

# GBMC Volunteer Orientation



*“To every patient, every time, we will provide the care that we would want for our own loved ones.”*

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# Can't do this without you

Since 1963 volunteers have been the voice of the community!

- Helping with major fundraising in support of patient care
- Exemplifying the values of the hospital



*Thank You*

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# Purpose of Orientation?

- Hospitals are highly regulated and inspected
  - Joint Commission (JC) is key regulator
- All staff, including volunteers must complete an Orientation
  - Covering regulation and policy
- Required documentation to prove compliance
- Want you to be informed, safe and comfortable in this environment



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# Orientation Training Plan

Presented in 3 parts

1. Regulation and Policy Training – online
  - Regulatory – ‘HAFTA’
  - Patient Experience
1. Hands On and Review - classroom



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# Part 1 - Logistics

- Slides – show key points
- Volunteer Services Handbook – written reference
  - <https://www.gbmc.org/volunteer-services-handbook>
  - Password is 6701
- Online Test
- Online Acknowledgement Form
- Online Greater Behaviors Commitment Form

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# Topics – Regulation

- Joint Commission & Volunteer Requirements
- Ergonomic Hint
- Safety
- HIPAA
- Stroke
- Infection Prevention
- Patient Identification
- Corporate Policies
- Hospital Policies



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# Joint Commission (JC)

- Key GBMC hospital regulator
  - JC sets the ‘gold standard’
  - Does onsite ‘inspections’ minimum once every 3 years

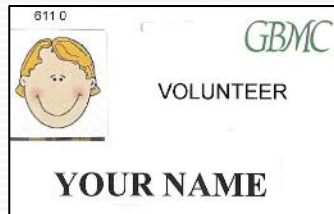


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# Joint Commission - Requirements for Volunteers

- General Orientation to include specific subjects
- Additional clinical training by a clinician if in clinical role
- Annual renewal training (August of each year)
- Assessment minimum of once every 3 years
- Service Description for each volunteer role
- Health Screening
- Uniform Requirements (badge, uniform, mask)



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# Body Mechanics/Ergonomics

*We would be remiss if we did not remind you of this rule!*

- For every **20** minutes of the same or static posture or activity, take a **20** second rest or stretch break.
- Get out of your chair every 30 to 60 minutes.



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# Body Mechanics/Ergonomics

- Lifting
- Working at a Desk
- Standing for Extended Periods



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# SAFETY

- Hospital Codes
  - Explained
  - Special attention for 'FIRE'

*Please read Volunteer Services Handbook section on Safety Codes*

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# SAFETY – Hospital Codes

SAFETY BADGE ISSUED TO ALL VOLUNTEERS

Key Phone Numbers		443-849-
RRT	Rapid Response Team	2777
Code BLUE	Cardiopulmonary Arrest	2300
Code RED	Fire	3473
Code YELLOW	Disaster/Critical Incident	Called by AOC
Code PINK	Abduction	2222
BHRT	Behavioral Health Response Team	2007
Code SILVER	Active Threat	2222
Code ORANGE	Hazmat	2222
Security		2222
Utility Outage		2171
Adverse Drug Reaction		2377
Ethics Committee		2370
Administrative Coordinator		2076



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# SAFETY – RRT and Code Blue

- Called when a patient/visitor is in medical distress
  - RRT (Rapid Response Team)
    - Patient breathing
    - Patient showing signs of a STROKE\*
  - Code Blue
    - Patient is not breathing

\*Term ‘STROKE ALERT’ is used.

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# SAFETY – RRT and Code Blue

- Callers must be prepared to answer:
- **What kind of emergency?**
  - Rapid Response, Code Blue or Stroke Alert
- **Who needs help?**
  - Adult, child or newborn?
  - Inpatient or Outpatient\*
- **Where is help needed?**
  - Name of building, Floor#, Room#, description of location
  - *Exceptions are locations where there is no way to safely transport a person on a stretcher or wheelchair. This includes: **Nearly New (Farmhouse Hill)**, Gilchrist, La Petite, **South Chapman**, and the warehouse. **911** should be called at these locations.*
- A medical team plus Security will respond to the call. If it is a ‘STROKE ALERT’, a Hopkins stroke neurologist will also respond.

\*Outpatient includes: visitors, volunteers, employees

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# SAFETY – RRT and Code Blue

What should volunteer do?

- **Stay with patient until help arrives**
  - Helps to reassure the patient
  - Helps to let others know that help has been called
  - Gives you the opportunity to wave over the response team
- **Once team arrives**
  - Get out to the way, you have done your duty
  - In some unit assignments volunteers help with patient privacy



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# SAFETY – Code Red - Fire

What should volunteer do in the event of a fire?

