• Report information to the Compliance Services Department

Policies and Procedures

Jacksonville is required to have policies and procedures that address Fraud, Waste, and Abuse (FWA). These procedures are designed to help detect, prevent, report, and correct FWA.

Jacksonville’ Code of Conduct describes the expectation that:

• All employees conduct themselves in an ethical manner
• Appropriate mechanisms are in place for anyone to report noncompliance and potential FWA
• Reported issues will be addressed and corrected
• Know where to find our policies and procedures on the Bridge
• Our Policies and Code of Conduct communicates to employees and those who we work with that compliance is everyone’s responsibility!

Reporting FWA

All Jacksonville staff are required to report suspected or known instances of FWA. Jacksonville maintains a non-retaliation policy. Staff are not retaliated against for reporting their concerns in good faith.

Staff can report concerns to any of the following: Supervisor, Compliance, Privacy, Human Resources, Audit Services, Legal Services, Administration, or to our Hotline. All reports will be properly investigated. Hotline callers may remain anonymous.

Tips on what information to provide when reporting suspected FWA:

• Contact information for the information source, suspects, and witnesses
• Alleged details and Alleged rules violated
• Any other information that may help to identify the issue and area to properly investigate.
• Refer to our non-retaliation policies on the Bridge for more information.
Cultural Competency

With growing concerns about health inequities and the need for health care systems to reach increasingly diverse patient populations, cultural competence has become a matter of national concern.

There are also growing concerns over various health issues that affect our society, which may differ among ethnic groups, genders, sexual orientation, and those with different socioeconomic statuses. Each population has various concerns and needs for its healthcare to be delivered appropriately.

A **subculture** is an ethnic, regional, economic or social group exhibiting characteristic patterns of behavior sufficient to distinguish it from others within an embracing culture or society.

Healthcare for Diverse Populations

Remember that economically disadvantaged members may:

- Not be familiar with the U.S. health care system, or have received prior quality medical care
- Experience illness related to life changes or other SES (socioeconomic status)
- Experience difficulty getting to or keeping medical appointments due to transportation or other issues

There are many benefits to open communication:

- Builds trust
- Results in full disclosure of patient knowledge, behavior, and ability to afford medications and treatment
- Improves patient care

Abuse, Neglect, and Exploitation

When a provider suspects there is a risk of abuse, neglect, or exploitation, he/she should work with the case manager assigned to the member.

When a manager determines that a member is at-risk for abuse or neglect, but does not display signs or symptoms, the manager will include in the plan-of-care specific interventions to reduce the member’s risk.

Refer to Jacksonville policies and procedures for more information, and consult your supervisor for assistance.

Steps for Prevention

We all can take steps to prevent abuse, neglect, and exploitation. Such interventions shall be tailored to the patient’s particular risk factor(s) and may include, though need not be limited to, one or more of the following:

- Increased frequency of care coordination face-to-face visits to monitor for potential abuse, neglect or exploitation.
- Education of the patient on the types, risks factors, associated traits and symptoms of abuse, neglect and exploitation, as well as options for reporting abuse and neglect, including through the case management or through support agencies.
- Alert the patient’s providers, including home and community-based services providers, of the need for heightened vigilance and surveillance and review of the procedures for notifying the care manager of suspected abuse or neglect.
- We all can take steps to prevent abuse, neglect, and exploitation
- Seek arrangements for respite for unpaid caregivers in the plan of care.
• Increase informal social support for patient’s through use of community activities or resources, e.g., senior centers, support group or worship attendance.
• Refer patients, family or caregiver to mental health/substance abuse treatment.
• Refer patients to social service agency if family resources are severely limited.

Tip: Refer to Jacksonville policies and procedures for more information, and consult your supervisor and/or Case Management for assistance.

Americans with Disabilities Act (ADA)

Persons with disabilities, as per the Americans with Disabilities Act of 1990, must be consulted before an accommodation is offered or created on their behalf.

Working with Seniors and Persons with Disabilities:
• Disease and multiple medications- some may have impaired neurocognitive processing ability due to:
  • Stroke, pain, hypertension, diabetes or pneumonia
  • Medications that can affect cognition include pain medicine, antidepressants, and medication interactions.
  • As a caregiver, be aware and slow down speech patterns, speak clearly, use plain language, recommend assistive listening devices, and obtain a thorough health history.

ADA: Cognitive and Visual Impairment

Patients with dementia may need a caregiver. Older adults who suffer losses may be less willing to discuss feelings.

Visual impairment can cause problems with reading, depth perception, contrast, and loss of independence. Solutions include:
• decreasing glare,
• use bright, indirect lighting
• use contrasting colors
• share material with large, nonserif fonts.

ADA: Hearing and Physical Impairment

Presbycusis is gradual, bilateral, high frequency hearing loss. Consonant sounds are high frequency, there is difficulty distinguishing words, and speaking louder does not help.

