

# Volunteer Packet



Please sign and date the section with your name on it, once your portion has been completed.

## Kathy Eagleson - Auxiliary Membership Chair

- Volunteer added to the membership booklet
- Added to committees volunteer has signed up for
- Committees have been notified that the volunteer will be joining

Additional Notes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Terrisa Lenox - Human Resources - Volunteer Orientation & Paperwork

- Volunteer orientation scheduled      Date: \_\_\_\_\_
- Paperwork provided to volunteer
- Orientation Completed
- Received ID

Additional Notes: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Administration - File Paperwork

- Paperwork received & filed

Additional Notes: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Universal Volunteer Application

---

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employment Information (Title, Place of Employment):

\_\_\_\_\_

Emergency Contact (Name, Phone Number):

\_\_\_\_\_

Describe any restrictions you have.

(Physical, Medical, Mental, or any Relevant Medical History):

\_\_\_\_\_

\_\_\_\_\_

Are you currently or have you ever been convicted of a felony? If yes, please explain:

Yes  No

**General Availability:**

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
A.M.							
P.M							

Are you willing to do manual labor?

Yes  No



***Gibson Area Hospital Auxiliary***

**See Next Section**



## Volunteer Agreement

---

I \_\_\_\_\_ (Print Name) wish to provide volunteer services for Gibson Area Hospital and Health Services (GAHHS). As a volunteer, I understand that I am not entitled to and will not receive any compensation, salary, benefits, or other payments in exchange for my providing volunteer services to the facility. I further understand that my volunteer service is donated without contemplation of future employment, and give for educational, humanitarian, religious or charitable reasons. I understand that as a volunteer, I am not covered by any state or federal wage and hour laws, nor am I eligible for workers' compensation, unemployment insurance benefits or any other type of employment benefit offered to employees.

I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization from the facility's administration to do so.

I understand that the GAHHS facilities offer medical services to the public for treatment of illnesses, including but not limited to tuberculosis, hepatitis, and HIV and I assume a risk that I might be inadvertently exposed to such diseases.

I shall submit to examinations and annual retesting as necessary, which may include skin tests, chest X-rays, and appropriate laboratory tests and/or immunizations as a condition of my volunteer service.

I release, discharge and relieve GAHHS from any and all claims, whatsoever, of any nature arising as a result of my volunteer services and related activities.

I understand and agree that I will comply, at all times, with all rules, policies and standards of conduct that apply to hospital employees, independent contractors and volunteers including the system policy on confidentiality, which I have signed and submitted.

I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality. I shall make my best effort to fulfill my commitment to the hospital by following the assignment descriptions and completing all assignments that I accept. If I am unable to perform my volunteer duties, I will notify the appropriate volunteer leadership as soon as possible. If I vacate my position for more than one month without prior notification to volunteer leadership, I may be terminated.

I understand that the facility reserves the right to terminate my volunteer status if I fail to follow all hospital policies, rules, and regulations; if I am absent without prior notice; or if I have an unsatisfactory attitude, appearance, or attendance.

I agree to attempt to resolve any problems related to my volunteer services with my supervisor, and if unsuccessful, attempt to resolve any such problems with the appropriate staff of Volunteer Services.

I understand that I can be terminated for giving unsatisfactory service or for any other circumstances which, in the judgment of the facility, would make my continued service contrary to the best interests of the hospital.

# Code of Conduct and Ethics for GAHHS Volunteers 2024

---

## **Message from the CEO Rob Schmitt**

Gibson Area Hospital and Health Services along with its clinics is truly a unique and remarkable health care organization. For more than 65 years, the people of GAHHS have cared for patients, provided innovative therapies, and trained generations of healthcare professionals – all with a singular focus on improving the quality of care for the communities we serve. Throughout our history, we have served our patients and our community and, in the process, earned a reputation of being in touch of the needs of the people we serve. Our success is apparent in the unsolicited praise we receive from patients and their families, as well as in objective surveys that confirm our leadership in quality and patient satisfaction.

Every person at GAHHS plays a role, directly or indirectly, in the patient experience and our reputation is based on how we conduct ourselves on a daily basis. Our expertise brings hope to patients who trust us to deliver the most advanced care and attracts people with the highest integrity to seek employment or an affiliation with us.

**In each of our various roles, we are part of a team with the common mission of serving the healthcare needs of our patients and our community. The privilege of supporting this mission carries with it significant responsibilities.**

To help you with the legal and ethical questions you may encounter in your daily work, we have prepared the Code of Conduct and Ethics (Code). The Code provides a framework for making the right decisions and taking appropriate action in your daily work. As an organization, we must lead with integrity because we care about the well-being of our patients, fulfilling our mission and preserving our reputation. Each of us – including all Board members, employees, volunteers, physicians and others who provide care to our patients – will be asked to sign a certification stating that we understand the Code and our individual commitment to compliance. If you have questions regarding this Code or encounter any situation that you believe violates this Code, you should immediately report the issue to your supervisor, contact the Executive Director of Compliance & Legal Affairs, call our Compliance Hotline (1-888-475-8376) or access the web-based reporting option.

Each of us has the responsibility to report any concerns we may have, and you can rest assured that there will be no retaliation or retribution for asking questions or raising concerns in good faith about potential improper conduct. Trust is something we earn and maintain every day. Through each of our actions, we can demonstrate to our patients and communities that GAHHS embraces a set of core values...excellence, diversity, integrity, compassion, and teamwork. Thank you for your ongoing commitment to our patients, our communities and GAHHS' continued reputation for excellence and integrity in carrying out our Mission.

### **Vision Statement**

Our vision is to be the model of excellence in community based health-care.

### **Mission Statement**

The Mission of the Association shall be to provide personalized, professional healthcare services to the residents of the communities we serve.

### **Purpose of Our Code of Ethics and Conduct**

As an organization, Gibson Area Hospital and Health Services is committed to honest and ethical behavior, and to conducting our business with integrity. The practice of behaving honestly, ethically, and with integrity is an individual responsibility. We make decisions every day about how we will choose to conduct ourselves. Each of us is accountable for our conduct and actions. The Code of Conduct and Ethics is our cornerstone. It communicates what our ethical business standards are and should be. The Code of Ethics and Conduct serves as a guide for management, staff, providers, vendors, volunteers and anyone else who interacts with the hospital and clinics. It is an essential part of the Corporate Compliance Program. It is essential and a vital part of how we achieve our vision and mission. We are all responsible for carrying out that mission, and are all guardians of the reputation of the organization. We are committed to delivering the highest quality patient care in compliance with our Code of Ethics and Conduct.

Our Code of Ethics and Conduct helps guide all Gibson Area Hospital and Health Services (GAHHS) employees and associates (contract personnel and physicians). It also helps us carry out our daily activities within proper legal and ethical standards. This applies to our relationships with patients and their families, visitors, physicians, third-party payers, subcontractors, independent contractors, vendors, consultants, and one another.

The Code is meant to be comprehensive and easily understood. In some instances, the Code deals completely with the subject covered. However, many subjects are so complicated that more guidance is needed. To provide this guidance, there is a complete set of Administrative Policies and Procedures in each department. Also, each department has a set of Departmental Policies and Procedures to help employees.

## **Code of Ethics and Conduct for Senior Management**

All members of Senior Management are bound by all provisions of this Code of Ethics. The CEO and CFO also have responsibility for full, fair and accurate financial disclosures.

### **Leadership Responsibilities**

While all GAHHS employees are obligated to follow our Code, we expect our leaders to set the example and to be in every respect a model.

We expect all supervisors and managers to create an environment where all employees and other associates feel free to bring up concerns and share ideas. We also expect that they will make sure that those on their team have plenty of information to comply with laws, regulations, and policies, as well as resources to resolve ethical issues. They must help to create a culture that promotes the highest standards of ethics and compliance. We must never give up legal, ethical and compliant behavior in the pursuit of business goals.

### **Our Patients**

**Patient Care and Rights:** Our mission is “to provide personalized, professional healthcare services to the residents of the communities we serve. "We treat all patients with respect and dignity and provide care that is both necessary and appropriate. We make no distinction in the availability of services; the admission, transfer or discharge of patients; or in the care we provide based on age, sex, disability, race, color, religion, or national origin.

Each patient is given a written statement of patient rights, hotline phone numbers, and a Notice of Privacy Practices. These statements include the rights of a patient to make decisions about their medical care and their rights related to health information maintained by the facility. They also conform to all applicable state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA).