- **Evacuation**
  - **Inside Hospital**
    - Stay where you are unless instructed otherwise
    - Hospital is constructed with automatic fire suppression and ‘smoke compartments’
  - **Everywhere else**
    - Evacuate immediately
  
- **Safety Badge (shown on next slide)**
  - **SAVE** – procedure in the event of a fire
  - **PASS** – How to use a fire extinguisher

**Useful FACT:** GBMC fire extinguishers are rated for Class ABC fires (wood, paper, clothing, gas, grease, oil and electrical)



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# SAFETY – Code Red

SAFETY BADGE ISSUED TO ALL VOLUNTEERS

FIRE	FIRE EXTINGUISHER USAGE
<b>S</b> Save the Patient	<b>P</b> Pull the Pin
<b>A</b> Sound the Alarm Call 3473 or Pull Alarm	<b>A</b> Aim at the Base of the Fire
<b>V</b> Control Ventilation Close Doors	<b>S</b> Squeeze the Trigger
<b>E</b> Extinguish the Fire if Small & Contained	<b>S</b> Sweep the Base of the Fire

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# SAFETY – Code Red - Fire

Questions regulators may ask:

- Where is the closest fire extinguisher?
- Where is the closest fire alarm pull?
- What is the evacuation policy and route for your area?
- Where is the '**Emergency Preparedness Guide**' (pictured on next slide) for your area?

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# SAFETY – Emergency Preparedness Guide

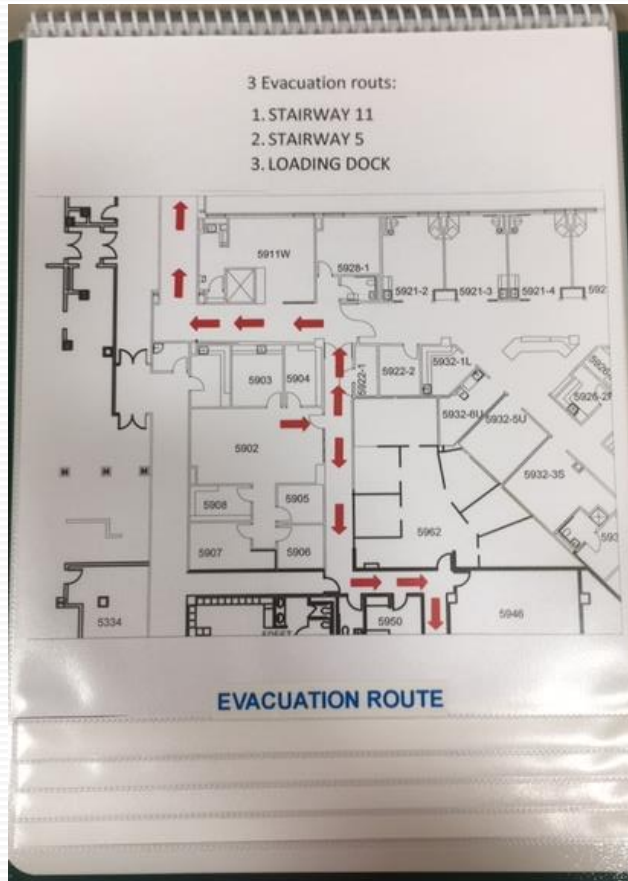


- Found at eye level throughout the hospital
- Has location specific information like evacuation routes

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# Emergency Preparedness Guide - Evacuation Route Guide



# SAFETY – Code Yellow – Disaster/Critical Incident

Hospitals must have Emergency Operations Plans in place in the event normal operations are disrupted by internal or external events.

When these occur, Code Yellow is called. The Command Center will be responsible for providing ongoing communication.

Volunteers must be diligent in signing in and signing out when on duty. During an emergency, this makes it possible for Volunteer Services to determine who is volunteering.

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# SAFETY – Code Pink – Infant/Child Abduction

All pediatric areas within the hospital are closely monitored with strict ID badge access.

This code is called in the event of a child abduction.

Employees disperse to all exits, elevators and stairwells to monitor unusual behavior and check bags.

Volunteers are asked to report observations and departures may be delayed.

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# SAFETY – Code BHRT – Behavioral Health Response Team

In response to disruptive and potentially violent behavior a team made up of a Behavioral Health Nurse, the Nursing Coordinator and Security respond.

Volunteers are asked to remove themselves from the situation.

This was formerly known as Code Green.

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# SAFETY – Code Silver – Active Threat

This is used to warn of violence by an active shooter or armed assailant. Information is taken from Homeland Security guidance.

Personal strategies are to RUN, HIDE or FIGHT. *Do not let others influence your choice!*

*Please read the Volunteer Service Handbook for more detail and Homeland Security references.*

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# SAFETY – Code Orange – Hazardous Material

Dangerous chemicals and radioactive material are in the hospital.

They are stored in specialized containment areas and handled by experts. Required safety protocols are in place.

Volunteers and employees are made aware of this code for the sake of completeness.



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# SAFETY – Security

The Security Department recognizes that everyone has a different tolerance for safety risk.

