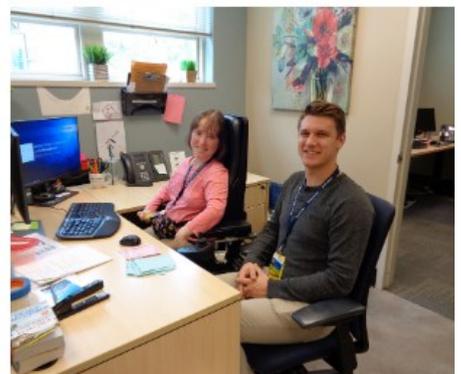
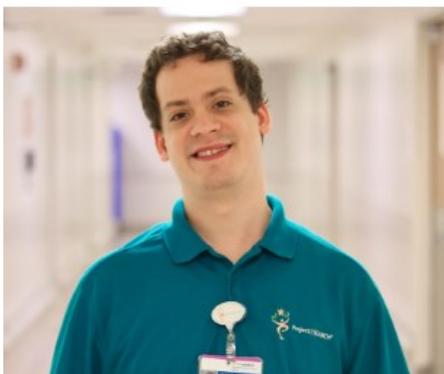


Volunteer Handbook



Purpose Statement:

Volunteer Services partners with community members to cultivate meaningful relationships as we: Connect volunteers to life-enriching experiences that support patients, families, and caregivers.

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You are This Hospital

You are what people see when they arrive.

Yours are the eyes they look into when they are frightened and lonely.

Yours is the voice people hear when they ride the elevators,
when they try to sleep, or when they try to forget their problems.

You are what they hear on their way to the appointments
that could affect their destinies.

Yours are the comments people hear when you think they can't.

Yours is the intelligence and caring that people hope they'll find here.

If you are noisy, so is this hospital.

If you are rude, so is this hospital. And if you are wonderful, so is this hospital.

No visitors or patients can ever know the real you, the only you that you know is
there – unless you let them see it. All they can know is what they see and hear
and experience.

And so we have a stake in your attitude and
in the collective attitudes of everyone who
works at this hospital.

We are judged by your performance. We are
the care you give. We are the attention you
pay, the courtesies you extend.

You are this hospital.

*Adapted from Einstein Hospital
Philadelphia, Pennsylvania*



Our Legacy

Guided by the philosophy of the Sisters of Providence, we faithfully honor their vision of caring for the poor and vulnerable. We never turn away any patient who cannot pay. And every day, through contributions of time, expertise, and money, we reach out to help those who need us the most.

1856 Sister Joseph, a young nun from the Sisters of Providence religious order in Montreal, led a group of four brave Sisters of Providence on a journey from Montreal to what was then known as Washington Territory.

The Bishop of Montreal dedicated their mission and gave a new name to its young superior; from then on, Sister Joseph would be known as Mother Joseph of the Sacred Heart.

Under her leadership more than **30 hospitals, schools, and homes for orphans, the elderly, and the sick** were opened in **Washington, Oregon, Idaho, Montana, and southern British Columbia.**



January 19, 1902, Mother Joseph died. Her last words to those gathered around her bed were, “allow me to recommend to you the care of the poor *in* our houses, as well as those *without*... whatever concerns the poor is always our affair.”

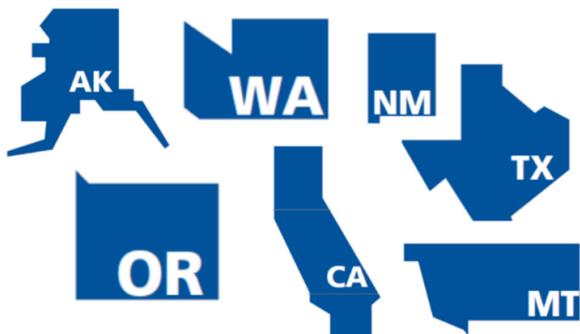
1905 The Sisters of Providence purchased Everett’s Monte Cristo Hotel for \$50,000 and turned it into Providence Hospital. Staffed by 11 sisters and three employees, the 75 bed hospital treated more than 400 patients that first year.

1994 exactly 100 years after the founding of Everett’s first hospital, Providence and General Hospitals became a new entity under the sponsorship of the Sisters of Providence Health Systems.

2012 Providence and Swedish came together with the goal of improving the health of Western Washington, making an important difference in our communities — especially for the vulnerable and underserved. Providence Swedish increased access to care and improving quality and value in communities across the Puget Sound.

Today, Providence Regional Medical Center Everett is spread over the Pacific and Colby campuses, and several other facilities throughout the region.

Together, Providence St. Joseph Health serves across seven states and remains firmly rooted in the west





THE MISSION

AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.



COMPASSION

Jesus taught and healed with compassion for all. --Matthew 4:24

We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

DIGNITY

All people have been created in the image of God. --Genesis 1:27

We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

JUSTICE

Act with justice, love with kindness and walk humbly with your God. --Micah 6:8

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

EXCELLENCE

Whatever you do, work at it with all your heart. --Colossians 3:23

We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.

INTEGRITY

Let us love not merely with words or speech but with actions in truth. --1 John 3:18

We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.



Contact Information

Colby Campus

1700 13th Street
Everett, WA 98201
P: 425.261.4580

Office Hours

Monday – Friday,
8:00 AM – 4:30 PM

Website

<http://providence.org/VolunteerEverett>

Staff

| | |
|------------------------------|--------------|
| Wendy Turner, Manager | 425.261.4581 |
| Amanda Bingham, Supervisor | 425.261.4564 |
| Raymond Reynolds, Supervisor | 425.261.4595 |

A Note from the Volunteer Services Team

You will have different types of experiences while volunteering. Most of them will be wonderful and positive, but some may be challenging. We want to hear about your experiences, “*the good, the bad, and the ugly.*”

Hearing about the wonderful things you encounter encourages the Volunteer Services staff and your fellow volunteers. When you share challenges, it allows us to “*work out the kinks*” and make volunteering a better experience for all.

Are there things going on in your life - school, work, or in your family - that necessitate a change in your schedule or that you'd just like to share with us? We are here to listen. **Communication from YOU is critical!**



There may be times when you're unsure about something you've heard or how to carry out your responsibilities. When that's the case, please ask for help or for clarification. We want your time with us to be meaningful and fulfilling!

Thank you, Your Volunteer Services Team

Wendy Turner *Am B* *Raymond Reynolds*

Absence Number and Email

425.261.4580, option 1

VolunteerServicesInfo@providence.org

Absence Guidelines

You are an important part of our team, so please make every effort to honor your commitment. If you will be absent for your shift, you need to do one of the following:

1. Remove yourself from the schedule as soon as you know you will be absent.
2. Email us at VolunteerServicesInfo@providence.org.
3. If you find you will be absent within 24 hours of your shift, call our Absence Line at 425.261.4580 and select option 1.

Unreported Absences

Unreported absences occur when a volunteer doesn't follow the scheduled absence process and notify Volunteer Services of their time off.

Three consecutive unreported absences may result in removal from your volunteer position without the opportunity to reapply for a minimum of six months.

Holidays

The Volunteer Office is closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day. If a holiday falls on a weekend, it's recognized on the Friday or Monday closest to the holiday. *However, you are still welcome to volunteer.*

Hours

You will be signing in and out on a designated computer. Any hours logged where this cannot occur must be discussed with the Volunteer Services team.

Expectations and Standards

1. You are committing to four (4) shifts per month, four (4) hours per shift.
2. You can schedule yourself for up to 2 shifts per week.
3. If you have no volunteer activity for 3 consecutive weeks and haven't contacted us by phone or email, you will be moved to an “inactive” status and will have to reapply at a later date.
4. You will communicate with the Volunteer Services staff if there are barriers or challenges in meeting these requirements.
5. You will complete all annual compliance training, annual TB questionnaire and any additional compliance requirements as requested by the Volunteer Services staff

Personal Leave

You may take **up to six weeks** of personal leave at one time.

However, the expectation is:

- You will notify Volunteer Services staff (manager or supervisor) of the need for personal leave at least one (1) week before leave begins (*or as soon as you know you need to take the leave*).
- After 6 weeks, if you have not communicated with staff and/or not returned to your shift, you will be removed from the schedule and changed to an inactive status. You would need to wait six months before reapplying for another volunteer position.

Medical Leave

You may request leave for medical issues pertaining to yourself, child, spouse/significant other and/or parents for **up to 12 weeks** at one time.

However, the expectation is:

- You will notify Volunteer Services staff (manager or supervisor) as soon as possible regarding when this leave will begin.
- After 12 weeks, if you have not communicated with staff and/or not returned to your shift, you will be removed from the schedule and changed to an inactive status.

Expectations and Standards

Vic Net

Vic Net, which stands for “Volunteer Information Center,” is a website that allows you to update your contact information, view and print your service history, and view messages from Volunteer Services. Volunteers assigned to the **Info Desk, Comfort Rounding, Transport, Lab, NICU/PEDS, and Surgery Waiting** will also gain access to a self-scheduling feature within VicNet.

You are expected to meet the expectations outlined below.

It is vital that you follow the expectations and processes for self-scheduling. Consistency is the only way we can ensure that our patients, families, and staff have your support and encouragement. Communication with our department about absences and maintaining accurate schedules are critical to the success of our program.