We want to involve patients in all aspects of their care, including giving consent for treatment and making healthcare decisions. This may include managing pain effectively, foregoing or withdrawing treatment, and end of life care. As applicable, each patient or his/her representative is given information such as a clear explanation of care. This includes diagnosis, treatment plan, right to refuse or accept care, care decision dilemmas, advance directive options, estimates of treatment costs, organ donation, and an explanation of the risks, benefits, and alternatives associated with available treatment options. Patients have the right to request transfers to other facilities. In such cases, we give the patient an explanation of the risks, benefits, and alternatives of the transfer.

We give patients information about their right to make advance directives. We honor patient advance directives or resuscitative measures within the limits of the law and our organization’s mission, values and capabilities.

To promote and protect patient's rights, we give each patient and his/her representative confidentiality, privacy, security and protective services, and the opportunity for resolution of complaints.

Patients are treated in a way that preserves their dignity, self-esteem, civil rights, and involvement in their own care. GAHHS has processes to support patient rights in a way which involves others. These processes are based on policies and procedures. They make up the framework addressing both patient care and organizational ethics issues. This includes informing each patient or, when appropriate, the patient's representative of the patient's rights before furnishing or discontinuing care. Patients and, when appropriate, their families are informed about the outcomes of care, including unexpected outcomes. Also, patients are involved as clinically appropriate in finding answers to dilemmas about care decisions. We also have processes for prompt resolution of patient grievances. This includes informing patients of whom to contact regarding grievances and informing patients about the grievance resolution. GAHHS maintains an ongoing, proactive patient safety effort. This is to identify risk to patient safety and to prevent, report, and reduce healthcare errors. Employees and other associates receive training about patient rights in order to clearly understand their role in supporting them.

**Patient Information:** We collect information about the patient's medical condition, history, medication, and family illnesses so we can provide quality care. We realize the sensitive nature of this information and are committed to keeping it confidential. We do not use, disclose or discuss patient-specific information with others unless it is necessary to serve the patient or is required by law.

GAHHS employees will never use or disclose confidential information that violates the privacy rights of our patients, including employees who are patients. We have access and privacy policies and procedures, which follow HIPAA requirements. They state that no employee or other associate has a right to any patient information other than that necessary to perform his or her job. This includes patient information about employees and other associates. Patients can expect their privacy to be protected except for certain emergency situations. Also, we will release patient-specific information only to persons authorized by law or by the patient's written authorization as explained in the Notice of Privacy Practices.

## **Legal and Regulatory Compliance**

GAHHS provides various healthcare services in compliance with appropriate federal, state, and local laws and regulations, and the conditions of participation for federal healthcare programs. These laws, regulations, and conditions of participation may include subjects such as certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records, confidentiality, patients' rights, end-of-life care decision making, medical staff membership and clinical privileges, and Medicare and Medicaid program requirements.

We have developed policies and procedures to address many legal and regulatory requirements. However, healthcare is highly regulated and it is impossible to develop policies and procedures to cover all applicable laws and regulations. Obviously, all laws must be followed, not just those covered by policies and procedures. Employees should ask senior management or department managers about areas not covered by policies and procedures.

Anyone who knows about violations or suspected violations of law, regulations, conditions of participation, or internal policies and procedures must report them immediately to a supervisor, the Executive Director of Compliance & Legal Affairs, or the Compliance Hotline (1-888-475-8376).

**Coding and Billing for Services:** We have developed policies, procedures, and systems to make sure that all billings are correct. These policies and procedures are based on appropriate federal and state laws and regulations. We will not tolerate any employee or associate knowingly submitting claims for payment or approval which are false, fictitious, or fraudulent.

In support of accurate billing, medical records must provide reliable documentation of the services rendered. It is important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered to be part of the medical record.

Reliable documentation also depends on the attention of physicians who treat patients in our facility. We expect those physicians to provide us with complete and accurate information on a timely basis. Documentation is a key element in coding and billing, as well as in the quality of care we can provide based on the documentation. We do not want to compromise the care we give or compromise the ability to code and bill accurately due to poor or inadequate documentation.

**Cost Reports:** We are required by federal and state laws and regulations to submit certain reports of our operating costs and statistics. We comply with federal and state laws, regulations, and guidelines relating to all cost reports. These laws, regulations, and guidelines define what costs are allowable and outline the proper methods to claim reimbursement for the cost of services provided to program beneficiaries.

Several policies deal with cost report compliance and stress our commitment to identify and exclude non-allowable costs, follow documentation standards, properly review cost reports, and properly file cost reports with appropriate disclosures.

**Emergency Treatment:** We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing emergency services. This means that we provide an emergency medical screening examination and stabilize all patients, whether or not they can pay. Within our capacity and our capability, we treat anyone with an emergency medical condition. In an emergency situation or if the patient is in labor, we will not put off the medical screening and stabilizing treatment to find outpatient financial and other information.

We do not admit, discharge, or transfer patients with emergency medical conditions simply based on their ability to pay or any other discriminating factor.

Patients with emergency medical conditions are only transferred to another facility at the patient's request or if the patient's medical needs cannot be met at GAHHS and we know that appropriate care is available at another facility. Patients are only transferred in strict compliance with state and federal EMTALA regulatory requirements.

**Surveys:** From time to time, government agencies and other entities conduct surveys in our facilities. We are open and provide accurate information. In preparation for or during a survey or inspection, GAHHS employees and associates must never hide, destroy or change any documents; lie; or make misleading statements to the agency representative. We never cause another employee to fail to provide accurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

**Accreditation:** In preparation for, during and after surveys, GAHHS employees and other associates deal with all accrediting bodies in a direct, open and honest manner. We never take action in relationships with accrediting bodies that would mislead the accreditor or its survey teams, either directly or indirectly.

The scope of matters related to accreditation is very significant and broader than the Code of Conduct and Ethics. The purpose of the Code is to provide general guidance on subjects of wide interest within our organization. Accrediting bodies may address issues of both wide and more focused interest.

**Grants:** GAHHS complies with all applicable federal and state regulations when grants are received. We are required by these regulations to meet such duties and obligations as accurate reporting and appropriate expenditure of the grant funds.

## **Business Information and Information Systems**

**Accuracy, Retention, and Disposal of Documents and Records:** Each GAHHS employee and associate is responsible for the integrity and accuracy of our organization's documents and records. This is not only to comply with regulatory and legal requirements but also to make sure that records are available to support our business practices and actions. No one may change or falsify information on any record or document. We must never destroy records in an effort to deny governmental authorities that which may be relevant to a government investigation.

We keep medical and business documents and records in accordance with the law and our record retention policy. Medical and business documents include paper documents such as letters and memos, computer information such as e-mail or files on disk or tape, and any other medium that contains information about the organization or its business activities. It is important to retain and destroy records only according to our policy. Also, no one may remove or destroy records before the specified date without first obtaining permission from the CEO. Garbage cans and receptacles containing the logo C.O.P.S. and/or a lock are the appropriate places to dispose information containing PHI.

**Information Security and Confidentiality:** Confidential information about our organization's plans and operations is a valuable asset and is considered proprietary. Although GAHHS employees and associates may use confidential information to do their jobs, they will not share it with others unless they have a legitimate need to know the information to perform their job duties or carry out a contractual business relationship. Also, these other individuals and organizations must agree to keep the confidentiality of the information. Confidential information includes such things as employee information; patient census and clinical information; patient financial information; passwords; pricing and cost data; financial data; strategic plans; marketing strategies; and supplier and subcontractor information.

In order to keep the confidentiality and integrity of patient and other information it should be sent through the internet only in accordance with information security policies and procedures and should not leave the facility in an unprotected manor.

Federal and State laws govern the privacy of our patients and their health information. This includes information that is spoken, written, or in electronic systems. HIPAA law is a Federal law that governs the privacy of a patient's medical information that GAHHS takes very seriously. Laws include consequences for failing to protect patient privacy including potential fines, imprisonment, loss of professional license, and a patient's right to sue both the organization and you personally. Our IT department can monitor patient records to determine who is accessing the record and whether it is consistent with job functions.