Volunteers are asked to ‘err on the side of caution’ and should be comfortable reaching out to Security.

This is also true in the event suspicious behavior is observed. ‘*See something, say something.*’



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# SAFETY – Volunteer Services Handbook

*Please read Volunteer Services Handbook*

- More detail on the information presented
- Additional information on:
  - Latex
  - Fall Risk
  - Tailgating, Piggybacking
  - Weapons Policy

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# HIPAA – Federal Law

## **HIPAA stands for**

- ❖ **Health**
- ❖ **Insurance**
- ❖ **Portability &**
- ❖ **Accountability**
- ❖ **Act**

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# HIPAA – Federal Law

Law restricts the use and disclosure of patient information.



Applies to volunteers!

There are 3 key principles.

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# HIPAA – Protected Health Information

- This is any piece of information which can be used to identify an individual person.
- With tools like ‘GOOGLE’ information as subtle as a license plate number can be used to identify an individual.
- Tattoos and birthmarks would also qualify!



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# HIPAA – Protected Health Information

- If information comes from a hospital, the assumption will be made that it is health information
- Examples: names, medical record/insurance/social security numbers, home/email addresses
- Regardless of where you are helping, **all documents** with personal information should never go in the wastepaper basket.
- They must go in the shredder box.



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# HIPAA – Treatment, Payment, Operations

- Information can only be shared in the context of the duties performed as a volunteer
- Anything outside of this scope requires signed permission from the patient
- Sharing or using information about a patient outside of the hospital as a result of something learned while on duty is outside of these parameters



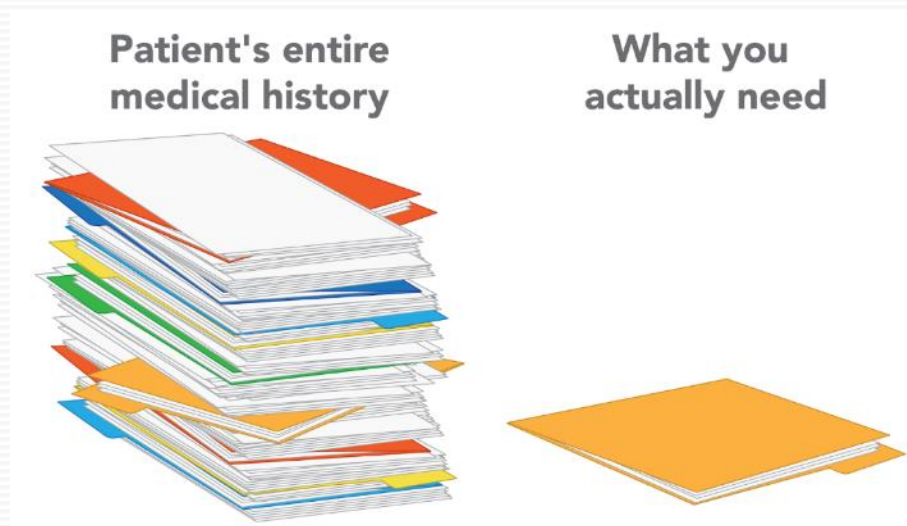
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# HIPAA – Minimum Necessary Rule

- We are only given the minimum information to perform our duties.