1. If you schedule yourself for a day, we expect you to keep your commitment.
2. If something comes up and you cannot make it, we expect you to remove yourself prior to your shift.
3. In the event that you must remove yourself with less than 24 hours notice, you are expected to call our absence line at 425.261.4580, option 1 and email us at volunteerservicesinfo@providence.org.
4. You are able to schedule yourself 1 month in advance, but in doing so you are still responsible for removing yourself during that time if you are unable to make your shift.

Logging in With VicTouch

VicTouch is the touchscreen login screen that you'll use to log in and out of your volunteer shifts.

During onboarding, you'll receive a unique number that will be your VicTouch login and you'll use that to access VicTouch. This number is also on the back your volunteer badge, in the ID section.

Enter your volunteer PIN number

Enter your volunteer ID number using the keypad buttons, and then touch the Continue button.

| | | | |
|---|---|---|-------------|
| 1 | 2 | 3 | |
| 4 | 5 | 6 | Cancel |
| 7 | 8 | 9 | ← Backspace |
| * | 0 | # | Continue |

Expectations and Standards

Ending Your Service

While we appreciate your support, we understand that the time may come for you to end your service with us. When that time comes, please contact Volunteer Services as soon as possible so we will have an opportunity to find another volunteer for your department. On your last day, you are required to turn in your ID badge and parking pass.

Dismissal

While very rare, we occasionally need to terminate your service with us. We will always review the situation and make every effort to resolve issues before taking that measure. However, certain violations that are cause for immediate dismissal include, but are not limited to: gross misconduct or insubordination, reporting for an assignment under the influence of drugs or alcohol, conviction of a crime, mistreatment of others, falsifying hours, and release of confidential information.

Reporting an Injury

If You Are Injured While Volunteering:

- 1) Notify your supervisor and volunteer services **immediately**
- 2) Contact the Volunteer Services Manager and fill out an injury report with them
- 3) If you need to be seen for your injury, call the Caregiver Health hotline at 425.261.4485 (*even after hours*)
- 4) Make sure you communicate with the Volunteer Services Manager about restrictions or needing time off due to an injury while volunteering.



Celebrating You!

In appreciation of your service Volunteer services provides the following benefits:

- An annual Recognition Banquet
- Free tickets to the Providence sponsored Aquasox game
- Enjoy the holiday meal and summer BBQ hosted by the PRMCE administration
- Service recognition tags awarded beginning at 100 hours or 1 year of service
- Letters of recommendation after 100 hours of service
- You are invited to participate in hospital sponsored events, such as the Diversity Council's annual event, March for Babies aka Jeans Day fundraisers, and sporting your Seahawks gear during football season (*when approved by Administration*)



Additional Benefits of Volunteering

In appreciation for your service, PRMCE offers several benefits:

- In October, you are eligible to receive a free flu shot. *If you choose not to have one, you must fill out a declination form. If you get your shot elsewhere, please bring documentation to Caregiver Health to be included in your record.*
- You receive free parking available in the parking lot on 13th St (across from the parking garage) Accommodations are available on a case by case basis. **Please don't park on the street; you will be ticketed.**



- You can enjoy a free small soft drink or coffee in the cafeteria on your break. Food and beverages are not allowed in your area of service.
- You receive a 10-15% discount in the cafeteria, gift shop, and pharmacy.
- For a membership fee of only \$40/year, you can enjoy the athletic gyms at Colby and Pacific campuses.

Limitations and Boundaries

As a volunteer, you are required to stay within the scope of the role you are assigned.

This is certainly **NOT** an exhaustive list.

Any questions should be directed to Volunteer Services

Once trained, you are ALLOWED to:

- Assist with clerical tasks
- Restock supplies
- Handle linen
- Run errands (e.g., find wheelchairs, deliver specimens that are labeled and properly contained)
- Assist medical staff with patient care and emotional support, under the supervision of medical staff (e.g., hold a patient's hand, obtain supplies)
- Transport stable patients and guests by wheelchair with oxygen tanks if they are able to carry it or place it on the wheelchair with them
- Assist with patient comfort measures, under supervision of medical staff (e.g., orient patients to their rooms, provide warm blankets, provide food and drink, play games with patients and their families)
- Lift objects (within own limitations and using proper body mechanics 25lb max)
- Transport urine specimens to soiled utility room for disposal by staff—wearing gloves and ensuring lid is secure
- Escort patient's families, guests to their destination.
- Deliver flowers, cards and emails to patients.
- Read, play cards, and talk with patients.
- Use the activity cart to offer books, magazines, kid's bags, word games, etc.
- Transport patients or guests to the curbside or the elevators in the parking garage.
- Lower patient safety rails **ONLY** with nursing staff permission
- If a someone approaches you about taking an infant to the ED and wants your help to surrender their baby you should encourage them to walk with you to the ED. If they decline doing this and asks you to take the child then you would take the baby to the ED and share any information that you have about mom and/or the child.

YOU are NOT ALLOWED to:

- Float outside your assigned department
- Perform any patient related activities that require licensure or educational degrees, even if the volunteer has those credentials
- Handle syringes, needles or any supplies containing sharps
- Clean-up body fluid spills
- Lift patients or transport patients by gurney
- Transport patients on oxygen or any other medical device
- Transport bariatric patients in wheelchairs
- Transport patients to their cars
- Translate medical information in a second language
- Repeat a diagnosis or patient condition to patients and their families
- Counsel patients and families
- Share personal advice about medical treatment
- Give out any patient information (except for providing room numbers when part of volunteer position)
- Pick-up blood from the lab
- Unplug, disconnect or turn off medical equipment, dispense or give medications of any kind
- Feed patients OR give food or drink to patients without obtaining approval from nursing staff
- Assist a patient with mobility, including adjusting body elevation in bed
- Sit on a patient's bed
- Attach or reattach a patient's armband
- Make inquiries about or share your own beliefs or faith perspectives (notify appropriate staff of patient requests for religious/spiritual care services)
- Make entries into a medical record

It is YOUR responsibility as a Volunteer to:

Decline a request by a staff member or a patient if, at any time, the volunteer is physically or emotionally unprepared or unqualified to perform the service, or if the volunteer is requested to perform duties outside the realm of the position description.

Serving Your Community

PRMCE has 4000 employees serving over 300,000 patients a year. As a volunteer, you are often one of the first and last contact that a patient has with Providence. Our 800 volunteers give their time and talents. As an important part of the team, you are joining one of the leading hospitals in America.

Your role as a volunteer is to support and encourage patients and their families, visitors, and staff. You help staff by engaging people around you. Patients and family depend on you to greet them with a warm smile.

That means it's extremely important for you to be faithful in your commitment to serve at least *100 hours over a period of 6 - 9 months*.

You are expected to respect our patients and families, the staff, and other volunteers by being personally committed to the expectations at PRMCE as a volunteer and member of our team.

THE TEN FOOT RULE

Your role is designed to give our patients, families, caregivers, and peers your time. This includes acknowledging people around you, smiling, making eye contact, and taking the time to meet the needs of those you serve.



FROM THIS DAY FORWARD,
I SOLEMNLY PROMISE AND DECLARE
THAT EVERY TIME A CUSTOMER
COMES WITHIN TEN FEET OF ME,
I WILL SMILE, LOOK HIM IN THE EYE,
AND GREET HIM

-Sam Walton

Dress Code & Appearance

If you are not dressed to meet our business casual standards you **will** be asked to either go home and change into appropriate clothing or to come back for your shift the following week.

Thank you for representing Providence and Volunteer Services in a professional manner. We want to put our best foot forward for patients, families, and staff.

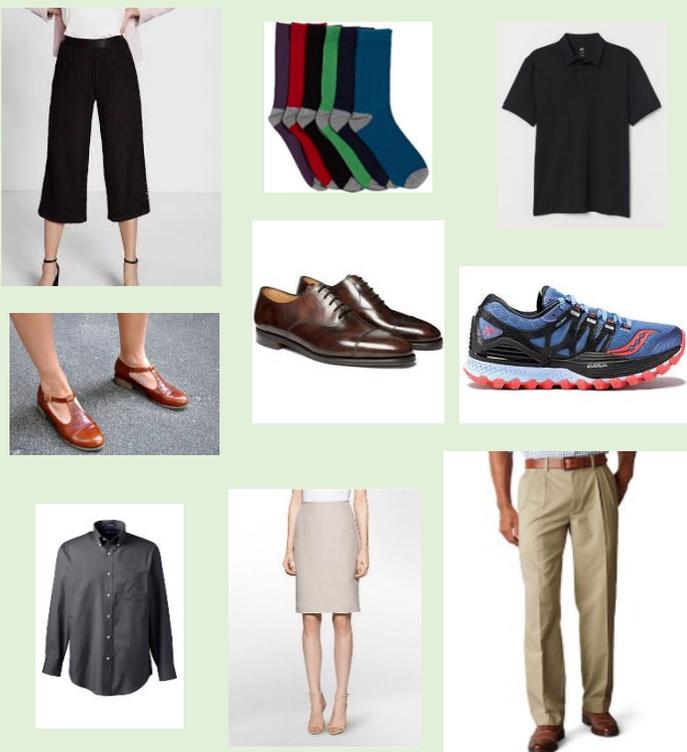
ID Badge

- **Must** be worn when you're on duty. Badge must be visible **above the waist**.
- Badge may only be used when volunteering
 - *You are not to wear your badge outside of your volunteer role
- Do not alter your card in any way. Replacement badges are \$10.
- Do not share or lend your badge or badge number.
- It's okay to question a person not wearing a badge



Report a lost or stolen badge to the Volunteer Office immediately!