Complying with our privacy policies includes the following:

- We access use and disclose only the minimum amount of information needed to perform our jobs;
- We do not discuss patient information with others who do not have job-related need to know.
- We do not share user ID's or passwords to our electronic systems and we log off when we step away from our computers. What is done on your computer is your responsibility.
- Assess your surroundings and always ask the patient to speak about their care when others are present.
- We do not mention patient information whatsoever on social networking or blog sites
- We verify fax numbers before sending PHI and check accuracy of patient information on labels, records, charts.
- We dispose of patient information in the confidential waste containers and contact IT for proper disposal of electronic PHI.
- We encrypt email that contains patient PHI
- We report all privacy concerns to the HIPAA Privacy Officer or the Executive Director of Compliance & Legal Affairs.

We exercise due care in maintaining the confidentiality, availability, and integrity of organization's information. Much of our clinical and business information is generated and maintained on our computer systems. This makes it necessary for each employee and associate to protect the computer systems and the information contained in them by not sharing passwords and by knowing and following our information security policies and procedures.

If an individual's employment or other business relationship with GAHHS ends, they must still keep confidential the information learned or used during the employment or other business relationship. This does not prevent the individual from disclosing information about his or her own compensation and benefits.

If you are provided with an email account to facilitate business and healthcare communications within and outside GAHHS organization, all your emails are the property of GAHHS. Management has the right to review your emails and terminate your account. You are responsible for appropriate use of your email account. Some helpful tips with complying with confidential business information policies:

- Make sure you have the right to copy or distribute copy written material.
- Consult the Executive Director of Compliance & Legal Affairs before you use organization logos on printed material
- Consult the Executive Director of Compliance & Legal Affairs before sharing policy and procedure with individuals outside the organization
- Make sure you have IT authorization before downloading any software onto your workstation.
- When sending email that contains patient PHI or confidential materials, make sure the email is encrypted with security devices that protect the data.

**Electronic Media:** All communications systems are the property of GAHHS and are to be used mainly for business in agreement with our policies. This includes such systems as e-mail, internet access, telephones and voice mail. Employees and associates may not use internal communication channels or access to the internet at work to post, store, transmit, download or distribute any threatening materials; knowingly or maliciously false materials; obscene materials; or anything encouraging a civil or criminal offense, or otherwise violating any laws. Those who abuse our communications systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

**Financial Reporting and Records:** We have established and maintain a high standard of accuracy and completeness in documenting, maintaining, and reporting financial information. This is important in meeting our obligations to patients, employees, suppliers, and others.

All financial reporting must show actual transactions and conform to generally-accepted accounting principles. All assets and liabilities must be properly recorded in the books and records of the organization. A system of internal controls is maintained to provide reasonable assurance that all transactions are recorded properly.

### **Workplace Conduct and Employment Practices**

**Conflict of Interest:** A conflict of interest may occur if a member of the healthcare team, Board of trustee member, or employee's outside activities, personal financial interests, or other personal interests influence or appear to influence his or her ability to make objective decisions in performing their job duties. A conflict of interest may also exist if the demands of any outside activities distract an employee from properly performing his or her job or causes the individual to use GAHHS resources for other than our organization's purposes. If an employee has any question about whether an outside activity or personal interest might be a conflict of interest, they will report it to the Executive Director of Compliance & Legal Affairs.

**Controlled Substances:** Some employees and associates have access to prescription drugs, controlled substances, and other medical supplies. Many of these substances are controlled and monitored by specific regulatory agencies and must be given by physician order only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risk to us and to patients. If anyone becomes aware of inadequate security of drugs or controlled substances or the taking of drugs from the organization, they must be report it immediately.

**Copyrights:** GAHHS personnel may only use copyrighted materials as stated in the GAHHS policy.

**Diversity and Equal Employment Opportunity:** We are committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity, and respect. We comply with all laws, regulations, and policies related to non-discrimination in all of our personnel actions. These actions include hiring, terminations, evaluations, recruiting, compensation, corrective action, discipline, and promotions.

No one shall discriminate against any individual with regard to race, color, sex, religion, age, national origin, ancestry, disability, or sexual orientation with respect to any offer, or term or condition, of employment. We make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

**Harassment and Workplace Violence:** Each employee and associate has a right to work in an environment free of harassment and disruptive behavior. We do not tolerate harassment by anyone based on the diverse characteristics of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in the workplace. There are specific policies forbidding retaliation for reporting compliance concerns.

Sexual harassment is forbidden. This includes unwanted or sexual touching, sexually oriented jokes or comments, and requests for sexual favors.

Harassment also includes incidents of workplace violence. Workplace violence includes robbery, stalking, violence directed at the employer, terrorism, and hate crimes. Employees and associates who observe or experience any form of harassment or violence should report the incident to their supervisor, the Director of Human Resources or the Safety Officer.

**Health and Safety:** GAHHS complies with all government regulations and rules, organizational policies, and practices that promote the protection of workplace health and safety. Our policies and procedures have been developed to protect employees from workplace hazards. Employees must become familiar with and understand how these policies apply to their job responsibilities and ask for advice from their supervisor or the Safety Officer whenever they have a question or concern. Each employee will immediately report any serious workplace injury or any situation presenting a danger of injury so corrective action may be taken to resolve the issue.

**Tax-Exempt Bonds and Insider Trading:** In the course of employment, personnel may become aware of non-public information about GAHHS material to an investor's decision to buy or sell the organization's tax-exempt bonds. This information may not be discussed with anyone outside of the organization. Within the organization, such information may not be discussed except with those who require the information to perform their jobs.

Securities law and GAHHS policy prohibit individuals from trading or influencing others to trade our tax-exempt bonds on the basis of non-public material information. This allows the general public to properly obtain complete and timely information on which to base investment decisions.

**Interactions with Physicians:** Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to the facility. The applicable federal laws include the Anti-Kickback Law and the Stark Law. It is important that employees who interact with physicians are aware of the requirements of the laws, regulations and policies that address relationships between facilities and physicians. This is particularly important regarding making payments to physicians for services rendered, leasing space, and recruiting physicians to the community.

If relationships with physicians are properly structured, but not properly managed, there may be violations of the law. Any business arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures and with any operational guidance that has been issued. Arrangements must be in writing and approved by legal counsel.

We do not pay for referrals. We accept patient referrals and admissions based solely on the patient's medical needs and our ability to provide the necessary services. We do not pay or offer to pay anyone for referral of patients.

We do not accept payments for referrals we make. No person acting on behalf of GAHHS is permitted to request or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider, we do not take into account the volume or value of referrals that the provider has made or may make to us.

**License and Certification Renewals:** Employees and associates who require professional licenses, certifications or other credentials are responsible for maintaining the current status of their credentials. They must also comply at all times with federal and state requirements of their professions. GAHHS requires evidence of the individual having a current license or credential status. We do not allow any employee or associate to work without a valid current license or credential.

**Personal Use of GAHHS Resources:** Each employee is responsible to properly use our organization's assets. This includes time, materials, supplies, equipment, and information. Assets are to be maintained for business-related purposes. As a general rule, prior approval by your supervisor is required for the personal use of any asset. Senior management must approve in advance any community or charitable use of organization resources. Any use of organization resources for personal financial gain not related to the organization's business is not allowed.

**Relationships with Contractors and Vendors:** Contractor and vendor relationships are managed in a fair and reasonable manner. They are free from conflicts of interest and consistent with applicable laws and good business practices. We promote competitive purchasing to the extent possible. Our selection of contractors, suppliers, and other vendors is made on the basis of such things as quality, technical excellence, price, delivery, adherence to schedules, service, and adequacy of supply. Our purchasing decisions are made on the supplier's ability to meet our needs, and not on personal relationships and friendships. We use the highest ethical standards in business practices in selection, negotiation, and administration of all purchasing activities.

**Excluded Individuals:** We do not contract with, employ, or bill for services provided by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs. We routinely, per GAHHS policy, search the Department of Health and Human Services' OIG and GSA lists of such excluded and ineligible persons.

**Substance Abuse:** For the safety of patients, employees, and the public, we are committed to an alcohol and drug-free work environment. All employees and other associates must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of alcohol or any illegal drug or using, possessing, or selling illegal drugs while on GAHHS work time or property will result in disciplinary action up to and including termination. We may use drug testing as a means of enforcing this policy.

## **Code of Conduct Integrity Program**

All members of the health care provider team (physicians, hospital staff, vendors, contract personnel) and all direct and indirect recipients of health care (patients, their families, visitors,) shall be treated in a respectful, dignified manner at all times. Language, nonverbal behavior and gestures, attitudes, etc. shall reflect this respect and dignity of the individual and affirm his/her value of the process of effective, efficient health care.