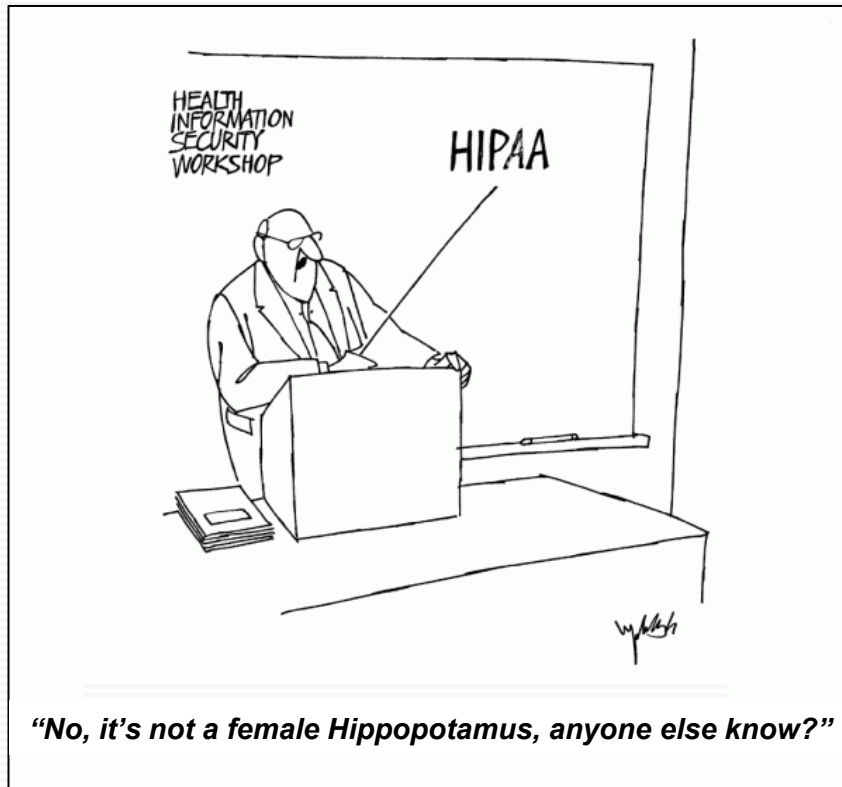


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# HIPAA – Testing Knowledge

- We'll put these principles to the test in the classroom portion of the Orientation.
- *Please read Volunteer Services Handbook on HIPPA*



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# STROKE

- Occurs when a clot or burst blood vessel interrupts the flow of blood to the brain
- Volunteers must be able to recognize the signs of a STROKE and know what to do



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# STROKE – F.A.S.T.

- **Face**
  - Face looks uneven
  - Unable to smile
- **Arm**
  - Arm drifts down
  - Unable to raise both arms
- **Speech**
  - Speech sounds strange
  - Unable to repeat a phrase
- **Time**
  - Brain cells die every second
  - Call Rapid Response and use the phrase ‘STROKE ALERT’ in hospital areas
  - Call 911



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# STROKE – Sudden Symptoms

A STROKE can manifest in other **sudden** ways:

- Weakness and numbness on one side of the body
- Confusion, trouble speaking or understanding
- Trouble seeing
- Trouble walking or loss of balance
- Severe headache

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# STROKE – Transient Ischemic Attack

When stroke symptoms appear and disappear, this is called a TIA.

Immediate medical attention is need to help prevent a major stroke.

*Please read Volunteer Services Handbook on STROKE information*

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# INFECTION PREVENTION

- Disease Information
  - Tuberculosis (TB)
  - Influenza (FLU)
- Infection Prevention Practices
  - Handwashing
  - Cough Etiquette
  - Social Distancing
  - Disinfecting
  - Masks
- Transmission Based Precaution Signs



*Please read Volunteer Services Handbook on Infection Prevention*

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# Tuberculosis (ACTIVE & LATENT)

- Infectious bacterial disease that mainly affects the lungs
- ACTIVE TB symptoms include persistent: coughing, fever, night sweats, fatigue, chest pain
- A person who carries the pathogen but has no symptoms has LATENT TB
- A person is infectious to others only when they have **ACTIVE TB**



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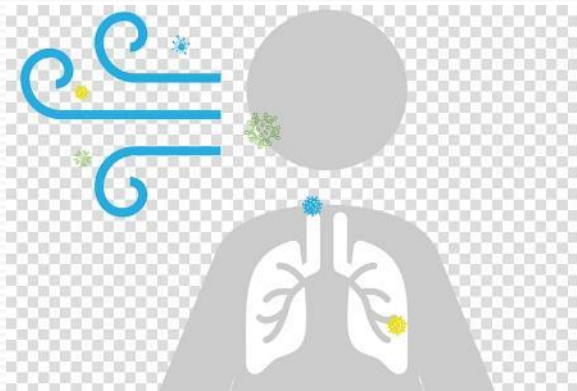
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# Influenza - FLU

- A viral infection spread by droplets sent thru the air by coughing, sneezing or touching surfaces with virus on them\*
- Symptoms include: fever, chills, sore throat, muscle aches, fatigue, cough, runny nose, headache
- CDC says: *'The best way to prevent the FLU is by getting vaccinated each year.'*
- All volunteers must get a FLU shot annually