What to Wear



What NOT to Wear



Dress Code & Appearance

| | Acceptable | Unacceptable |
|------------------------|---|---|
| Slacks | Business style slacks | Leggings, jeggings, shorts, denim material, shorts, athletic wear, etc. |
| Blouses/Shirts | Business style shirt or blouse, either long or short sleeve | Tops with logos, graphics or hoods. Halter or tank tops, midriff style top. Sleeveless tops. Sheer or see-through fabrics, spandex, metallic or clinging fabrics, etc. |
| Footwear | Close-toed shoes with hosiery or socks. | Flip flops, sandals, open-toes shoes. Lack of hosiery or socks. 5-toed shoes, etc. |
| Headwear & Hair Color | Head covering allowed for medical or religious reasons. | All other head coverings |
| Cleanliness & Grooming | Clean and wrinkle-free. Fragrance and odor free. Hair neat, cleaned and well groomed. | Stained or dirty clothing or shoes, excessively wrinkled clothing, holes, tears or rips. Perfume, cologne, body sprays, etc. Hair length and/or style that impairs vision or interferes with duties |
| Adornments | Simple, conservative max of three earrings per ear, max Of two rings per hand/ finger max Of one small nose stud. | Excessive body jewelry, excessive facial jewelry, excessive or inappropriate tattoos. |
| Badge | Worn above waist on breakaway lanyard or clip. It is always mandatory to wear your badge during your shift. | Worn below the waist. Altered in any way. No sharing of your badge. |

Health Insurance Portability and Accountability (HIPAA)

Protecting Patient Information and Privacy

There are **3 R's** to insure Patient Privacy:

1. Right— Every patient has a right to privacy.
2. Respect— We respect that right.
3. Resist— We resist the urge to find out more or to share information with others.

All information about patients is on a **need-to-know** basis. If information is not critical to the performance of your position, you do not need to know it!



At Providence, one of the most important responsibilities we have in upholding our Code of Conduct is to protect the **privacy, confidentiality, and security** of patient information. It is not only the right thing to do, it's a **federal law** called The Health Insurance Portability and Accountability Act, or HIPAA, passed in 1996.

Confidentiality is defined as any information – written, spoken, or observed – whose unauthorized or indiscreet disclosure could be harmful to the patient, employee, or the health care facility. **We have a legal obligation to maintain patient privacy and confidentiality.**

In addition to protecting our patients' privacy, we want to protect your privacy while volunteering. We ask that you **NEVER** give patients, their family members, or visitors your personal information: phone number, email, etc.

Cell Phones

- Cell Phones must **NOT** be used to record and/or photograph anything concerning the patient. Cell phone pictures and videos are not to be taken while on campus.
- Cell Phones should never be used in a patient's room or while on your shift **EXCEPT** on your break.



Social Media

- Nothing concerning patients may be posted on any form of social media, **EVEN** if it doesn't specifically mention the patient's name.



Doing the Right Thing Right

Our Code of Conduct

Culture of Diversity and Respect

We adhere to all laws and regulations and are committed to a workplace culture where all individuals are treated with respect and dignity, regardless of protected characteristics, as defined by local, state, or federal law, including but not limited to race, color, religious creed (including religious dress and grooming practices), national origin (including certain language use restrictions), ancestry, disability (mental and physical including HIV and AIDS), medical condition (including cancer and genetic characteristics), genetic information, marital status, age, sex (which includes pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity, gender expression, sexual orientation, and military and veteran status.

Quality of Care and Patient Safety

We commit to provide the best, *compassionate* care and service every time and strive to meet and exceed national standards for quality and patient safety.

Stewardship of Resources

We commit to effective stewardship of resources in support of patient care and organizational goals and only use resources for legitimate business purposes.

Conflicts of Interest (COI) Commitment

We will avoid actual or perceived COI and agree to disclose any outside interests or activities, contracts, and relationships that may be in conflict to the organization. We maintain impartial relationships with vendors, research sponsors, and contracts by not requesting or accepting gifts, cash, or cash equivalents.

Ethical and Legal Standards

We conduct ourselves in a professional and ethical manner in support of *justice* and will perform our job duties in accordance with all federal, state, and local laws.

Our mission, vision, values, and promise provide guidance and inspiration as we deliver quality care, make sound, ethical choices, and meet our organizational goals. As workforce members, we are accountable for the integrity of our decisions and actions on the job. The Code of Conduct provides a foundation of expectations for us as we do our work each day.



Ways to report a concern

- Discuss the matter or concern with your immediate supervisor
- Discuss the matter or concern with your department leader
- Discuss with your HR Partner, HR Service Center, or send report via HR Portal
- Contact your local or regional compliance or privacy representative
- Call the 24/7 Integrity Hotline at 888-294-8455 or use Integrity Online, our Web-based reporting option.
- For Caregivers in India:
 - From an outside line, dial the direct access number: 000-117
 - At the English prompt dial 888-294-8455

You may report concerns anonymously

Safeguarding Patient Information and Protecting Privacy and Confidentiality

We take every precaution to safeguard patient information, and we will treat protected health information (PHI) of all with special care and follow all federal, state, and local laws.

Ethical Conduct of Research

We follow the highest ethical standards and comply with all laws, regulations, guidelines, and ethical directives (where applicable) that govern human, animal, and basic applied science research.

Licensure and Certification

We require all health care and education professionals to follow all federal, state, and local laws applicable to licensing, credentialing, and certification requirements. Individuals on the excluded provider lists cannot work for our organization.

Compliance with Applicable Federal and State Laws and Regulations, and Policies

We ensure *excellence* by requiring all parties that work for or on behalf of an employer within our family of organizations learn and follow all laws, regulations, and policies.

Fair Business Practices

We conduct ourselves ethically, honestly, and with *integrity* at all times.

Reporting Violations and Protection from Retaliation

We will use the appropriate method to report any violation or suspected violations of our code(s), fraud, waste, or abuse as required. Retaliation or harassment will not be tolerated.

Compliance Awareness Information

Let us introduce ourselves 😊

RIS
Risk and Integrity Services

We are a system wide department focusing on partnering with you to ensure we “do the right thing right” when it comes to compliance and privacy. We are here for you when you have questions, need assistance, or need to report concerns regarding health care laws such as Stark, Fraud, Waste and Abuse, Anti-Kickback Statute, EMTALA, Conflicts of Interest, Gifts and Entertainment, as well as RIS owned policies, the Code of Conduct, privacy, etc. Please visit our brand new website at <https://providence4.sharepoint.com/sites/RIS-Compliance>

Have a concern to report or a question to ask?



Welcome to the Integrity Hotline

If you see something, say something.

You can choose to report anonymously!

<https://secure.ethicspoint.com/domain/media/en/gui/39016/report.html>



Report a Concern Online



Call Us

1-888-294-8455
Available 365 days a year, 24/7



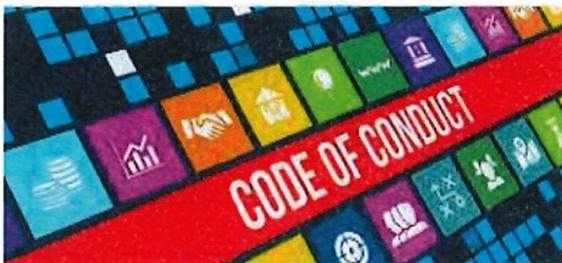
Follow Up

Check status of previously submitted report



Ask a Question

Code of Conduct, what is it?



Our one page Code of Conduct (COC) provides a foundation of expectations for us as we do our work each day. The COC applies to all healthcare organizations under Providence St. Joseph Health (Providence, St. Joe, Swedish, Covenant, Kadlec, PacMed, INHS, Hoag, Heritage, Grace, and Facey). You can find it online via the Intranet and the Internet.

Be Aware: Privacy and Security Tips

- ✓ Only access and/or disclose the minimum necessary protected health information (PHI) you need to do your job.
- ✓ Know your surroundings when discussing/sharing PHI.
- ✓ Phishing schemes happen all the time. Be careful on the links you click or attachments you download within emails. If suspicious use the Phishing Email icon in your Outlook email to send to our Information Security team.
- ✓ Do not send confidential information to a personal (non-business) email address, ever.
- ✓ Lock or log off your computer when you leave your/a workstation or COW.
- ✓ Double check fax numbers and use a cover sheet when faxing. One wrong number can cause a privacy breach.
- ✓ Use #secure# in your subject line when sending confidential information outside of the organization.



Gifts and Conflicts of Interest: When in doubt, ASK!

- ✓ Conflicts of Interest (COI) may occur when personal/outside interests or activities influence or appear to influence our actions and decisions regarding job-related duties.
- ✓ Avoid activities and relationships that may impair our independent judgment and unbiased decision making.
- ✓ Information gained from our jobs/positions are not to be used for personal gain or advantage, or to assist others, including family members, in profiting in any way at the expense of the organization.
- ✓ We may accept non-monetary gifts valued at less than \$100, such as an occasional consumable gift (e.g., fruit basket or box of chocolates) *from patients* if shared among workforce members within the unit or department.
- ✓ On a limited basis, we may accept perishable or consumable gifts (i.e.; mugs, pens or similar items) of nominal value that do not exceed more than \$100s in the aggregate annually per workforce member from vendors.
- ✓ Cash, gift cards, gift certificates, and cash equivalents are not to be accepted when given to us by patients, families and/or vendors.