The parties shall endeavor to comply with the all Programs of Gibson Area Hospital & Health Services such as Compliance, HIPAA, and Privacy, as well as all applicable State and Federal laws, rules and regulations, and standards of professional ethics. Physicians and Staff agree to maintain complete confidentiality of patient care information at all times, in a manner consistent with generally accepted principles of medical confidentiality.

The parties further recognize that physicians and hospital staff have the right to have certain personal and performance problems and concerns about competence dealt with in a confidential manner in a private setting. Physicians and staff agree to maintain this confidentiality and to seek proper, professional, objective arenas in which to deal with these issues.

Physicians and Staff agree that the delivery of health care involves a complex, dynamic set of roles and responsibilities and that clarity and agreement on these roles and responsibilities is necessary. All parties agree to work together to achieve and maintain clarity and agreement on these roles and to support each other in the carrying out of these responsibilities. This includes but is not limited to patient PHI, patient care continuum, including documentation on patient condition, and the communication during hand offs between departments.

## **Social Media**

**Social Media:** Physicians, hospital staff, vendors, and contracted personnel agree to use social media in an appropriate manner that does not violate patients PHI or HIPAA privacy laws. Social Media includes and is not limited to blogs, podcasts, discussion forums, online collaboration sites, video sharing, RSS feeds, and social networks like Facebook and Twitter. Online, personal and business personas are likely to intersect. GAHHS respects the rights of free speech, but it is a violation to disclose or discuss GAHHS confidential information or to violate HIPAA privacy laws. Unprofessional behavior or language reflects poorly on GAHHS. It is important to be respectful and professional to fellow employees, physicians, staff, business partners, and patients. When taking a public opinion on an issue on social media, be cautious not to violate patient privacy, not to tarnish the image of the hospital, or express views that can be deemed harmful. A failure to do so may result in a violation to the Code of Conduct and Ethics.

## **Marketing Practices and Fund-Raising**

**Antitrust:** Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. These laws could be violated by discussing GAHHS business with a competitor. This could include such things as how our prices are set, the terms of supplier relationships, dividing markets among competitors, or agreeing with a competitor to refuse to do business with a supplier.

At meetings, employees and associates must be aware of potential situations where it may not be appropriate to participate in discussions regarding prohibited subjects with competitors. Those subjects include pricing, our services, labor costs, and marketing plans.

**Marketing:** We may use marketing activities to educate the public, provide information to the community, and increase awareness of our services. We will present only truthful and correct information at all times in our marketing activities.

**Fund-Raising:** GAHHS complies with all state laws and regulations with respect to fund-raising activities. This includes record-keeping and reporting requirements. No employee or associate may make any false, deceptive, or misleading statements in connection with fund-raising activities. In addition, no protected health information may be used for the purpose of raising funds.

## **Environmental Compliance**

It is our policy to comply with all environmental laws and regulations as they relate to our operations. We operate with the necessary permits, approvals, and controls. We also use proper procedures to provide a good environment of care and to prevent pollution.

In helping GAHHS comply with these laws and regulations, all employees and other associates must understand how job duties may impact the environment. We must also follow all requirements for the proper handling of hazardous materials. We immediately alert supervisors of any situation involving the discharge of a hazardous substance, improper disposal of hazardous and medical waste, or any situation which may be potentially harmful to persons and/or the environment.

## **Entertainment and Gifts**

GAHHS employees may not receive any gift under circumstances that could be interpreted as an attempt to influence the organizations or the employee's decisions or actions. Employees may accept gifts of limited value from vendors. They may also have business meals in conjunction with business dealings. However, offers of any larger gift or offer of extensive entertainment must be reported to the Executive Director of Compliance & Legal Affairs.

Employees may not accept gifts from patients. However, patients and their families may offer consumable gifts, such as candy, to a department for consumption by all employees.

GAHHS employees may provide no more than \$300 of supplies and services each year to potential referral sources.

### **Government Relations and Political Activities**

GAHHS complies with all federal, state and local laws governing participation in government relations and political activities. We also do not make any contributions, direct or indirect, to any political campaigns, political parties, or other organizations which intend to use the funds primarily for political campaigns. GAHHS does not lend the use of its vehicles, equipment, or facilities to candidates for federal or state office.

GAHHS observes all laws and regulations that allow it to exist as a non-profit, federal tax-exempt entity. These include such things as operating for charitable purposes, providing community benefits, and forbidding private advantage.

### **The Legal and Ethical Compliance Program**

**Program Structure:** The Legal and Ethical Compliance Program is meant to clearly show our organization's commitment to the highest standards of ethics and compliance. The elements of the program include setting standards (the Code of Conduct and Ethics and Policies and Procedures), communicating the standards through training, providing a means for reporting potential violations, monitoring and auditing, and maintaining an organizational structure that supports the continuing development of the program.

These elements are supported at all levels of the organization. Providing direction and guidance are the Internal Audit Committee for and the Legal and Ethical Committee

The Executive Director of Compliance & Legal Affairs is responsible for the day-to-day direction and implementation of the Program. This includes developing resources, such as policies and procedures, training programs, and communication tools. The Executive Director of Compliance & Legal Affairs also performs internal audits, investigates and resolves reports of non-compliance, and performs other duties involved in carrying out the Program. The Program includes committees designed to discuss compliance and audit issues, as well as legal and ethical dilemmas.

**Setting Standards:** With respect to our Legal and Ethical Compliance Program, we set standards through this Code of Conduct and Ethics, Administrative Policies and Procedures, and departmental Policies and Procedures. It is the responsibility of each individual to be aware of those policies and procedures that pertain to his or her work and to comply with them.

**Training and Communication:** Training and education is necessary to make sure that all employees and associates are aware of the standards that apply to them.

Code of Conduct and Ethics training is conducted at New Employee Orientation and annually for all employees. Training in areas of compliance risk (e.g. billing, coding, cost reports) is required of certain individuals.

**Resources for Guidance and Reporting Concerns:** To obtain guidance on ethics or compliance issues, employees have several options. Employees are encouraged to report human resources related issues to the Director of Human Resources. Other ethics or compliance issues should be discussed with your supervisor when the employee is comfortable with it and it is appropriate under the circumstances. If that is not comfortable or appropriate, the employee may report his or her concern to the Executive Director of Compliance & Legal Affairs either in person or by calling 784-4578. To report anonymously, staff may call the Compliance Hotline at 1-888-475-8376.

We will make every effort to maintain the confidentiality of the identity of anyone who reports concerns or possible misconduct. There is no retaliation or discipline for anyone who reports a concern in good faith. Any employee or associate who deliberately makes a false accusation with the purpose of harming or retaliating against another individual is subject to discipline.

**Personal Obligation to Report:** We are committed to legal and ethical conduct that complies with all relevant laws and regulations. We also want to correct wrongdoing wherever it may happen at GAHHS. Each employee and associate has an individual responsibility to report any activity by any employee, physician, contractor, or vendor that appears to violate laws, rules, regulations, accreditation standards, standards of medical practice, Federal healthcare conditions of participation, or this Code of Conduct and Ethics. If the issue is a serious compliance risk to the organization or involves a serious issue of medical necessity, clinical outcomes or patient safety, the individual reporting must make sure that the matter is given proper attention. If the issue is not addressed by the supervisor, it is to be reported to the Executive Director of Compliance & Legal Affairs either directly or through the Compliance Hotline.

**Internal Investigation of Reports:** We investigate all reported concerns promptly and confidentially to the extent possible. The Executive Director of Compliance & Legal Affairs investigates and recommends any corrective action or changes that need to be made. All employees and associates are expected to cooperate with investigation efforts.

**Corrective Action:** When an internal investigation shows that a reported violation has occurred, we will take corrective action. This includes, as appropriate, paying back overpayments, notifying the proper government agencies, taking whatever disciplinary action that is necessary, and making changes to prevent similar violations in the future.

**Discipline:** All violators of the Code of Ethics will be subject to disciplinary action. The discipline will depend on the nature, severity, and frequency of the violation and may result in any or all of the following disciplinary actions: Oral warnings, written warnings, written reprimands, suspension, and termination.

**Measuring Program Effectiveness:** GAHHS will evaluate how effective the Legal and Ethical Compliance Program is through such efforts as monitoring and auditing of activities. The Board of Trustees are provided with regular Compliance Program updates and reports and have the ability and right to determine effectiveness. It is a Board of Trustee's fiduciary duty to exercise this principle as necessary.