\*Virus survives for 24 hours on surfaces



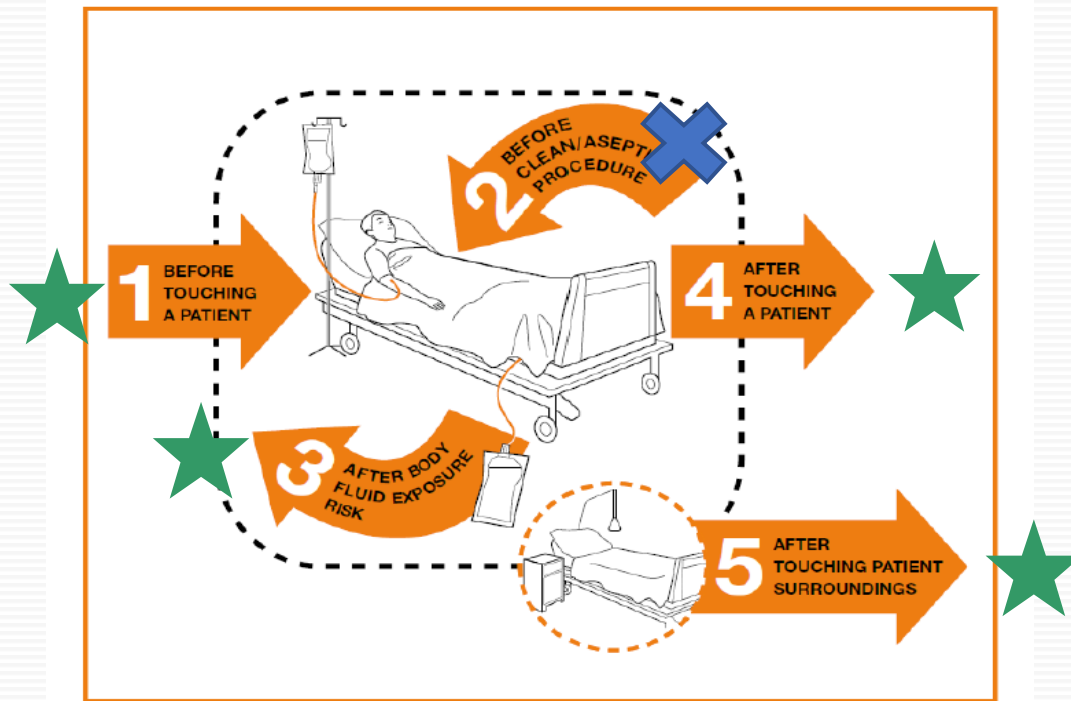
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# Handwashing

## 5 Moments of Hand Hygiene

★ 4 out of 5 apply to volunteer activity



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# Handwashing

- Minimum Requirement
  - **WASH IN** before entering patient room/treatment area
    - Protects patient
  - **WASH OUT** after exiting patient room
    - Protects you
  - **EXCEPTIONS:**
    - Hands full with a delivery or equipment?
      - Enter room, place item down, then WASH IN

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# Handwashing

- **Soap and Water**
  - Must be used when hands are visibly soiled
  - Minimum of 20 seconds
- **Hand Sanitizer** (with minimum 60% alcohol)
  - Found throughout hospital and particularly at entry to every patient room
  - Rub hands until dry (approximately 20 seconds)



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# Handwashing

## **WASH IN / WASH OUT is monitored and counted!**

- Counts are taken by unit/department and role
- Reported monthly and is a hospital quality and safety metric
- Monitors will approach non-compliant employees and volunteers to offer reminders and coaching

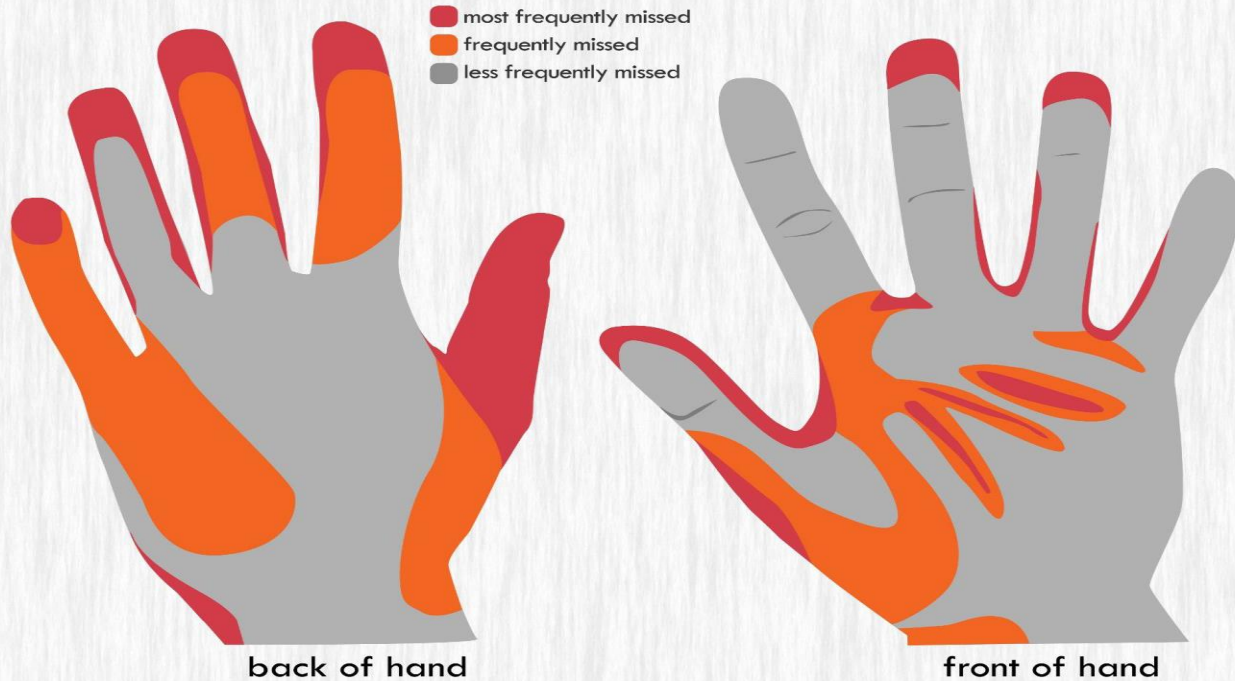
COMPLIANCE GOAL set annually



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# ARE YOU BETTER THAN AVERAGE?