Your RIS-Compliance Team!



Tracy Howes
Providence St. Joseph Health
Compliance Manager WAMT
Risk & Integrity Services

(425) 525-5612 Work
(206) 601-8417 Mobile
Tracy.Howes@providence.org
2001 Lind Avenue SW
Renton, WA 98057

Sharon Cockrum, MHA, CHC
Compliance Director
Sharon.Cockrum@providence.org



Tracy Howes, RHIA, CHC, CHPS
Compliance Manager
Tracy.Howes@providence.org



Cora Lillis, CHC, CHPC
Compliance Manager
Socorro.Lillis@providence.org



Brittany Larson, JD, CHC
Senior Compliance Specialist
Brittany.Larson@kadtec.org



Jennifer Gilman
Associate Compliance Specialist
Jennifer.Gilman@providence.org



Jason Dodge
Compliance Specialist
Jason.Dodge@Providence.org

John Boze, JD, MPA
Associate Compliance Specialist
John.Boze@providence.org



Integrity Hotline 1-888-294-8455

Information to Know

Violent Behavior – ZERO Tolerance



Violent behavior is a very real danger in the healthcare setting as workers deal with patients and family members who often feel frustrated, vulnerable, stressed, and out of control. These people can become violent.

Violent behavior includes rude or threatening language as well as actions.

Your Role as a Volunteer

During an emergency or when a code is called, your primary role is to be observant and help if asked. If you are asked to help in any way, run an errand or get supplies, move quickly and quietly then return to your position. Above all, stay out of the way of the staff who are handling the emergency.

Emergency Codes

In case of emergency, **dial 66** from a Providence in-house phone to immediately reach an operator. Tell the operator your name, what is wrong, and its location, i.e. *“This is John. I have an adult who collapsed in the cafeteria.”*

| CODE NAME | EMERGENCY SITUATION |
|--------------------|---|
| Code Red | Fire If you discover fire or smoke in the hospital RACE and evacuate |
| Code Blue | Heart or Respiratory Stopping Emergency. Anytime a person is down, a Code Blue is called. |
| Code Gray | Combative Person |
| Code Silver | Threatening with a weapon |
| NORA | Need Officer Right Away: Used to silently activate a security team in the event that you are unable to speak freely. Tell individual that you are going to call your supervisor to assist them. Dial 66 and ask for NORA to come to your location. |

| CODE NAME | EMERGENCY SITUATION |
|----------------------|---|
| Code Orange | Hazardous Material Spill |
| External Triage | External Disaster External emergency impacting hospital, i.e. multiple-vehicle accident, massive power outage, or an earthquake. |
| Internal Triage | Internal emergency affecting multiple departments, i.e. computer network is down. |
| Amber Alert | Infant/Child Abduction Child or infant is believed to be abducted or is missing. |
| Rapid Response | Rapid Response Team |
| “Code Name” Clear | Used to clear a code |

Information to Know

Providence complies with many state, federal and hospital accreditation rules. Any of the agencies that certify or accredit our operations can come to visit. Sometimes we know when they are coming; often we do not. Survey visits are frequently unannounced as it shows a more accurate picture of an organization's day-to-day performance.

You are not expected to memorize information; rather know that it can be accessed and used immediately when needed by the volunteer in an emergency situation or when asked by the surveyor.

When approached by a surveyor, remember: **be clear, succinct, and confident** – make eye contact with your surveyor, **ask for clarification** of questions if needed. If you are asked a question related to something that is outside the scope of your position, **direct the surveyor to an appropriate employee.**

Joint Commission

<http://www.jointcommission.org>

Joint Commission, also referred to as 'jay-co', is the nation's largest and oldest health care accreditation body. They do a rigorous inspection every 3 years. During this inspection they may ask volunteers questions to be sure we have been properly trained.

In order to be prepared double check that you:

- Wear your **ID badge at all times.**
- Know what **RACE** means and how to evacuate the area in case of fire. *(In your badge holder)*
- Know where **fire extinguishers** are located and how to use them. *(In your badge holder)*
- Know where the **fire alarm pull stations are.**
- Know our **codes and how to respond.** *(In your badge holder)*
- **Keep hallways/exits clear of obstruction** – no blocked exits, fire extinguishers, or utility/gas panels.
- **Do not discuss** patients in open areas, or in front of other employees who may not need to know the information.
- Ensure that **patient information** is NOT visible to other patients/visitors,
- Log off or lock computers
- Follow proper **hand hygiene practices** and know where the hand sanitizer is located and when to use soap & water instead of sanitizer.
- Do not prop doors open.

Rescue Alert others and remove anyone in danger, if safe to do so

Alarm Alert & report - dial 66 state code RED, pull fire alarm if it is not sounding, state location

Confine the fire by closing all doors & windows

Extinguish the fire if safe to do so, if not **Evacuate**

Information to Know

Joint Commission

Upon Arrival of a Surveyor or Inspector, if they approach you:

- 1) Observe if they have on a photo ID from their agency (JCAHO, DOH, etc.). Ask them to have it ready if not already visible.
- 2) Ask them to have a seat while you contact someone in administration to greet them and escort them.
 - Administration numbers are 84551 or 84040 – tell them:
 - What entrance you are calling from
 - Who is at the entrance
 - Ask them to come and escort them to administration.

The Joint Commission
Quality Check®



| Questions a Surveyor may ask: | |
|--|--|
| Have you had a TB test within the last 12 months? | Not necessarily. It is no longer required after the initial onboarding TB test screening |
| What would you do if you saw a bio-hazardous spill on the floor? | Call 66, report Code Orange and give location – keep people away from area |
| What does confidentiality mean? | In a nutshell, you don't share any information with anyone unless it is deemed necessary; you don't talk about others in common areas and you don't share information with family and friends. |
| What would you do if you heard a code for a fire in the building, but not in your area? | Stay in my area and listen for further instructions |
| Where are the closest fire alarms and stairs? | Know your area: Look on the walls for signage |
| What would you do if you suspected that a hospital employee was involved in something illegal? | <ol style="list-style-type: none"> 1. Discuss concern with my supervisor 2. Discuss concern with Dept. Manager 3. Contact local or regional compliance 4. Call the 24/7 Providence Integrity Line: (888) 294-8455 <p style="text-align: center;"><i>If I feel uncomfortable with steps 1,2, or 3 for any reason, go to step 4 and call the Providence Integrity Line</i></p> <p style="text-align: center;">(See page 16 of this manual for additional information)</p> |

Information to Know

| Questions a Surveyor may ask (contd.) : | |
|--|---|
| When may you use your cell phone? | On my break. In a private area; never in a patient's room or on the floors. |
| Do you talk to your family at home about interesting patients? | NO, it could potentially be a HIPAA violation |
| Do you know your Mission Statement? | As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable. |
| What is the name of your hospital administrator? | Darren Redick, CEO (Chief Executive Officer) |
| Are you allowed in airborne isolation rooms? | NO. Volunteers are not to enter any rooms that have contact precautions. |
| What are you expected to do in a community disaster? | If volunteering at the time I would report to the labor pool in 13th St conference room. If at home, take care of myself. I would call the Volunteer Office if I'd like to come in. I would wear my badge and report to the labor pool. |
| What is the code for heart or respiration stopping? | Call 66, Code Blue |
| What is our Vision Statement? | Health for a Better World |
| What is our Promise? | Know me, care for me, ease my way |
| What are our Core Values? | Justice, Compassion, Integrity, Excellence, Dignity. |



Spiritual Care



What is Spiritual Care?

Spiritual care is care that recognizes and responds to the needs of the human spirit when faced with trauma, ill health, or grief and can include providing rites or prayer and sacrament. It can also be simply for a listening ear. Our Chaplains **EQUALLY** serve people of all faiths and beliefs: Those who belong to a religion, faith group or demonization, those who question belief, and those who have no belief system or consider themselves nonbelievers

Who are the Chaplains?

A Chaplain is a highly educated and trained professional on the interdisciplinary team who specializes in the care of the human spirit. Chaplains specialize in spiritual care and provide non-judgmental compassionate, spiritual, emotional and existential support to patients, families and staff.

Professional Chaplains hold master degrees in theology, divinity or an equivalent field; a minimum of 1600 hours post masters clinical residency; ordination or commissioning and endorsement for ministry from a recognized faith group and national board certification.

How do I call a Chaplain?

Dial Extension: 47025

| What Chaplains Can Do | What Chaplains Don't Do |
|---|--|
| <ul style="list-style-type: none"> • Meet people where they are • Provide support regardless of beliefs or social/cultural background • Respond to codes • Spiritual Assessments • Ethics consults • Actively listen and ask open ended questions • Sit with those in distress • Provide compassionate presence • Attend family conferences • Help patients and family members find meaning or purpose in the midst of illness • Help patients and family navigate a 'new normal' • Provide religious accommodations such as sacraments or rituals • Navigate difficult family dynamics • Offer prayer or blessing • Support staff | <ul style="list-style-type: none"> • Deliver bad news • Evangelize or proselytize • Only visit patients at end of life • Fix personal problems • Convert people to any other religion • Only visit catholic patients • Relay medical information • Discharge planning • Prognostication |

Infection Control

Health Etiquette

Please do **NOT** come to volunteer if you are exhibiting symptoms of a respiratory infection, have a fever of 100° or more or if you're experiencing **diarrhea, vomiting, a severe cough, and/or a sore throat**. You must stay home until you've been fever or symptom free for at least 24 hours without medication.