**Our Duty to Report and Cooperate with Investigations: You can report compliance concerns in one of the following ways:**

- Contact the Executive Director of Compliance & Legal Affairs directly at 217-784-4578
- Email your concern to the Chief Compliance Officer at [jessica\\_delost@gibsonhospital.org](mailto:jessica_delost@gibsonhospital.org)
- Contact Legal Counsel at 217-784-4578
- Use the Compliance Hotline anonymously 24 hours a day at 888-475-8376
- HIPAA Privacy concerns to HIPAA Privacy Officer Hotline 217-784-2456

If you need to report a concern, be sure to include information that the Executive Director of Compliance & Legal Affairs will need to follow up, such as a location where your concern occurred or is occurring. The date of the incident, names, job roles of individuals involved, and a description of your concern. You can give your name if you are comfortable with that. Anyone making a report is assured that it will be treated with as much confidentiality as possible. The findings of a compliance investigation are confidential to protect all parties involved in the investigation process. As a result, details are only shared on a need to know basis.



***Gibson Area Hospital Auxiliary***

**See Next Section**



## Gibson Area Hospital Confidentiality Agreement

---

**As requested by the Chief Legal and Compliance Officer it is important that all Volunteers sign this confidentiality Statement to keep on file each year.**

**Gibson Area Hospital Auxiliary  
P.O. Box 429  
Gibson City, Illinois 60936  
Attn: Julie Roesch**

I, \_\_\_\_\_, acknowledge that in the course of my service as a volunteer with Gibson Area Hospital, Gibson City, IL, I have access to records, correspondence, reports and other information or communications which by their very nature concern patients of the hospital. I acknowledge such information is confidential and that I have no right to disseminate such information in any manner, to any person, unless specifically authorized by Gibson Area Hospital to do so.

I also agree to limit my use of patient records to only that portion that is necessary to perform my duties at Gibson Area Hospital.

I acknowledge such information may include contents of the patient medical record, any unusual occurrence reports, reports for quality assurance, discussions held in committee and other meetings, and any and all other information and data regarding patient care provided at Gibson Area Hospital, Gibson City, IL.

I acknowledge that I have been informed, cautioned and instructed that information concerning patients that I have received in the course of service with Gibson Area Hospital is strictly confidential and not to be disclosed to any unauthorized person or entity no matter what the nature of the information might be. I fully understand that I may not communicate to other persons or entities information received during my service, or that might otherwise come to my attention concerning patients during my service with Gibson Area Hospital, Gibson City, IL, even including when my service ends at Gibson Area Hospital and affiliated services, unless specifically authorized by Gibson Area Hospital to do so.

I acknowledge that in the event I might disclose any such confidential information without authorization, either intentionally or inadvertently, that I could be legally responsible to the patient for breach of confidentiality of such information, and subject to disciplinary action.

I acknowledge that I have received a copy of this **Confidentiality Statement** and am fully aware of its contents. This statement has been discussed with me and I fully understand its contents.



## Emergency Preparedness

---

### **CODE RED**

---

If you discover a fire or smoke follow the R.A.C.E. procedure.

**Rescue** patients from immediate danger

- Stay calm, walk never run

**Alarm** pull nearest fire alarm

- Located near all exits

**Contain** the fire

- Close all doors and windows
- Assure that fire doors remain closed

**Extinguish**

- Have extinguisher ready as necessary
- Fight fire with appropriate equipment

### **Classes of Fires**

---

There are four classes of fires. Extinguishers are labeled using standard letters or symbols (or both) for the classes of fires on which they can be used.

- A red slash through any of the symbols tells you the extinguisher cannot be used on that class of fire.
- A missing symbol tells you only that the extinguisher has not been tested for that class of fire but may be used if an extinguisher labeled for that class of fire is not available.
- Class A: Ordinary combustibles—such as wood, cloth, and paper.
- Class B: Flammable liquids—such as gasoline, oil, and oil-based paint.
- Class C: Energized electrical equipment—such as wiring, fuse boxes, circuit breakers, machinery, and appliances.
- Class D: Combustible metals—such as magnesium or sodium. (Metal must be matched to extinguishing agent.)

### **Fire Extinguishers**

---

When using a fire extinguisher, keep your back to an exit and, depending on the size of your extinguisher, begin by standing 6 to 8 feet (18-24 meters) away from the fire. Follow the four-step PASS procedure. If the fire does not begin to go out immediately, leave the area at once. The PASS procedure includes:

- **PULL** the pin: This unlocks the operating lever and allows you to discharge the contents of the extinguisher. Some extinguishers may have other lever-release mechanisms.
- **SQUEEZE** the lever above the handle: This discharges the extinguishing agent. Releasing the lever stops the discharge. (See special instructions for cartridge-operated dry-chemical extinguishers.)
- **SWEEP** from side to side: Moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire reignites, repeat the process. Have the fire department inspect the fire site, even if you think you have extinguished the fire.
- **WARNING:** Portable fire extinguishers completely discharge faster than most people think—many within 8 to 10 seconds.

**WARNING:** It is very dangerous to use water or an extinguisher labeled only for Class A fires on a fire involving flammable liquids or energized electrical equipment.

## Interim Life Safety Measures

The Interim Life Safety Measures (ILSM) are a series of 11 administrative actions required to temporarily compensate for significant hazards posed by existing LSC deficiencies or caused as a result of renovation or construction. They include:

- Ensuring free and unobstructed exits. Staff get additional training when alternative exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times, and the means of exiting construction areas are inspected daily.
- Ensuring free and unobstructed access to emergency services for fire, police, and other emergency forces.
- Ensuring that fire alarm, detection, and suppression systems are in good working order. A temporary but equivalent system must be provided when any fire system is impaired. Temporary systems must be inspected and tested monthly.
- Ensuring that temporary construction partitions are smoke-tight and built of noncombustible or limited-combustible materials that will not contribute to the development or spread of fire.
- Providing additional fire-fighting equipment and training staff in its use.
- Prohibiting smoking throughout the facility's buildings and in and near construction areas.
- Developing and enforcing storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level.

- Conducting a minimum of two fire drills per shift per quarter.
- Increasing hazard surveillance of buildings, grounds, and equipment, with special attention to excavations,
- Training staff to compensate for impaired structural or compartmentalization features of fire safety.

## Interruptions in Utilities

If the following utility interruptions occur you should call maintenance at ext. 670 – after 4:00pm and on weekends have the switchboard contact the person on-call.

### **Electrical Service:**

- Ensure all patient care equipment is plugged in the **Red** emergency outlets
- At an interruption of power, ensure operation of Life Support Equipment
- Report all defective electrical devices to your supervisor and maintenance.

### **Medical Gases:**

- Upon annunciation of alarm, i.e., loss of O2 supply
- Identify type of gas
- Identify pressure failure, location and patient usage
- Notify CPC at Ext. 666 or on-call person

### **Water:**

In the event of a loss in domestic water:

- Ensure all faucets are turned off
- Refrain from flushing toilets
- Use waterless hand washing products located in Central Supply

### **Plumbing:**

Flood or Leak:

- Under flooding condition, ensure patient/visitor safety
- Remove electrical equipment from affected area and post signs

## **Interruptions in Utilities (Cont.)**

- Refrain from flushing toilets until instructed.

### **Communications:**

- Nurse Call System...Obtain radio equipment from safety/disaster
- Telephone....Obtain radio equipment from safety/disaster
- Telemetry.....Inform GE medical at 440-829-7287

### **Heating, Ventilation, and Air Condition:**

- If an unusual or irregular environmental condition exists, call Ext. 670 or maintenance person on-call.

### **Elevator Service:**

In the event of elevator failure:

- Use stairways (down)
- Call ext. 670 or maintenance person on-call

## **Hazardous Materials**

People who work around chemicals often ask, “What is this stuff and what can it do to me?” The Occupational Safety and Health Administration (OSHA) requires that all employees have access to Material Safety Data Sheets (MSDS). OSHA states that MSDS sheets must be readily accessible to all employees.

### ***Material Safety Data Sheets (MSDS)***

Material Safety Data Sheets (MSDS) are detailed information prepared by the manufacturer or importer of the chemical. That describe:

- The physical and chemical properties.
- The physical and health hazards.
- The routes of exposure.
- Precautions for safe handling and use.
- Emergency first aid procedures.
- Control measures.