• Try to face the patient at all times, speak slowly and clearly. Do not cover your mouth.
• Rephrase if necessary, reduce background noise, and offer listening devices.
• Physical Impairment includes pain and reduced mobility
• Common due to osteoarthritis, osteoporosis, and strokes.
• Keep hallways clear, lower exam tables, add grab bars/railings, use closest available exam rooms.
• Offer assistance with transfers, opening sample bottles, etc.
• Recommend in-home accessibility assessment.
**TEST QUESTIONS:**

42. Compliance is the responsibility of the Compliance Officer, Compliance Committee, and Upper Management only.
   a. True
   b. False

43. Ways to report a compliance issue include:
   a. Telephone Hotlines
   b. Report on the Sponsor’s website
   c. In-person reporting to the compliance department/supervisor
   d. All of the above

44. What is the policy of non-retaliation?
   a. Allows the Sponsor to discipline employees who violate the Code of Conduct
   b. Prohibits management and supervisor from harassing employees for misconduct
   c. Protects employees who, in good faith, report suspected non-compliance
   d. Prevents fights between employees

45. These are examples of issues that can be reported to a Compliance Department: suspected fraud, waste and abuse (FWA); potential health privacy violation, and unethical behavior/employee misconduct.
   a. True
   b. False

46. What are some of the consequence for non-compliance, fraudulent, or unethical behavior?
   a. Disciplinary action
   b. Termination of employment
   c. Exclusion from participating in all Federal health care programs
   d. All of the above
Section III

VOLUNTEER POLICIES
Benefits and Uniforms

General Benefits

- Recognition and special occasion functions and luncheons as scheduled. Service awards pins for every five years of service.
- 10% discount to all volunteers on gift items purchased in the gift shops in either the Clinical Center or the Towers buildings. Fragrances, cards, flowers and UF Health logo items excluded from discount.
- Continuing education and training through the Volunteer Services Department, as well as eligibility to enroll in educational courses sponsored by the hospital.
- Free confidential counseling services through HealthAdvocate by calling 1-877-240-6863.

Complimentary Meal Plan
Current active volunteers may enjoy one complimentary meal when a volunteer works at least a 4 hour shift. The meal benefit is for an amount up to $7.00. If your purchase exceeds $7.00 you will be asked to pay the difference. In order to receive this benefit, volunteers should be in uniform, including ID badge. This benefit is available in the following locations: Clinical Center Cafeteria, Clinical Center Coffee Shop, Pavilion Cafeteria, Towers Deli and North Campus Bistro. Volunteers receive the same discount as employees which is 20%. Meal allotment may be used in increments for breaks, etc. as long as the volunteer does not go over the limit on that given day.

Parking
Parking is free to all volunteers. Volunteers are required to park in specific lots/areas identified according to the building in which they are assigned as outlined below;

1. Volunteers with handicap parking privileges may park in any handicap space on campus.

2. Pavilion(*) - Volunteers are requested to park in the designated employee/visitor lot on Boulevard Street.

3. Towers(*) - Volunteers are requested to park in the lot adjacent to the Towers.

4. Clinical Center, Health Science Center, or Ambulatory Care Center buildings. Volunteers assigned to these buildings may not park in the Ambulatory or Emergency parking lots. These volunteers may park in the South Parking Garage on levels 1, 2 or 3 in spaces provided for visitors/patients.

(*) Volunteers, employees and the general public are encouraged to use the free campus shuttle service. A shuttle map is posted in the Volunteer Office and at every main entrance.
Uniforms

Uniforms are required for all hospital based volunteers, which consist of:

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>Red Polo Shirts</th>
<th>Khaki Pants/ Skirt</th>
<th>Comfortable, Solid Tan or Brown Shoes</th>
<th>Red Scrub Top/Khaki Scrub Pant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult male</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Adult female</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Student male</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Student female</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

- All volunteers are required to wear their ID badge when providing service
- **Blue jeans, capris, shorts and short skirts are considered too casual and are not permitted**
- Shoes must be worn with socks or hosiery
- Wearing scrubs and lab jackets is strictly prohibited for volunteers unless it is the approved scrub set for Summer Student program
- Perfume and excessive jewelry should be left at home
- Exceptions: some alternative dress codes have been established for particular service areas such as Office Interns”

**Note:** Red Polo shirts may be purchased in the Gift Shop located on the first floor of the Clinical Center (Downtown Campus) for $19.99. Summer Student and Homeschool Student Volunteer Scrub sets can be purchased at the downtown clinical center Gift Shop for $27.99. NORTH adult volunteers may also purchase their red polo shirt at the north gift shop in the inpatient tower.