Flu Shots

In October, the hospital offers free flu shots to volunteers and employees. If you decline the shot, you must fill and sign a declination form. If you receive the shot at another location (doctor's office or drug store), you must bring documentation to Caregiver Health or to Volunteer Services.

Personal Protective Equipment (PPE)

PPE is used to protect you against potential exposure to infectious diseases. It is comprised of gloves, gown, and mask. Volunteers are not allowed to enter contact precaution rooms for any reason. Refer to staff on the units to deliver items to these rooms.

Hand Hygiene

Eighty percent (80%) of infectious diseases are spread by touch! The most effective way to prevent the spread of illness and disease is to practice proper hand hygiene: hand **washing** with soap and water or the use of waterless **hand sanitizer**.

Use soap and water to cleanse visibly dirty hands. Take your time, use warm soapy water, dry your hands completely, and use a paper towel to turn off the faucet and open the door on your way out of the restroom. If your hands are not visibly dirty, hand sanitizer is an effective way to get them clean.

It's important to practice hand hygiene:

- ◆ When entering and exiting a patient's room – Gel in, Gel out
- ◆ When your hands contact any bodily fluid, including blood
- ◆ After removing plastic gloves
- ◆ Before and after eating, smoking, or applying cosmetics
- ◆ After using the restroom

COVER YOUR COUGH

Stop the spread of germs!

Use a tissue to cover your mouth and nose when you cough or sneeze

Throw your tissue in the waste basket



OR



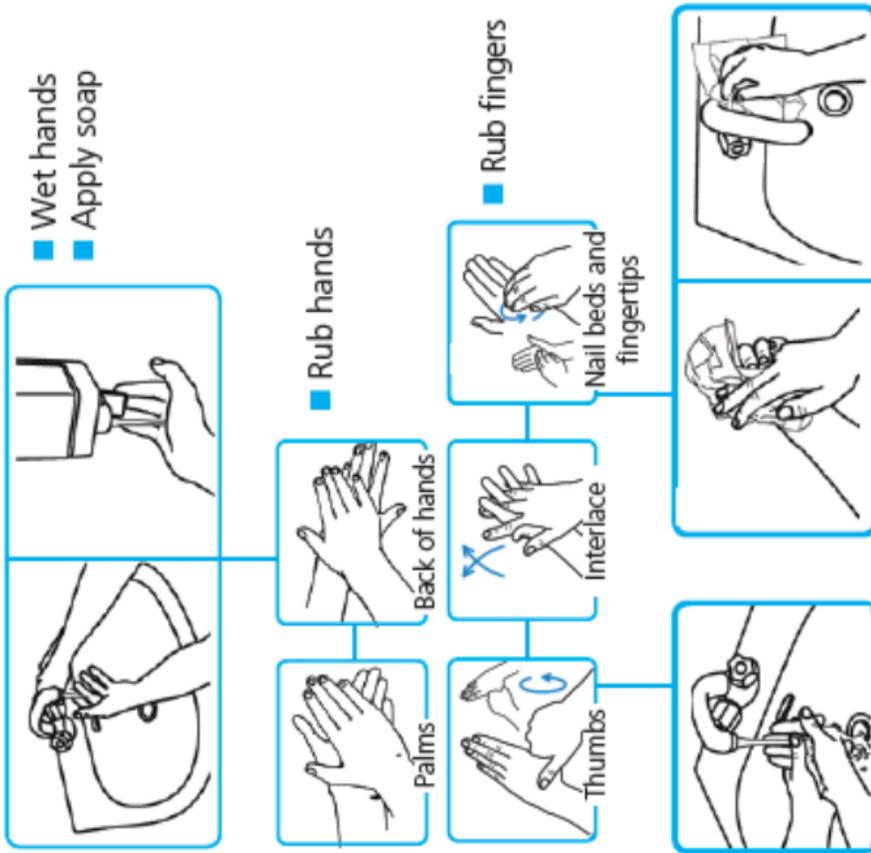
Cover your cough or sneeze with your inner elbow, not your hands

Wash Your Hands

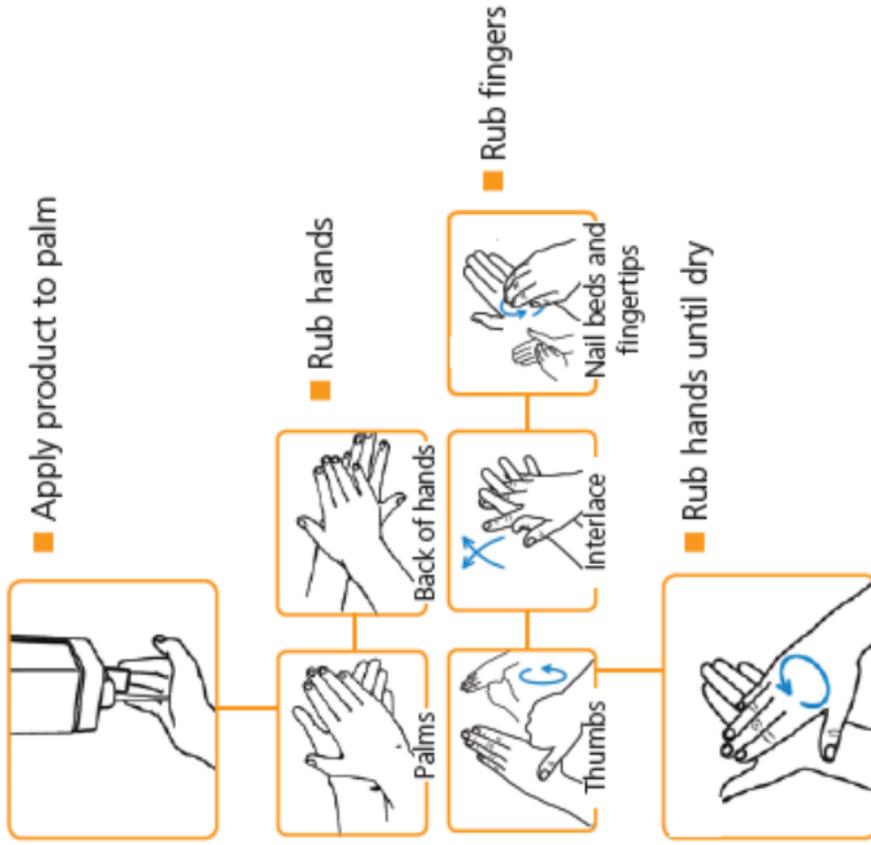


After coughing or sneezing, wash for 20 seconds with soap and warm water or clean with hand sanitizer

How to clean with soap and water



How to clean with hand sanitizer



COVID-19 Module for Volunteers

OBJECTIVES

At the end of this module, you will be able to:

- Define COVID-19 (coronavirus), identify its symptoms, and describe your role in preventing its spread.
- Identify sources for reliable and current information about COVID-19.
- Demonstrate proper hand hygiene and masking
- Complete daily self monitoring

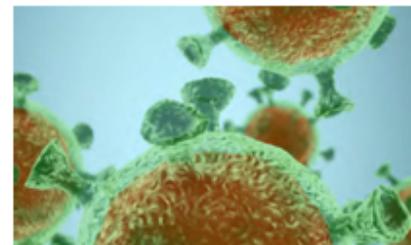
1

What is COVID-19?

- COVID-19 (Coronavirus) is a new disease, among a family of viruses called coronaviruses.
- It is a respiratory illness that starts as a fever, moves to a dry cough, and may proceed to shortness of breath.
- Most patients will not require hospitalization. In fact, some patients will have little to no symptoms. However, the virus can cause severe cough, pneumonia, ARDS (acute respiratory distress syndrome) and respiratory failure, kidney failure, and impaired liver function.

How does COVID-19 spread?

- The most common way this virus spreads is from person-to-person.
- For the most current information, visit the CDC website at <https://bit.ly/2V9OntZ>



2

STOP the SPREAD

- Stay at least 6 feet from others.
- Disinfect frequently touched surfaces.
- Stay home when sick, except to get medical care.
- Wash your hands frequently.
- Do not touch your eyes, nose, mouth.
- When in public, wear a cloth face mask, covering your nose and mouth.
- Cover your cough or sneeze with a tissue, then throw the tissue away, and wash your hands.



***Seek medical care immediately if someone has emergency warning signs of COVID-19:**

- Trouble breathing
- Inability to wake or stay awake
- Persistent pain or pressure in the chest
- Bluish lips or face
- New confusion



Know the Symptoms

Symptoms range from mild to severe and can appear 2-14 days after exposure to the virus. This list does not include all possible symptoms.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

3

STOP the SPREAD

MASKS/FACE COVERINGS

Universal masking is mandatory in all areas and public spaces, including stairwells, elevators, and hallways—from the moment you enter the building and until you leave.

Volunteer Services will provide a simple medical-grade mask to every volunteer, **you may ONLY wear a cloth mask from home when entering and leaving the building.**



We strongly encourage you to take a break, at least every 30 minutes, to walk outside, remove your mask, and get some fresh air. While outside, please socially distance yourself once you remove your mask.