### **Chemical Spill:**

- If you are familiar with the chemical and are fully prepared to safely clean up the spill—go ahead and clean it up. Dispose of the waste according to the MSDS instructions.
- If you are not familiar with the chemical or are not fully prepared to safely clean up the spill call in personnel from the maintenance and housekeeping departments. (call tree in safety manual) CONSULT MSDS SHEETS

**Refer to Material Safety Data Sheets (MSDS) manual located in each department for specific information regarding a chemical.**

## **CODE PINK**

According to the NCMEC, between 1983 and 2002, 113 infants were abducted by non-family members from the healthcare setting. Of those abducted infants, 109 have been located and five are still missing. Based on analysis of those abductions, the NCMEC has established the following description of the “typical” abductor:

- Female of “childbearing” age (range 12-50) and often overweight
- Most likely compulsive; most often relies on manipulation, lying, and deception
- Frequently indicates she has lost a baby or is incapable of having one
- Often married or cohabitating; companion’s desire for a child may be the motivation for the abduction
- Usually lives in the community where the abduction takes place
- Frequently initially visits nursery and maternity units at more than one healthcare facility prior to abduction; asks detailed questions about procedures and maternity floor layout; frequently uses a fire exit stairwell for her escape; and may also move to the home setting

## CODE PINK (Cont.)

---

- Usually plans the abduction but does not necessarily target a specific infant; frequently seizes on any opportunity present
- Frequently impersonates a nurse or other allied healthcare personnel
- Often becomes familiar with healthcare personnel and even with the victim's parents
- Demonstrates a capability to provide "good" care to the baby once the abduction occurs

These are merely guidelines and are no guarantee that an infant abductor will fit this description

- Notify Security/Maintenance immediately of any suspicious, person who loiters near the nursery or M&S pediatric rooms
- Do not leave healthcare uniforms, scrubs, or lab coats accessible to visitors

### **If it is believed that an abduction has occurred:**

- Announce **CODE PINK** on the overhead paging system Ext. 700
- Notify Security/Maintenance and Gibson City Police Department (9) 911

### **All employees should:**

- Be alert for any person who may be carrying or concealing an infant
- Observe stairwells, elevators, or exits from the building
- Kindly ask anyone wishing to exit or enter the building to remain in their current location until an all clear is called.
- Report immediately to Gibson City Police any suspect seen leaving the hospital property.

- Get a description of the person and any vehicle they may leave in
  - Person (height, weight, hair color, clothing from head to toe)
  - Vehicle (make, model, year, color, size, type)
  -

## Workplace Violence

---

Efforts to reduce workplace violence require identification of high-risk factors and behaviors that are discussed in this presentation as predisposing and precipitating factors. This process also involves recognizing subtle forms of violence that often go unrecognized because they are such an integral part of our society and workplace.

Subtle forms of violence are warning signs of a potential or actual increase in disruptive or dangerous behavior. Normally, these signs are looked at after a violent event occurs as obvious clues of a violent individual. Subtle signs include:

- Harassment.
- Stalking.
- Discrimination.
- Intimidation.
- Coercion.
- Verbal abuse in the form of threats and cursing.
- Manipulation.
- Rumors/gossiping.
- Degradation.
- Humiliation.
- Demands.
- Email.
- Sabotage.
- Obsession.

## **Workplace Violence (Cont.)**

### **Self-Awareness**

As more and more of these incidents and other forms of workplace violence occur, it is imperative for you to be aware of your own safety and implement measures that promote a safer work environment. Several suggestions may be helpful in promoting a safer workplace:

- Ensure a safe exit
- Recognize high risk groups/situations
- Enlist the help of others
- Develop a buddy system
- Call for help
- Document and report workplace violence
- Participate in the process to develop policies that clearly represent the role of employees, management, and security in maintaining a safe work environment
- Participate in annual staff training
- Review OSHA guidelines

### **Weapons - Violent Persons**

**Report to maintenance (671) and Gibson City Police (9) 911 immediately if:**

- Observe someone displaying or concealing a weapon
- A situation needs an immediate intervention from City Police
- There is a situation that could potentially result in violence at the hospital

**If an individual comes into the workplace and displays a weapon or makes threats, employees should:**

- Remain calm, DO NOT confront the individual
- Activate the speed team (silent, panic alarm, or announced)
- Immediately call City Police (9) 911
- Limit access of persons to the area
- Notify administration

**Upon the City Police arrival, provide the following information:**

- Location of the person with the weapon
- Kind of weapon
- Whether or not another person is being threatened
- The mental and emotional condition of the suspect involved.

### **Bomb Threat**

**If you receive a Bomb Threat Call- try to keep the caller on the line and ask the following questions:**

- Where is the bomb?
- What time will the bomb explode?
- Why was the bomb put there?

**Listen for distinguishing:**

- Background noises such as music, voices, or other sounds, and note if the caller indicates any knowledge of the hospital by description of locations or comments made.
- Voice characteristics and try to determine the sex, age, race and mental condition of the caller

**As soon as possible:**

- Call the house supervisor, maintenance personnel, and city police
- Fill out the bomb threat report

**If there is a need to search your work area:**

- Look for any out-of-place packages, bags, boxes, or containers and notify maintenance and the police
- Do not touch or try to move any package or item which may contain a bomb
- If there is a need to evacuate your area, follow the evacuation plan in the safety manual.



***Gibson Area Hospital Auxiliary***

**See Next Section**

## Gibson Area Hospital Volunteer Appreciation and Education Day

---

### **Hand Hygiene:**

- Gel
- Soap and Water

**Volunteers should always report to work in a good general health.**

**Volunteers experiencing any of the symptoms listed should not report for duty:**

- Upper Respiratory Problems
- Continual Sneezing
- Coughing
- Diarrhea (Do Not working until diarrhea free for >48 hours)
- Vomiting
- Infectious
- Infectious sores
- Fever > 101 (Do Not work until fever free > 24 hours without use of Tylenol or NSAIDS)

### **Immunizations**

- Influenza
- Tdap

### **Gift Shop: Sanitation Issues**

- Food labeled upon receipt; good up to 8 weeks - Unless otherwise instructed

### **Patients Registering for Services**

- Offer masks, tissues when applicable



## Hand Washing

- Wash your hands with soap and warm water for at least 20 seconds.
- When water is not available, use alcohol-based products (sanitizers).
- Wash hands before preparing or eating food and after going to the bathroom.
- Keeping your hands clean helps avoid illness or spreading illness.





## 5 Moments for Hand Hygiene

---

**1** Before  
Touching  
A Patient

**2** Before  
Clean/Aseptic  
Procedure

**3** After Body  
Fluid Exposure  
Risk

**4** After  
Touching A  
Patient

**5** After Touching  
Patient  
Surroundings



## 5 Moments for Hand Hygiene

---

### 1 Before Touching A Patient

**WHEN?** Clean your hands before touching a patient when approaching him/her.

**WHY?** To protect the patient against harmful germs carried on your hands..

### 2 Before Clean/Aseptic Procedure

**WHEN?** Clean your hands immediately before performing a clean/aseptic procedure.

**WHY?** To protect the patient against harmful germs, including the patient's own, from entering his/her body.

### 3 After Body Fluid Exposure Risk

**WHEN?** Clean your hands immediately after an exposure risk to body fluids (and after glove removal).

**WHY?** To protect yourself and the health-care environment from harmful patient germs.

### 4 After Touching A Patient

**WHEN?** Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.

**WHY?** To protect yourself and the health-care environment from harmful patient germs.

### 5 After Touching Patient Surroundings

**WHEN?** Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched.

**WHY?** To protect yourself and the health-care environment from harmful patient germs.

## GAHHS Mandatory Volunteer Education Complying with HIPAA

---

### **What is HIPAA?**

- Federal Law – Health Insurance Portability and Accountability Act
- Purpose: to protect the privacy of our patients by setting rules and limits on who can look at and receive patient information.

### **Who does HIPAA apply to?**

- Everyone. All hospital personnel, including volunteers, are responsible for protecting patient information.

### **What should we protect?**

- PHI – Protected Health Information
- Any information that can reasonably identify the patient
- Examples: patient name, address, date of birth, age, social security number, phone number, email address, diagnosis, medical history, medications, medical record number, x-rays, photos, lab work, test results, billing records, referral authorizations, insurance plan number, vehicle information, the fact that the patient is receiving treatment at the facility, etc.