**(95% OF PEOPLE DON'T WASH  
THEIR HANDS PROPERLY.)**

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# Handwashing



The following video shows handwashing technique for water. It also applies when using hand sanitizer.

Minimum scrub time is 20 seconds!


***HINT:*** Be sure to remove jewelry!

?? Which is more important for safety: TIME or TECHNIQUE?

**TECHNIQUE!**

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# Hand Washing Example

[hand-washing.co.uk](http://hand-washing.co.uk)

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# Handwashing – WHEN?

- **Always**, WASH IN and WASH OUT of patient rooms and treatment areas
- Before putting on and after removing gloves
- Before putting on and after removing face masks
- When moving from a ‘dirty’ task (garbage) to ‘clean’ task (typing)
- As you enter and exit the hospital
- As you enter and exit your assignment area
- As necessitated within your assignment (example, between customers in the Corner Shop)
- As you get into your car

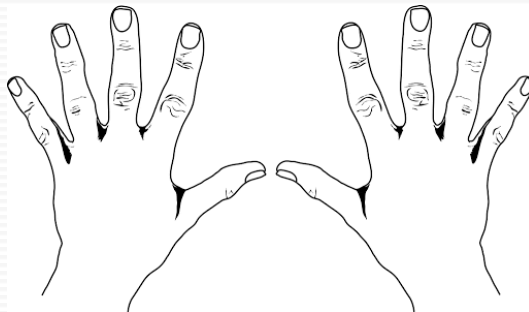
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# Handwashing – Important Notes

## Fingernails?

- Natural nails less than ¼ inch long recommended
  - Especially in surgical and intensive care areas



- Polished and artificial nails have been shown to carry more pathogens

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# Respiratory Hygiene/Cough Etiquette

- Cover mouth/nose with tissue when coughing or sneezing
- Promptly dispose of used tissues
- No tissue? Cough/sneeze into your elbow not your hands
- Use a face mask to protect others
- Perform hand hygiene after contact with respiratory secretions
- Practice “spatial separation” (maintaining a distance of at least 6 feet from other persons)



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# Disinfection Practices

- All clinical areas have disinfection routines
- Volunteers will learn how to contribute to this team effort
- Each disinfection product has specific instructions
- For your protection, be sure to wear gloves when using the products



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# Disinfection Practices

- The various wipes have different ‘dwell times’
- ‘Dwell time’ is the length of time a disinfectant must remain on a surface to kill germs effectively
- Here are two examples:
  - Purple-top wipes (2 minutes)
  - Grey-top wipes (3 minutes)
  - HINT: dwell time is usually on the packaging

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# Volunteer Practice and Regulation

- 'Clinically Hands Off the Patient'
- Patient Identification
  - Name and Date of Birth
- Transmission Based Precautions
  - Volunteers may only enter Standard Precaution Rooms

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# Regulation Brochure – given at interview

- Defines ‘Clinically Hands Off the Patient’
  - Volunteer roles do not have licensure
- Spells Out Patient Identification
  - At GBMC: **Name and Date of Birth**
- Summary of all applicable regulation and policy
  - Plus corporate culture and practices
- Volunteer limitations
  - Transmission Based Precautions

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# Transmission Based Precautions

- Used when patient has an actively transmittable illness
- A 2<sup>nd</sup> tier of infection prevention
- Protocols vary depending on transmission mode
- Signs will be prominently placed at a patient's door
- Volunteers do NOT enter these rooms



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# Standard Precautions

- Volunteers may enter
- Signage appears as follows



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# Corporate Policies

The following Corporate Policies apply to everyone and must be acknowledged annually:

- Code of Business Ethics
- Appropriate Use Agreement
- Confidentiality of Information Agreement



*The online Acknowledgement Form confirms you have read these policies. Please be sure to complete it!*

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# Code of Business Ethics – Volunteer Summary

- Tips cannot be accepted. If someone insists please bring tips to the Volunteer Office where they will be deposited into the Volunteer Auxiliary fund raising account
- Volunteers cannot profit from relationships within the hospital
- Requirement to complete competencies and acknowledgements annually



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# Appropriate Use Agreement – Volunteer Summary

- Looking thru systems to satisfy curiosity would be an inappropriate use
- Looking for personal medical records in other than your own Patient Portal (My Chart) that would also be a violation



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# Confidentiality of Information Agreement – Volunteer Summary

- Reiteration of privacy of Protected Health Information
- Not sharing passwords and computer access
- Not sharing GBMC operational information



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# Corporate Policies

The online Acknowledgement Form confirms you have read:

- Code of Business Ethics
- Appropriate Use Agreement
- Confidentiality of Information Agreement



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# Workforce Policies

Volunteers are considered part of the 'workforce' at GBMC.