4

STOP the SPREAD

Wear your Mask/Face Covering Correctly



- Wash your hands before putting on your mask/face covering.
- Put it over your nose and mouth and secure it under your chin.
- Try to fit it snugly against the sides of your face.
- Do NOT put the mask/covering around your neck or up on your forehead.
- Do NOT touch the mask/covering. If you do, wash your hands.
- Remove your mask/covering safely—only handle it by the strings/ear loops.
- After removing your mask/covering, wash your hands with soap and water.



5

Wheelchair Cleaning (Both Standard & Staxi chairs)



- **SAFETY FIRST** - Put on your gloves
- You will use 3 wipes to clean the chair
- After you've finished with one wipe – throw it away
- There is a 3 to 4 minute “WET” time before stacking or using the chair. This means that the chair must stay wet for at least 3 to 4 minutes in order to be effective in sanitizing.

6

Self Monitoring



Every volunteer is required to self-monitor for symptoms *before* arriving for their shift:

- Please take your temperature at home, if you have a fever of 100.0°F or greater, NEW: sore throat or cough, body aches, fatigue, loss of sense of taste or smell, please stay home and notify Volunteer Services.

Every volunteer is required to:

1. Complete a Daily Health Log
 - *Volunteer Services will provide you with the health log*
2. Complete entry screening upon arriving to the hospital

If you develop any COVID-19 symptoms during your shift:

1. Immediately notify Volunteer Services
2. Call the Caregiver Health Call Center at **949-534-4450**
3. Go home, unless instructed otherwise by Caregiver Health.

7

COVID-19 Putting It All Together

Much is being asked of us and everywhere we look, things are changing. Scientists are learning more and more about this new virus. There may be changes on what to expect, but please do not believe everything you read online or see on TV. Some of it may not be true. To get the most accurate and up-to-date information, we recommend visiting trusted sources, such as your doctor or a public health official. Excellent sources of information include the [Snohomish County Health District](#) the [Centers for Disease Control and Prevention \(CDC\)](#) and the [World Health Organization \(WHO\)](#)

Thank you for your commitment to our mission

8

Isolation Precautions

Volunteers do NOT enter isolation rooms

However, we still need to educate you about universal precautions. Your safety is our number one priority and knowledge is power. Infection precautions are used consistently throughout the hospital to protect you from exposure to contagious diseases and potentially infectious materials.

Infection Control Policy

You are given measures to prevent hospital-acquired infections, including but not limited to:

- Standard isolation precautions education
- Blood-borne pathogens education provided to those working in patient care areas
- TB testing as part of the volunteer application process
- Annual flu Shot.

You can be exposed to infection and contagious diseases in a variety of ways, including puncture wounds, contact with broken skin, mucous membranes (eyes, nose, and mouth). Even a hangnail or rash can be an entry point for infection if you do not wear gloves when in direct contact with a bodily substance.

- **Wear Gloves** when anticipating direct contact with bodily substances, like clearing tissues from a patient's bedside table
- **Blood/Body Fluid Spills:** You are **NOT** expected to clean up bodily fluid spills. Notify a staff member of any spills.

Infection and Isolation Exposure Incidents

If you accidentally enter an isolation room or come in contact with materials that could cause infection, **tell the charge nurse** immediately and go to **Caregiver Health for an evaluation.**

Exposure incidents should be **immediately** reported to your supervisor since they can lead to infection with HBV, HCV, or HIV, or other blood-borne pathogens.

If you are exposed, remember to **WIN**:

1. **Wash** the exposed area immediately with soap and water.
2. **Identify** the source of the exposure.
3. **Notify** your supervisor immediately. If you are exposed, you will be offered a free, confidential post-exposure evaluation and follow-up.



Read Signage: volunteers may NOT enter a room where one or more of the following signs are posted

STOP **SPECIAL DROPLET/CONTACT PRECAUTIONS**
In addition to Standard Precautions, Only essential personnel should enter this room

STOP **CONTACT PRECAUTIONS**
(In addition to Standard Precautions)

Everyone Must: including visitors, doctors & staff

- Clean hands when entering and leaving room
- Wear mask**
Fit tested N95 or higher required when doing aerosolizing procedures
- Wear eye protection** (face shield or goggles)
- Gown and glove at door

KEEP DOOR CLOSED

Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

Washington State Hospital Association
Contact Infection Control prior to discontinuing Precautions
1000 1st Avenue, Seattle, WA 98101
2020

STOP **DROPLET PRECAUTIONS**
(In addition to Standard Precautions)

STOP **CONTACT PRECAUTIONS**
(In addition to Standard Precautions)

Everyone Must:

- Clean hands when entering and leaving room
- Wear mask

Doctors and Staff Must:

- Wear eye protection with respiratory symptoms and standard precautions if contact with secretions likely.

Washington State Hospital Association
1000 1st Avenue, Seattle, WA 98101
2020

STOP **CONTACT PRECAUTIONS**
(In addition to Standard Precautions)

STOP **CONTACT PRECAUTIONS**
(In addition to Standard Precautions)

Everyone Must:

- Clean hands when entering and leaving room

Doctors and Staff Must:

- Gown and glove at door
- Use patient-dedicated or disposable equipment. Clean & disinfect shared equipment

Washington State Hospital Association
1000 1st Avenue, Seattle, WA 98101
2020

STOP **CONTACT ENTERIC PRECAUTIONS**
(In addition to Standard Precautions)

STOP **CONTACT ENTERIC PRECAUTIONS**
(In addition to Standard Precautions)

Everyone Must:

- Clean hands with sanitizer when entering room. Wash with SOAP AND WATER UPON LEAVING ROOM
- Gown and glove when entering the room

Doctors and Staff Must:

- Use patient dedicated or disposable equipment
- Clean and disinfect shared equipment before leaving room

Washington State Hospital Association
1000 1st Avenue, Seattle, WA 98101
2020

STOP **AIRBORNE RESPIRATOR PRECAUTIONS**
(In addition to Standard Precautions)

STOP **AIRBORNE RESPIRATOR PRECAUTIONS**
(In addition to Standard Precautions)

RESTRICTED VISITATION
(If you have questions, ask nursing staff)

Everyone Must:

- Clean hands when entering and leaving the room

Doctors and Staff Must:

- Wear CAP/PI/PAP or fitted N95 mask prior to entering room

Patient Placement:

- Airborne Infection Isolation Room Required
- Keep door closed

Washington State Hospital Association
1000 1st Avenue, Seattle, WA 98101
2020

Hazardous Drugs

Another important reason for proper hand hygiene is Hazardous Drugs (HDs) in the Workplace. **Volunteers do not administer Medications BUT may be exposed to hazardous drugs in the workplace.**

Hazardous drugs **are not** just chemotherapy (cancer treatment) drugs. Hazardous drugs also include **anti-depressants, anti-seizure, hormones, and many other classes of drugs.**

Why Should I Worry?

Many hazardous drugs are readily absorbed via the skin! What can you do to protect yourself? **Wash your hands frequently and wear gloves whenever you need to touch surfaces or supplies (anything) that is or has been in a patient's room.**

**Chemotherapy rated nitrile gloves provide greater barrier protection than vinyl gloves.*

| How Does the Workplace Become Contaminated with HDs? | The Other Source of HDs in Workplace = Patients |
|--|---|
| <ul style="list-style-type: none"> • A staff member administering a HD may unknowingly contaminate surfaces. • Undetected droplets on gloves. • From residual amounts left in syringes or medication cups, contaminated drug packages, or IV tubing after administration. • Empty packages, oral syringes, cups, supplies placed on surfaces in the patient room and into the garbage. | <p>Patients excrete HDs in body fluids, AND NOT just by the expected routes of urine and feces.</p> <ul style="list-style-type: none"> • HDs are also excreted in sweat, tears, saliva, and via exhalation (into the very air you breathe). • HDs are excreted over days to weeks after administration; a potential hazard long after the last dose was given. • Anything a patient or an administering staff member touches could potentially be contaminated with HDs, for example bedside tables, computer, scanner, phone, call light, food service trays, plates, cups, silverware, linen, curtains, carts. |

If You Are Exposed to Hazardous Drugs

1. Remove PPE and affected clothing
2. Immediately wash contaminated skin thoroughly with soap and water
3. If you received a splash to eye: flush eyes with water for 15 minutes
4. Immediately report exposure to your supervisor



BLACK Bins may contain HD drug waste including remaining amounts of chemotherapy. **BLUE** Bins contain **SHARPS** and may contain HD drug waste. **YELLOW** or **GRAY** bins contain waste from chemotherapy administration. Trace amounts may be present on the waste in these bins.