### **What if I need to share patient information?**

- HIPAA allows us to share patient information for TPO:
  - Treatment – providing care to our patients
  - Payment – getting paid for caring for our patients
  - Healthcare Operations – training, auditing, customer service, etc.
- If use of the information does not fall under TPO, you must have the patient's authorization before sharing the information with anyone!

### **What is the Minimum Necessary Rule?**

- Volunteers should only have access to the information they need to fulfill their assigned duties and activities and no more.
- If the information is not needed to perform your job, please do not access or seek it out.
- If you inadvertently overhear information about a patient and it is not part of your assigned duties, that's ok! Simply refrain from re-disclosing the information.

### **Am I responsible for reporting a potential violation?**

- YES! It is everyone's responsibility to report violations or wrongdoings.
- Please contact the volunteer coordinator or Privacy Officer with any concerns.
- Hefty fines can attach to any HIPAA violation – the Hospital must know as soon as possible in order to address the situation.

### **What if a patient has questions about HIPAA?**

- Provide him/her with a copy of the Hospital's Notice of Privacy Practices.
  - Located at the registration desk or on the Hospital's main website (under the patient services tab select non-clinical and look for registration).
- Refer him/her to the Privacy Officer.
  - Jessica Delost, [jessica\\_delost@gibsonhospital.org](mailto:jessica_delost@gibsonhospital.org), 784-4578
  - Office located in #4 Drs. Park

### **Final Notes:**

- Please greet all visitors entering the Hospital and ask if there is anything they need. Greeting patients and helping them to their destination does not violate HIPAA – it's great customer service!
- Feel free to speak with anyone you know or see in the Hospital, but please refrain from asking why they are here unless it's part of your assigned duties – we want to protect everyone's privacy!
- When you leave the Hospital, do NOT tell anyone who you saw, spoke with or helped unless that patient or visitor gave you specific authorization to do so.
- A good intention is no excuse for improper use or disclosure of a patient's information. "I needed to let his mother know he was in the hospital" is not an appropriate substitute for a proper authorization. Always make sure you have been given specific authorization before sharing patient information.
- If you need to dispose of any material with PHI on it, please place it in a shredding bin. Never throw away patient information in an open trash bin.
- Even if your discussions of patient information are legitimate, acknowledge that others may be able to hear the conversation. When discussing patients, think to yourself, "Who else can hear?" and adjust your behavior accordingly.



**If Protected Health Information (PHI)  
is involved,**



**and ask yourself, “Does my receiving or  
sharing this information involve TPO for  
that patient?”**

**If the answer is NO, do NOT access it or pass  
it along unless you have been authorized to  
do so.**

**This includes information you may see or  
hear as a volunteer about fellow volunteers,  
friends, and acquaintances receiving  
treatment. Sharing information for non-  
TPO purposes requires authorization from  
the patient involved.**



***Gibson Area Hospital Auxiliary***

**See Next Section**



## GAHHS Mandatory Volunteer Education - EMTALA

---

### **What does EMTALA stand for?**

- Emergency Medical Treatment and Labor Act

### **What does EMTALA's purpose?**

- To prevent the “dumping” of patients who do not have the ability to pay for emergency services.

### **What are the provisions of EMTALA?**

- Any patient who comes to the Emergency Department requesting examination or treatment for a medical condition must be provided with an appropriate medical screening examination.

### **What does this mean for you as a volunteer?**

As a volunteer, if you encounter someone on campus or near campus (250 yards from the Hospital) that requests or **appears to need** medical assistance, please assist them to the Emergency Department or call another employee for help.

If you are unable to determine if the person needs medical assistance due to a language barrier or for any other reason, take them to the Emergency Department or call another employee for help.

**NEVER** leave anyone who appears to need medical assistance unassisted. It is everyone's responsibility to make sure our patients are provided with the appropriate care.



## Wheelchair Instructions

---

### 1. How to work a wheelchair

- Open/Close - Push down on sides of seat to open, pull up on center of seat to close.
- Lock/Unlock - Pull brake handle back to lock, push forward to unlock (however some wheelchairs vary)
- Footrests - Be sure that leg rests are locked into position before transporting patients.
- Adjust Footrests - Lever on leg rests allow you to raise and lower leg rests.

### 2. Positioning a wheelchair

- For transfers in/out of chair, position at a 90 degree angle.
- For transfers in/out of vehicle position at a 45 degree angle.

### 3. Wheelchair Safety

- **Lock** brakes when getting into and out of wheelchair.
- Raise foot plates up and out of the way and then put back down to position feet onto foot plates for transporting.
- Have patients reach back for armrests when sitting and push up from armrests when getting out.

### 4. Maneuvering a Wheelchair

- Going forward, proceed at a slow pace.
- Go backwards down a ramp.
- Back into and out of an elevator
- Back through a closed door.

### 5. Where to find a wheelchair

- Surgery
- M&S
- Main Entrance
- Always return when done

## Cultural Diversity

---

1. Cultural sensitivity should be practiced by every employee or volunteer of the medical facility, regardless of position, since there are opportunities every day to interact with patients and their families.
2. Cultural sensitivity takes into account the age, gender, income, ethnicity, religion, race, functional ability, community and sexual orientation of every patient.
3. We cannot be expected to understand the differences of every culture. What we can do is understand that differences exist, and that every person's background shapes their individual perspective. That's what cultural sensitivity is about
4. To become an effective communicator, you should consider the following: If you observe cultural aspects about a patient or family that may impact their care, share this information appropriately with the right contact. Also notice the patient's non-verbal communication.
5. It is easier to ask open-ended questions or questions that do not require a yes or no answer. This is the best way to determine how well the individual understands information and elicits a further response. An example of an open-ended question is "How may I help you?"
6. Culture can affect care decisions. Examples include beliefs about the cause of illness, requesting alternative treatments such as acupuncture and having the family make decisions for the patient regarding their care. A patient may also refuse medical treatment because of a religious belief.
7. A patient who has a functional disability, such as hearing loss or has trouble seeing or is confused from a recent illness or medications, can affect care and communication. Don't assume a patient understands or can answer questions or that they can see or hear well
8. Economic status may have more influence over care decisions than someone's ethnicity or religion.
9. Cultural sensitivity means respecting the importance of the patient's relationships with others, even if they are a same sex couple, a couple who lives together but are not married and biracial couples.
10. A patient's diet can also be influenced by personal convictions and preferences. Their diet may be dictated by their religion.



***Gibson Area Hospital Auxiliary***

**See Next Section**

## Cultural Competency Annual Volunteer ED Day

---

### **Facts:**

- 28 Million Americans were born outside of the United States
- 47 Million do not speak English at home
- Over 300 different languages are spoken in the United States

### **Cultural Competence:**

- Refers to the ability to provide medical care to different cultural groups.
- Providers need a set of attitudes, skills, policies, and practices to more effectively communicate with patients/customers.
- Need to understand the patient's values, beliefs, attitudes, behaviors, and practices.
- Culturally competent care leads to better patient care.
- Title VI of the Civil Rights Act requires any health or social service organization that receives federal funding to provide effective language assistance to Limited English Proficiency patients. GAHHS has Spanish interpreters; our policy lists contacts for others and for the hearing impaired.
- The Joint Commission requires accredited hospitals to respect a patient's rights and dignity.
- The OMH (office of mental health) released national standards on culturally and linguistically appropriate services.

### **Cultural Competence Theory:**

We need to understand a patient's values, worldview, time orientation, and social structure to provide quality patient care/customer service. Let's define these:

- Value: anything important to an individual or culture.
- A person's worldview consists of his or her basic assumptions about the nature of reality.
- Time orientation has two aspects: emphasis on past, present, future and level of attention to clock time.
- A social structure may be egalitarian (believing that all people are equal and deserve equal rights and opportunities) or hierarchal (order of rank)

## **Culture Groups:**

Generalizations (common trends and patterns) should never be used to stereotype. Do not assume that a patient/customer fits the generalizations for his or her cultural group. The following cultural characteristics are generalizations.

- **African-American**

- Give time and privacy to pray. Clergy should be allowed to participate in care.
- The head of household is often a woman. Other relatives and friends may be included in the extended family.
- Tend to have a present-time orientation. Providers need to emphasize the importance of prevention.
- Tradition of herbal remedies is strong.

- **Anglo-American**

- Expect to be informed of the details of their condition.
- Value direct eye contact, privacy, and emotional control.
- Expect nurses to provide psychosocial care.
- Independently make healthcare decisions for themselves, and value self-care.
- Poverty may lead to a present-time orientation and, therefore may not comply with preventative medical advice.
- Middle and upper class tend to have a future focus.
- Prefer biomedicine and alternative approaches.
- Expect an aggressive approach to treatment. Demand antibiotics when unnecessary.