**Professional Image**

Volunteers are reminded that a professional appearance, together with professional and courteous action, attitude and behavior, reflects the excellent image and reputation of our institution.

Volunteers are expected to maintain a neat and clean appearance at all times while on duty. Clothing should be clean, neatly pressed and tidy, nails should be clean, well maintained and not pose a safety (or infection control) hazard for you or patients. Fingernails of NICU volunteers must be less than 1/4 inches long from the fingertip; artificial nails, wraps, extensions, jeweled or pierced fingernails are not permitted.
General Volunteer Policies

Volunteer assignments. Volunteers support staff and enhance the services offered by our hospital. They do not replace staff. Volunteers are assigned to specific areas of service by the Volunteer Services staff, based on the following:

- Knowledge, skills and abilities of the volunteer
- Availability of the volunteer
- Current needs of the hospital

Volunteer types. UF Health Jacksonville volunteers fall into one or more of the following categories:

- Hospital based volunteer
- Intern volunteer (non-clinical)
- Student volunteer
- Community based volunteer

Volunteer activity.

- Volunteers are asked to provide a minimum of 100 hours of service. Most volunteers serve four hours per week.
- Interns who are completing non-paid student internships serve the agreed upon total hours needed to successfully complete their internship.
- In order to remain active, a volunteer must commit to a regular, weekly schedule.
- A volunteer may request to go “on leave” for up to three months. If the volunteer is unable to return after three months, they will be placed on inactive status.
- Continued service of any volunteer is dependent on adherence to the hospital’s administrative policies, the Volunteer Services Department’s policies and procedures, and especially compliance with our annual training requirements.

Volunteers are expected to:

- Be familiar with, and adhere to, the duties and responsibilities as outlined in their volunteer service guideline.
- Lend assistance whenever and wherever needed. However, if asked to do something that does not fall within their realm of responsibility, the volunteer should (a) decline; (b) say they have not been trained for this duty; (c) indicate that particular duty has not been approved for volunteers to perform.
- Advise the Volunteer Office of any questions or concerns you may have, whether it is with the assignment, the schedule, the duties or any dissatisfaction that may arise in their area of service.
- Maintain professional courtesy with physicians, administrators and clinical staff.
- Maintain a professional image. The following are not considered proper while providing service: (a) chewing gum; (b) eating at your work station (meal should be eaten in the cafeteria); (c) personal conversations which might disrupt performance of service.
- Volunteers may not smoke while performing volunteer duties. UF Health Jacksonville is a smoke free hospital and no smoking is allowed on the campus at any time.
Legal and Ethical Issues

Accidents and injuries
Volunteers who sustain an injury while volunteering should notify their supervisor/manager/director and the Volunteer Director or Manager immediately. The Employee Health Department must be notified within 24 hours. Should medical attention be necessary, the volunteer will be taken to the UF Health Jacksonville Employee Health Department or Emergency Department, depending on nature of injury, for treatment. The Volunteer Director will complete an accident report.
We can all work together to keep a safe environment through safety awareness and accident prevention. In addition,
- If you witness an accident/incident report it immediately to the manager of the area
- If you witness faulty equipment, or an unsafe condition, report this as well.

Liability
Any person who volunteers to perform any service for any nonprofit organization, without compensation, is protected under the Florida Volunteer Protection Act (Florida Statute 768) as long as they are volunteering within the scope of their volunteer responsibility. However, the hospital cannot be held liable if any volunteer were to perform a service not in compliance with the policies and procedures of the hospital. It is the volunteer’s responsibility to be familiar with, and to act within these guidelines, at all times.

Belief Systems
Be respectful of our patients’ right to their own belief systems, their right to privacy, and their right to determine their own personal choices. The religious preferences and/or value systems of our patients may be different than that of our volunteers. Never initiate religious conversations with patients/visitors. If you are asked to join in prayer, and are comfortable doing so, this is acceptable, but you may not initiate prayer with patients/families.

Prohibitions
Volunteers are strictly prohibited from performing the following duties:

- Placing identification arm bands on patients
- Changing a patient’s body position, moving them in/out of bed without staff assistance
- Lifting heavy objects or carrying items for long distances
- Emptying bedpans or urinals, cleaning up blood, or handling patient specimens
- Taking physicians’ orders or patient test results over the telephone
- Monitoring critically ill patients or touching patient monitors or medical equipment
- Reading or writing on patients’ medical charts
- Accepting patient valuables
- Witnessing legal or personal documents
- Dispensing medication or performing nursing duties
- Entering a patient’s room if a physician or technician is with the patient, or if there is a conference going on with either medical staff or the clergy
- Entering a patient room that has any kind of an “isolation” sign or “contact precaution” sign
- Dispensing water or food when there is an NPO sign posted (the medical term for “nothing by mouth”); always check with the nurse before filling a patient’s request for any kind of food or snack
- Never make any statements or recommendations and/or referrals for a specific physician, clergyman, florist, funeral home, or any other service directly or indirectly related to the health field. Such a referral could indicate an endorsement by the hospital.
Stop, Look & Listen…some more prohibitions. Volunteers may not….