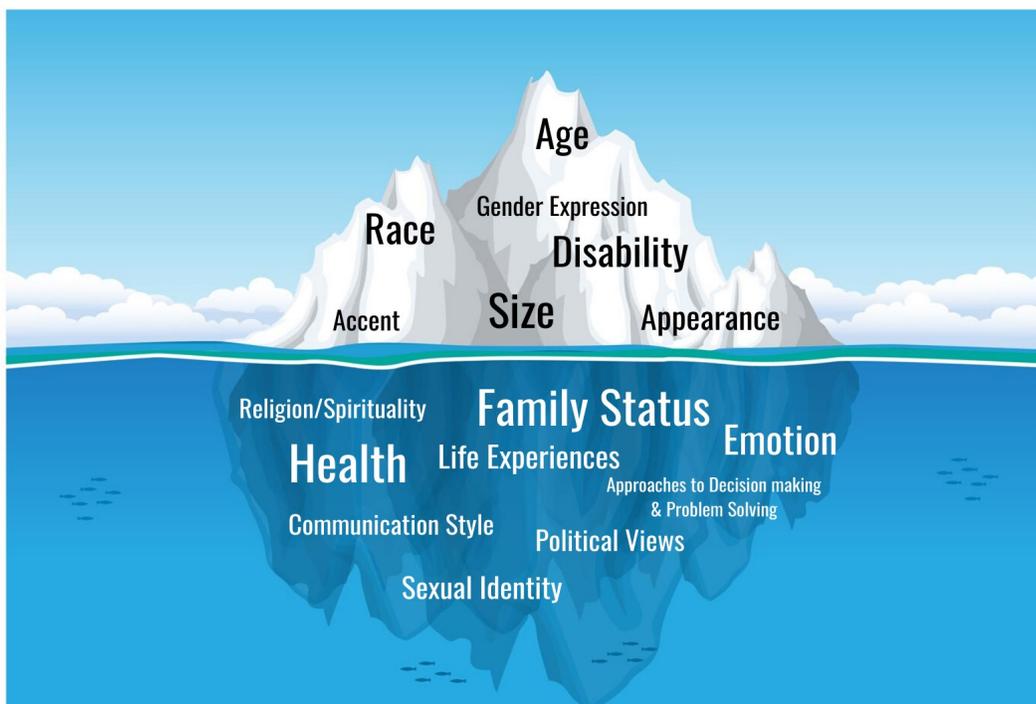
Communication with Patients & Families

We have a very diverse community that is reflected in the volunteers, patients, visitors, and caregivers of Providence. Collectively, we value each individuals' experiences and backgrounds. We may have differing opinions and ideas, but we demonstrate respect by learning about the uniqueness of each individual. What you see on the surface has depth that provides endless learning opportunities and personal growth.

Do not ask about trauma simply due to curiosity. But some patients openly share their trauma histories with caregivers. When patients discuss their trauma, it's important for caregivers to:

- ◆ Listen
- ◆ Believe patients
- ◆ Withhold strong emotional reactions or judgments
- ◆ Validate feelings: "Thank you for trusting me, I understand how this situation may be difficult."

The Cultural Iceberg Who We Are: Above & Below the Surface



**Please note this list is not exhaustive and only includes some of the most common disparities*

Communication with Patients & Families

Patients and their families come to us at very vulnerable points in their lives, using AIDET (*Acknowledge, Introduce, Duration, Explain & Thank*) and Caring communication allows us to truly connect and enhance their experience. Providing compassionate service and positive communication to everyone who enters our building is at the heart of our mission and core values.

One of the ways we communicate positive intent is through AIDET and Caring Reliably tones of respect. Understanding and using these tools are an expectation of every caregiver and volunteer.

AIDET with Tones for Caring Reliably

| | |
|---|--|
| <p>Acknowledge and welcome:</p> <ul style="list-style-type: none"> • Greet each person in a friendly way – smile and make eye contact. • Pause what you are doing so patients & families know they are valued • Warmly approach anyone who appears unsure of where to go. Offer to escort them to their destination or to find someone who can assist. | <p>Tones for respect</p> <p>Smile and greet others; say “Hello”</p> |
| <p>Introduce yourself:</p> <ul style="list-style-type: none"> • Introduce yourself as a Volunteer, provide your name and explain that you are here to assist them • Always speak highly of other volunteers, caregivers and departments. | <p>Introduce using preferred names and explain</p> |
| <p>Duration: Give estimated wait times and update frequently</p> <ul style="list-style-type: none"> • Give a realistic estimation of time, if you can • Go back to the patients or family members to explain any delays. • If you are walking a visitor, let them know about how long it will take, ask if they would prefer a wheelchair. | <p>Communicate positive intent of our actions</p> |
| <p>Explain and listen carefully:</p> <ul style="list-style-type: none"> • Answer questions and or take them to the location they’re looking for. Ask patients and their families what is most important to them and how we can make them comfortable. • As you provide a service, explain it in simple terms so that patients understand it, so they put at ease. • Make sure you correctly understand requests. Answer questions to reduce anxiety | <p>Listen with empathy and intent to understand</p> |
| <p>Thank people for trusting us:</p> <ul style="list-style-type: none"> • Take the time to thank patients for allowing us to serve them. • Exercise courtesy by saying ‘please’ and ‘thank you’ • Sincerely ask “Is there anything more that I can do for you?” | <p>Provide opportunities for others to ask questions</p> |

Culture of High Reliability

CARING RELIABLY

Be Compassionate. Be Safe. Be Reliable.

As a volunteer, you will review Caring Reliably tools and use them to speak up for safety and share concerns. To be successful you need to know, understand and utilize the tools as part of your daily work.

The Goal: Reduce Patient Harm

Now you may be wondering, what is High Reliability? High reliability means that everyone is responsible to speak up, ask questions, and report issues and concerns. The information in the next few pages will give you guidance and is designed to empower you to have a voice when you have a concern.

Think of it this way - if your loved one was in the hospital and you had a concern about their care, what would you do? Would you sit back and watch, or would you advocate on your loved one's behalf? When you read through the next few slides, pick out and practice a few of these tools at home and while volunteering.

The next few pages will address the following 6 tools which will be useful to you as a volunteer:

1. Have a Questioning Attitude- Validate and Verify
2. Pay Attention to Detail - Self-Check using STAR
3. Communicate Clearly - Clarifying Questions
4. Pay Attention to Detail - Peer Check
5. Speak Up for Safety - Escalation using CUS
6. Have a questioning Attitude; Know why and Comply

Universal behaviors and tools



PAY ATTENTION TO DETAIL

- Self-check using STAR (Stop, Think, Act, Review)
- Peer check



COMMUNICATE CLEARLY

- SBAR (Situation, Background, Assessment, Recommendation)
- Three-way repeat-back and read-back
- Phonetic and numeric clarification
- Clarifying questions



HAVE A QUESTIONING ATTITUDE

- Validate and verify
- Know why and comply



OPERATE AS A TEAM

- Brief, execute and debrief



SPEAK UP FOR SAFETY

- Escalation using CUS (Concerned, Uncomfortable, Stop) and chain of command
- Event reporting systems (UOR)



Have a Questioning Attitude

CARING RELIABLY

Be Compassionate. Be Safe. Be Reliable.

Validate and Verify

Error types prevented in the Generic Error Modeling System (GEMS)

| Skill-based | Rule-based | Knowledge-based |
|-------------|-----------------------|-----------------|
| Slip | Wrong rule | Decision-making |
| Lapse | Misapplication | Problem solving |
| Fumble | Non-compliance | |

Note: Primary shown in bold red; secondary shown in red.

The least you should know

- Questioning Attitude is a habit of the mind that ensures our choices are best for the given situation. Questioning Attitude is both asking questions and questioning the answers.
- Rule-based and knowledge-based errors occur when we are not thinking clearly. Since patient safety is our first priority, we will be thinking about what we are seeing and doing. Stop if things do not make sense.

Validate the information
Verify the information

QV&V was developed by Dr Chong Chiu, Failure Prevention Incorporated.

How should we use this tool?

- Use questioning attitude every time you interpret information and every time you choose a rule from memory. First, qualify the source of the information. Is this source a good source for this information? Does this source have a history of being correct? Next, validate the information. Validation is an internal consistency check. Does this information make sense? Is the information consistent with what I would expect?
- Last, verify the information using an independent, qualified source when: the information is very important (high-risk), the information fails the source qualification or validation tests, or the information appears to have changed.

Did you know?

- Questioning Attitude is the first of 20 critical thinking skills.
- Rule-based errors are sometimes called errors of the head (not errors of the hand) because the execution of the act is correct – it's the choice of the act that is incorrect.
- About 22% of acts that lead to harm in delivery of health care are a result of non-compliance. Since people do not violate policy with the intent to cause harm, every noncompliance is also a critical thinking error.
- Dr Jerome Groopman devoted an entire book, *How Doctors Think*, to critical thinking in physician care. Gaie Rubenfeld did the same for nursing with *Critical Thinking Tactics for Nurses*.

A Case in Point

An environmental services worker was headed into the magnet room of a MRI suite with a blower. His coworker's validation meter went off: "The MRI is a magnet. Can we take a blower into the MRI suite?" "Sure," said the first worker, "it's plastic." So they proceeded into the MRI suite. The blower – having a motor with steel and iron – immediately flew to the center of the magnet, causing significant damage to the scanner of the MRI machine.



Pay Attention To Detail

CARING RELIABLY

Be Compassionate. Be Safe. Be Reliable.

Self-Check using STAR (Stop, Think, Act, Review)

Error types prevented in the Generic Error Modeling System (GEMS)

| Skill-based | Rule-based | Knowledge-based |
|---------------|-----------------------|-----------------|
| Slip | Wrong rule | Decision-making |
| Lapse | Misapplication | Problem solving |
| Fumble | Non-compliance | |

Note: Primary shown in bold red; secondary shown in red.

The least you should know

- Self-checking is a habit of the mind that keeps our attention on task. STAR technique is a tool for developing strong self-checking habits.
- Skill-based errors occur when we are not paying attention. Since patient safety is our first priority, we will be putting our best attention on everything that has anything to do with patient safety.

Stop: Pause for **one** second
Think: About your act
Act: Perform the act
Review: Check for response

How should we use this tool?