Policies which apply to employees also apply to volunteers.



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# Workforce Policies

- Just Culture
  - Coach for improvement versus punishment
- Diversity & Inclusion
- Anti-Harassment, Discrimination, Retaliation and Bullying
  - Not tolerated
- Substance Abuse
  - Response to occurrence

*Please read Volunteer Services Handbook on Hospital Policies*

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# Incident Reporting

- *Incident = an event that is not consistent with desired operation of organization and/or patient care*
- Report 'actual' and 'near miss' incident
- Used to improve hospital safety
- Formal system (QUANTROS, RL DATIX) with protocols
- Volunteers may be asked to contribute to the reporting and follow-up



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# Volunteer Injury

- If you are injured while on duty...
  - Inform your supervisor and Volunteer Services
  - You will be asked for details for mandatory reporting purposes
  - Security may also be called
- If you are injured?
  - ❖ **GO TO** the Emergency Department

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# Chain of Command

## John B. Chessare, MD, MPH



- President and CEO
- Nationally recognized healthcare leader
- <http://ahealthydialogue.blogspot.com>

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# Chain of Command – Reporting Concerns

- When you have a concern, please approach your immediate supervisor or Volunteer Services
- Use the Chain of Command tool on the INFOWEB
- Skipping the chain of command may lead to longer resolution times

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# Consider the Patient

Take a moment. What fears might be on person's mind when at the hospital?

The following is a list of fears from a patient study from the Beryl Institute\*

\* [https://cdn.ymaws.com/www.theberylinstitute.org/resource/resmgr/Conference\\_2012/Beryl\\_Keynote\\_Presentation\\_f.pdf?hhSearchTerms=](https://cdn.ymaws.com/www.theberylinstitute.org/resource/resmgr/Conference_2012/Beryl_Keynote_Presentation_f.pdf?hhSearchTerms=)

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The Patient Empathy Project  
Top 11 **Fears**

1. Infection
2. Incompetence
3. Death
4. Cost
5. Medical Mix-up
6. Needles
7. Rude doctors and nurses
8. Germs
9. Diagnosis/prognosis
10. Communication Issues
11. Loneliness

# The GBMC Building Blocks

- Mission, Vision and Greater Behaviors
- Legal Requirements
  - Patient Rights
  - Notice of Privacy Practices
  - Financial Assistance
- HCAHPS
- Diversity & Inclusion Policy
- Service Recovery – chain of command
- All in This Together



***These are what distinguishes GBMC from other institutions!***

*“To every patient, every time, we will provide the care that we would want for our own loved ones.”*

**GBMC**



# Mission

The **Mission** of GBMC is to provide medical care and service of the highest quality to each patient and *to educate the next generation of clinicians*, leading to

**health, healing and hope**

*for the community.*

*Because GBMC is a teaching hospital, the reference to education was added to the mission statement in 2020.*

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**GBMC**

# Vision

To every patient, every time, we will provide  
the care that we would want for  
**our own loved ones.**



*“To every patient, every time, we will provide the care  
that we would want for our own loved ones.”*

**GBMC**

# Vision

The VISION is carried out through the 4 AIMS:

**BETTER HEALTH:** The best possible health outcome

**BETTER CARE:** The best possible satisfaction with the way the care is delivered

**LEAST WASTE:** The least waste (time, effort, money)

**MORE JOY:** The most joy for those providing the care

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# Vision

Every volunteer role is aligned to the aims.

**BETTER HEALTH:** Fundraising for patient centered initiatives and roles which impact the hospital community such as flower arranging and musicians

**BETTER CARE:** Roles with one on one interaction such as greeting visitors and rounding on patients

**LEAST WASTE:** Helping hands which share tasks within an office or unit

**MORE JOY: Volunteers contribute to this just by being here!**

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# Greater Behaviors - Values

GBMC HEALTHCARE  
**GREATER BEHAVIORS**  
*Service Excellence Commitment*

**RESPECT**  
 I will treat everyone with COURTESY.  
 I will foster a HEALING ENVIRONMENT.

**EXCELLENCE**  
 I will STRIVE for SUPERIOR PERFORMANCE in every aspect of my work.  
 I will RECOGNIZE and CELEBRATE the accomplishments of others.

**ACCOUNTABILITY**  
 I will BE PROFESSIONAL in the way I act, look and speak.  
 I will TAKE OWNERSHIP to solve problems.

**TEAMWORK**  
 I will BE ENGAGED and COLLABORATIVE.  
 I will KEEP PEOPLE INFORMED.

**ETHICAL BEHAVIOR**  
 I will always act with HONESTY and INTEGRITY.  
 I will PROTECT the patient.

**RESULTS**  
 I will SET GOALS and measure outcomes that support organizational goals.  
 I will GIVE and ACCEPT HELP to achieve goals.