- **Asian**

- Avoid eye contact and agree with the provider to show respect.
- Agreement does not always indicate understanding or an intention to comply.
- Avoid yes or no questions to avoid misunderstanding.
- Men may make healthcare decisions for their wives. Family members will expect to be involved in treatment decisions and care. Allow the family to care for the patient as much as possible.
- May not express pain.
- Family may wish to protect the patient from hearing poor prognosis.
- Coining and cupping are traditional medical practices and should not be taken for signs of abuse.

- **East Indian**

- Consider direct eye contact rude or disrespectful.
- Silence may indicate acceptance or approval.
- Family members are likely to take over activities of daily living for the patient.
- The Sikh religion forbids cutting or shaving head or facial hair.

- **Hispanic/Latino**

- Place high value on direct eye contact, friendly physical contact, and friendly interpersonal interaction.
- Ask patients about families and interests before focusing on health-related issues.
- Children are highly valued and loved. Allow family members to spend as much time as possible with pediatric patients.

- The oldest adult male is the decision maker, but important decisions involve the family.
- May refuse hospital food that would upset their hot/cold body balance.
- May use herbal remedies.
- **Middle Eastern**
  - Believe communication is two-way, you may need to share information about yourself first.
  - Sexual segregation is important; assign same-sex caregivers and interpreters.
  - Men may answer for wives. Women may allow husbands to make healthcare decisions for the family.
  - Islam is important; allow time and privacy to pray. Believe that personal health is in the hands of Allah.
  - Patients may avoid taking an active role in their own healthcare.
  - May expect all treatment plans to involve a prescription for medication.




## Customer Service

---



Always give people  
more than they expect!  
Go the extra mile,  
always.

Smile! Body language  
speaks louder than  
words. A simple smile  
can make all the  
difference.



Always be  
professional.

“  
Do what you do so well they will  
want to see it again and again and  
bring their friends.  
Walt Disney ”

Always have a positive  
attitude!

**-STAY-  
POSITIVE**

Everyone you see is  
your customer.



See everything  
through your  
customer's eyes.



**THANK YOU for being a  
GAHHS Volunteer!  
We thank you for your  
service and dedication to  
our organization.**

## Customer Service

---

As a volunteer, you are a steward of all things GAHHS! Often times you are the first line of contact with patients and visitors! Remember to always give people more than they expect!

Your "Customer Service" role as a volunteer is critical to the success of GAHHS.

As a direct representative of GAHHS, it is critical that all interactions with patients and visitors are handled in a positive and professional manner. When individuals complain or become frustrated, that is our chance to show them why Gibson Gets It. The key to our success as an organization is that we meet this frustration with a positive and supportive attitude.

- Patients and Visitors want to feel that we hear their complaints and those are acknowledged and resolved quickly. It can be detrimental if you add fuel to the situation by siding with the patient against hospital staff...always remain supportive of our organization.
- New technology and the ever-changing Healthcare Industry can be very frustrating for patients. GAHHS strives to offer the finest facility and technology available to our patients for an outstanding visit!
  - Being supportive of new technology within the facility is key to meeting frustration and negative comments from patients and visitors to reassure them it is a positive experience.

### **There are many extenuating circumstances that may cause a prolonged wait:**

- Missing or Incorrect Orders. (Lots of patients wait in Registration because when they arrive at the facility, their orders have not been sent by their doctor's office and we are calling to obtain them.)
- High patient volume. (Multiple patients arrive at the same time)
- Patient Registration needs of in-patient, OB and surgical patients already in-house
- Scheduling issues
- Emergent situations that arise within patient care areas unexpectedly

Please make sure that you are meeting all patient complaints with a positive response without placing blame on staff. Often times many situations are out of our control but we do our best to resolve the situation as quickly as possible.

The GAHHS staff and volunteers works tirelessly to provide an outstanding healthcare experience for all patients and visitors.



## Auxiliary Gift Shop

### Auxiliary Gift Shop:

- The purpose of the Gift Shop is to be an ongoing fundraiser for the Gibson Area Hospital Auxiliary.
- Other donations include gifts to various school organizations, ACT, Bloodmobile gift certificates, FFA, hospital organizations, department fundraisers, Annex and many others.

### Gift Shop Hours:

**Monday, Tuesday & Thursday**

**9:00 a.m. - 3:00 p.m.**

**Wednesday**

**9:00 a.m. - 6:00 p.m.**

**Friday**

**9:00 a.m. - 3:00 p.m.**

**First Saturday of the Month**

**9:00 a.m. - 12:00 p.m.**

### Volunteers:

- Currently we have several shift available and can always use more people for our substitution list.

### Responsibilities:

- Greeting and assisting customers
- General cleaning and tidying of gift shop
- Contacting the next day's workers
- Pricing items as needed
- Opening and closing procedures daily

The gift shop accepts Credit/debit cards (Visa, MasterCard & Discover), checks, cash & payroll deductions for employees above \$15.00.

If you are interested in volunteering for the gift shop, please contact Josh Johnson to set up a training time.

**Gift Shop Operations Director:** Joshua A. Johnson, CRCE

Executive Director of Communications

(217) 784-2612

josh\_johnson@gibsonhospital.org



**Active Auxiliary Member  
Volunteers will receive 25%  
off total Gift Shop Purchase.**

- Excludes food products and fresh flowers
- You do not have to be volunteering a "same-day as purchase shift" in order to receive the discount. Any active Auxiliary member who is an active volunteer can take advantage of this awesome incentive!

## Volunteer Incentive Program

---

### Greetings to all Smile Greeters, Meals on Wheels, and Auxiliary Volunteers!

Anyone meeting the monthly requirement (detailed below) will be given a 50% off voucher to be used at either the Step Down Program or the Elite Performance Fitness Center. This voucher can be redeemed at either facility and is good for one month's use by the volunteer who earned the reward. Vouchers will be awarded individually once hours have been documented for the time served the previous month.

To receive a voucher, one must earn a minimum of 8 hours of volunteering with the Smile program, Meals on Wheels, or any of the Hospital Auxiliary volunteer programs.

#### **Examples:**

- One smile shift and two meals on wheels/month
- Three meals on wheels/month
- Two smile shifts/month

#### **If you have any questions, please contact:**

Hospital Auxiliary: Kathy Eagleson, (217) 745-2549

Meals on Wheels - Sharon Heavilin (217) 249-8103

Smile Greeters - Julie Roesch, (217) 784-2286



## Volunteer Agenda

---



### Presentations

<b>Welcome .....</b>	<b>Rob Schmitt</b>
<b>Safety &amp; Emergency Preparedness .....</b>	<b>Joe Higgins</b>
<b>Infection Control &amp; Volunteer Health .....</b>	<b>Mae Eichelberger</b>
<b>Compliance/Confidentiality, Legal &amp; Ethical, HIPAA, EMTALA .....</b>	<b>Jessica Delost</b>
<b>Wheelchair Instructions &amp; Body Mechanics .....</b>	<b>Liz Sellek</b>
<b>Cultural Diversity .....</b>	<b>Ty Royal</b>
<b>Residents Rights .....</b>	
<b>Customer Service .....</b>	<b>Josh Johnson</b>
<b>Gift Shop .....</b>	<b>Josh Johnson</b>
<b>Annex/Residents Rights .....</b>	<b>Jennifer Badgley</b>



## Application Authorization

---

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.

2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes; is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or part, to information received as a result of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As the parent or guardian of the above named individual, who is younger than the age of 18, I give my consent for this named individual to have a criminal history records check.

\_\_\_\_\_  
(Signature of Parent or Guardian when applicable)

\_\_\_\_\_  
(Date)



***Gibson Area Hospital Auxiliary***

**See Next Section**



## GAHHS VOLUNTEER ORIENTATION ACKNOWLEDGMENT

---

I acknowledge and understand the information in the Volunteer Orientation Packet that has been presented to me regarding the Volunteer Agreement, Code of Conduct and Ethics, Confidentiality Agreement, Emergency Preparedness, Volunteer Appreciation & Education Day, Hand Hygiene, Mandatory Education & Complying with HIPPA, and Cultural Diversity. If I do have any questions, I know who to contact or where to find further information.

If you have any questions, please contact Human Resources.

Employee Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_