- Use self-checking when processing information such as reading a label, flow-sheet, warning sign, posting, computer screen, indicator, etc. Use self-checking when doing things with your hands such as entering data, documenting, connecting devices, selecting supplies, selecting meds, etc. The one second pause keeps our *thinking* ahead of our *doing* so that we never act without thinking.

Did you know?

1. Skill-based errors are sometimes called errors of the hand (not errors of the head) because the intent of the act is correct – it's the execution of the act that is incorrect.
2. Self-checking reduces the probability of a skill-based error by a factor of 10 for a one second pause. A two second pause results in a factor of 100 to 1,000 reduction!
3. Skill-based error probability increases with task and environmental factors such as:
 - Time pressure
 - Interruptions
 - Distractions
 - Fatigue
 - Task complexity

A Case in Point

A Radiologist reading a study for a 68 yo F stops to answer a question for a surgeon. The Radiologist opens the EHR for a 73 yo M to answer the question. Following the consult, the Radiologist proceeds to read his impression of the 68 yo F into the record of the 73 yo M. This results in an unnecessary surgical procedure for the 73 yo M. The 73 yo M expires 8 days later from complications of the procedure. The Radiologist could have avoided the error by self-checking following the interruption.



Communicate Clearly

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Clarifying Questions

Error types prevented in the Generic Error Modeling System (GEMS)

| Skill-based | Rule-based | Knowledge-based |
|-------------|----------------|-----------------|
| Slip | Wrong rule | Decision-making |
| Lapse | Misapplication | Problem solving |
| Fumble | Non-compliance | |

Note: Primary shown in bold red: secondary shown in red.

The least you should know

- Complete and accurate communication is a practice habit that ensures that we understand the patient we are asked to care for and/or the task we are asked to do. This understanding is called *situational awareness*.
- Understanding gives context to the choices we make. So a poor understanding leads to poor choices – garbage in, garbage out. Since patient safety is our first priority, you should know that it is OK for anyone to ask a question. If you are unsure, or you just want to be sure, ask.

Ask clarifying questions

- When in **high-risk** situations
- When information is **incomplete**
- When information is **ambiguous**

How should we use this tool?

- Good thinking starts with a questioning attitude (see the fact sheet for *Questioning Attitude*.) Ask the question in a polite, professional, and helpful way. If asking a question of someone with high *power distance*, consider using the tool for speaking-up for safety (see the fact sheet for *Cross Checking*).

“Let me ask a clarifying question”

Did you know?

- The word *communication* comes from the word *commune* – to be as one, as in “one in thought.”
- Clarifying questions ensure understanding. Use repeat-backs and clarifying questions together.
- In one study, those who asked one or two clarifying questions were in the top 10% of communicators in the sample, and this group in the study experienced two and one-half times fewer communication errors!

Critical Thinking Promoting Behaviors and Comments, Rubinfeld & Scheffer, 2006

- That’s an interesting question.
- There is no such thing as a bad question.
- Do you have a different idea on how to do this?
- Let’s explore this.
- Let’s think this through.
- I’m not sure; can we figure this out?
- Don’t believe everything that you read or hear.
- Show me how you came to that conclusion.
- Can we look at this from a different angle?
- What do you think?
- Walk me through your thinking on this.
- Tell me what you learned here.
- Let’s see what others have to say.
- That’s one option: let’s see what other ways might also work.
- What are some possible outcomes of that approach?
- That was a great example of _____.
- That is a great idea, let’s expand on it and make it better.
- Use a neutral voice.
- Use an enthusiastic voice tone.
- Sit silently and patiently.



Pay Attention To Detail

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Peer Check

Error types prevented in the Generic Error Modeling System (GEMS)

| Skill-based | Rule-based | Knowledge-based |
|---------------|-----------------------|------------------------|
| Slip | Wrong rule | Decision-making |
| Lapse | Misapplication | Problem solving |
| Fumble | Non-compliance | |

Note: Primary shown in bold red: secondary shown in red.

The least you should know

- Cross checking, sometimes called cross monitoring, is a habit of the mind that keeps our attention on the people, equipment, and environment around us. This habit provides for instant recognition of problems.
- Since patient safety is our first priority, we will be mindful of each other's work and we will be saying something to help each other and our patients, family, and friends. We are all equals in patient safety and in personal safety. If you suspect there may be a problem, speak-up.

Peer-checking is watching-out for each other and sharing situational awareness.
Peer-checking with an assist is providing an on-the-spot second opinion.

Multiply Your Error Probability
 $0.001 \times 0.001 = 10^{-6}$

How should we use this tool?

- Use *peer checking* at all times – keep an eye and ear out for trouble. Use *peer checking with an assist* for the quick and easy helping of others. This can be as simple as the polite, “stop – you are about to back into the wet floor sign” followed by the “thanks” reply from your coworker.
- Use the *Speak-Up* tool instead of *peer-checking with an assist* when you are uncomfortable speaking plainly. Start with a simple question. If the question (this is called hint and hope) doesn't draw their attention to the problem, request a change, quickly explain why, and hand the dialogue back to them by adding “what do you think?” If the request did not change their thinking, use the safe word – express your concern using the phrase “I am concerned that...” Even then, you still have Chain of Command. Use your Chain of Command to check your thinking and help you advocate for safety.

Better together

- Since we tend to work together, we should take advantage of being together and help each other be successful. Peer checking has several positive affects on the work place:
- We can share *situational awareness*, a mental model of our work and environment. This gives us the advantage of more eyes and ears to catch things we might not notice.
- We can ask for a check or a second opinion. This gives of the advantage of detecting unintended slips or lapses, critical thinking problems, and even knowledge & skill deficiencies.
- We can reinforce the best practices in each other. And we can also, in a positive way, discourage unsafe practices in each other. This gives us the advantage of support in those tough moments.

“Thanks for saying something”



Speak-up for Safety

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Escalation using CUS

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| Skill-based | Rule-based | Knowledge-based |
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- Since patient safety is our first priority, we will be mindful of each other's work and we will be saying something to help each other and our patients, family, and friends. We are all equals in patient safety and in personal safety. If you suspect there may be a problem, speak-up.

Peer-checking is watching-out for each other and sharing situational awareness.

Peer-checking with an assist is providing an on-the-spot second opinion.

Multiply Your Error Probability

$$0.001 \times 0.001 = 10^{-6}$$

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- Use the *Speak-Up* tool instead of *peer-checking with an assist* when you are uncomfortable speaking plainly. Start with a simple question. If the question (this is called hint and hope) doesn't draw their attention to the problem, request a change, quickly explain why, and hand the dialogue back to them by adding “what do you think?” If the request did not change their thinking, use the safe word – express your concern using the phrase “I am concerned that...” Even then, you still have Chain of Command. Use your Chain of Command to check your thinking and help you advocate for safety.

Did you know?

1. Power Distance is the extent to which the less powerful expect and accept that power is distributed unequally. Power Distance is a measure of interpersonal power or influence superior-to-subordinate as perceived by the subordinate.
2. People are less likely to ask a question when Power Distance is high. People are also more likely to do what they are told, even if they know it is wrong.
3. Part of *Safety Culture* is having the courage to speak-up for safety, even when power distance is high.
4. Part of *Safety Culture* is people with high Power Distance using their influence to make it safe for others to ask questions.

Speak-Up for Safety using CUS technique

I have a **C**oncern...

I am **U**ncomfortable with...

Stop – this is a safety issue

If no
success...

Use Chain of Command



Have a Questioning Attitude

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Know Why and Comply

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|-------------|-----------------------|-----------------|
| Slip | Wrong rule | Decision-making |
| Lapse | Misapplication | Problem solving |
| Fumble | Non-compliance | |

Note: Primary shown in bold red; secondary shown in red.

The least you should know

- *Know Why and Comply* is a habit of the mind that ensures that our choices are compliant with best practice. Compliance has always been a cornerstone of safety culture. Blind compliance is not safe - intelligent compliance is safe. Following a policy or protocol without thinking (called cook-booking) is – forgive the pun – a recipe for patient harm.
- Rule-based errors occur when we do not follow policy and protocol. Since patient safety is our first priority, we will be thinking about policy and protocol and applying the rule as to meet the letter and the intent of rule. Stop if rules do not make sense.

Continuous use protocol
Reference use policy and protocol

How should we use this tool?

- Use *Know Why and Comply* when making choices based on policy, protocol, and professional practice. Think about the rule and the reasons the rule exists. Apply a questioning attitude. If the rule makes sense – then apply the rule in a way that meets both the letter of and the intent of the rule.
- Having a protocol in hand makes the user four times more reliable in applying that protocol. This is called *continuous use*. The protocol is with the user, the user reads and understands a step, the user performs the step, and the user often initials or signs for task tracking. Reference use is performing familiar tasks per policy and protocol from memory. Infrequent or complex tasks should be continuous use.

Did you know?

1. Rule-based errors are sometimes called errors of the head (not errors of the hand) because the execution of the act is correct – it's the choice of the act that is incorrect.
2. 22.2% of acts leading to serious patient harm are noncompliance, where a choice was made to violate policy. Since people do not violate policy with the intent to cause harm, every noncompliance is also a critical thinking error.

A Case in Point

A nurse knew her patient very well from several stays in her unit. This nurse chose to short-cut the patient identification check – thinking she was perfectly confident she was with the correct patient. She was. What she did not realize was the patient identification check is a three-way matching of patient identity, medication administration record, and the medication. She had the right patient and the wrong med. Her patient survived the med error, but required an 11 day stay in the ICU.