**GBMC** HEALTH. HEALING. HOPE

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# Greater Behaviors - Commitment

Every GBMC person is asked to commit to the Greater Behaviors

The Commitment Form describes the Behavior and Expectation in detail.

Please review and complete the online form.



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# HCAHPS-

## Hospital Consumer Assessment of Healthcare Providers and Systems

- National standardized publicly reported survey results measuring how patients feel about their care
- Patients are sent surveys on a random basis by a company called Press-Ganey
- The following are categories included in the survey:
  - Overall Hospital Rating
  - Willingness to Recommend Hospital
  - Communication with Nurses
  - Communication with Doctors
  - Responsiveness of Hospital Staff
  - Pain Management
  - Communication about Medicines
  - Discharge Information
  - Care Transition
  - Cleanliness of Hospital Environment
  - Quietness of Hospital Environment



It is available for the public to compare hospitals at [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare).

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# Diversity & Inclusion

*‘The diversity and inclusion mission of GBMC Healthcare system is to create a more diverse workforce and foster an inclusive workplace to provide culturally competent care and service of the highest quality to every patient, every time, leading to better health, better care, with the least waste of time, and with more joy for those providing the care.’*

GBMC is a non-denominational hospital.



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# Diversity & Inclusion

Treat everyone with respect, regardless of cultural dimension or background.



*Please read Volunteer Services Handbook on Hospital Policies*

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# All in This Together!

*Here is a list of 'little things' we can do which have a major impact!*

- *Wayfinding*
- *Litter*
- *Wheelchair wrangling*
- *Spills*
- *Service Response Center*



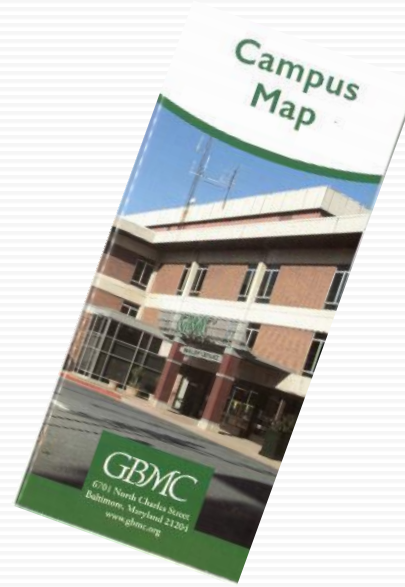
*“To every patient, every time, we will provide the care that we would want for our own loved ones.”*

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# Wayfinding

*All of us have lost our way on the GBMC Campus!*

- Offer to escort a visitor to their destination or to an Info Desk
- Escorting is much less stressful than just giving directions
- *Address Hints:*
  - 6701 – Hospital Building
  - 6569 – West Pavilion
  - 6535 – North Pavilion
  - 6565 – East Pavilion



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# Litter

- *Litter leaves such a poor first impression*
- Follow the President's example: pick it up and dispose of it



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# Wheelchair Wrangling

## *Wheelchair Corals can be found:*

- *Main Lobby (room on the right upon entry)*
- *OB entrance (under the stairs)*
- *ED entrance (next to ED doors)*
- *At Bus Loop (near Walgreens)*
- *PPW 3<sup>rd</sup> floor entrance*
- *PPN main level entrance*
- *Did I forget any?*



*Please respectfully offer if you suspect a need.*

*Please return abandoned wheelchairs to the closest coral.*

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# Spills

*Help to prevent falls by keeping an eye out for spills!*



*Spill stations can be found around the hospital to help dry them up and highlight them for safety!*

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# Service Response Center - 6800

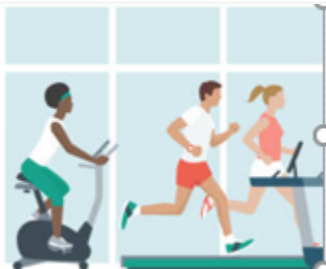
- One-stop-shop for all support service needs
- Dial ext. 6800 to request any of the following
  - **Housekeeping/Environmental Services**
  - Patient Transportation
  - **Facilities and Maintenance**
  - Nutrition Services
- Benefits of the SRC include:
  - One centralized phone number for any support service need
  - Software to track call volumes and issues
  - Ability to make proactive improvements

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# One more thing...

- Helpful Information in the Handbook
- Please keep and refer to you Volunteer Handbook often
- Benefits and Parking
  - *Please read Volunteer Services Handbook on Volunteer Policies*



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# WAHOO! Almost DONE!

## *PLEASE*

- Complete and submit the **Orientation Test**
- Complete the online **Acknowledgement Form**
- Complete the online **Greater Behaviors Form**
  
- See you at the in-person class!
  - Invitation with details will be emailed to you once the tests and forms have been received
  - Please continue to submit required health information



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