- Accept tips or gratuities
- Conduct personal business on the hospital premises
- **Solicit, sell or distributing any items or services at any time while on hospital premises**
- Offer personal opinions of a physician or medical procedure or attempt to give medical advice of any kind
- Distribute religious literature. If religious literature is donated, it must first be reviewed by the Pastoral Care Department before being distributed by volunteers
- Ask patients about their disease or illness, or details about their surgery. Since patients often do confide in volunteers, it is important to listen quietly, focusing on and responding to their feelings rather than the medical facts or personal information that may be shared
- Discuss your own previous illnesses or health problems with patients. Volunteers should remember that even when making small talk, the focus should be kept on the patient, not on the volunteer. (Exception: American Cancer Society Volunteers)
- Wear scrubs or lab jackets

**TEST QUESTIONS:**

47. If asked how volunteers receive training, your response should be:
   a. New volunteer orientation
   b. Department specific training/orientation
   c. Annual volunteer training
   d. All of the above

48. Volunteers who sustain an on the job injury must notify their manager and the Volunteer Office immediately and Employee Health within 24 hours.
   a. True
   b. False

49. Volunteer may perform the following except:
   a. Escort a customer from the lobby to their destination in a wheelchair
   b. Assist a staff person getting a patient in or out of bed
   c. Help a patient get out of bed to go to the restroom
   d. Assist a staff person pushing a patient on a stretcher

50. Volunteers are asked to lend assistance whenever and wherever needed. However, if asked to do something that does not fall within their realm of responsibility they should respectfully decline and indicate that, to their knowledge, volunteers have not been approved to perform that specific duty.
   a. True
   b. False
Service Guidelines - Schedules, Attendance and Absences

Service Guidelines

This is the term that the Volunteer Services Department uses for “volunteer job descriptions”. These service guidelines are collaboratively developed by the Director of Volunteer Services and the staff person to whom the volunteer reports in an individual area of service or department, and are updated annually. A volunteer service guideline will list the following:

- Duties and responsibilities
- Minimum requirements
- To whom the volunteer reports

Additionally, some areas of service also provide a list of detailed procedures to compliment the service guideline. Please remember:

- Always follow the guidelines of your assignment
- Due to liability, decline to perform a function either not in your guideline or that you are not trained to do
- Always direct questionable issues or concerns to your department manager or to the Volunteer Office

Competency Checklists.

Hospital policy mandates that employees be evaluated as to whether or not they are competent to perform the duties of their job description. Volunteers, too, are observed by the staff person to whom they report and this is documented on a “Competency checklist”

- Competency checklists ARE NOT designed to be threatening or intimidating. It is merely a system that confirms you are able to perform the duties described in your service guideline, and to “flag” whether additional training in a particular job function may be needed.

- Competency checklists are required annually and become a part of your volunteer file.

Once provided a schedule for an assigned area, volunteers are expected to:

- Fulfill your volunteer commitment
- Adhere to your schedule in a consistent manner
- Sign in and out correctly and accurately, each and every time you volunteer. For service hours performed outside the hospital, notify the Volunteer Office so that hours served can be added to our database. If the computer system is not working properly, please phone in your hours to the Volunteer Office.
- Call the Volunteer Office and your department if you cannot report on your scheduled day
- Notify the Volunteer Office if you wish to change your scheduled day, time or service area

Once the volunteer has begun providing service on a regular basis:

- The Volunteer Office is able to provide volunteers with a print out of hours served, based on the accuracy of how they have signed in and out
The Next Step: When Do I Start?

Personal Checklist

Prior to beginning service, each volunteer must have:

- Completed application form
- Interview with Volunteer Services
- Visited the Employee Health (Tower I, 5th floor, Suite 505 - phone 244-9576)
  - TB skin test (PPD)
- Completed new volunteer orientation online
  - Complete New Volunteer Paperwork (Confidentiality statement; Code of Conduct)
- Uniform (if applicable)
- Start date/time confirmed ________________________

On your first day you will be provided with the following:

- ID badge and Meal Card
- Service guideline/job description (*)
- Department orientation checklist (*)

(*) these forms will need to be completed with your supervisor or their designee and returned to the volunteer office ASAP

Volunteer Information

- Area of Service
- Schedule
- Location
- Parking
- Name of departmental supervisor
- Name of preceptor (trainer)
- Telephone number of supervisor/department

Thank you for volunteering at UF Health Jacksonville! Be sure to let us know how things are going for you. We want your volunteer experience to be fulfilling and meaningful and are here to support you.