

# Volunteer Training Manual

## Patient Experience

Our goal at INTEGRIS Health is to provide a remarkable experience to our patients, customers and visitors. One of the most effective ways to ensure a positive experience is to use a communication method called AIDET. AIDET stands for Acknowledgement, Introduce, Duration, Explanation, and Thank You. We also try to “manage up” our colleagues and the organization any time we have the opportunity. Let’s look at each component of AIDET more closely.

- **Acknowledgement** – Acknowledge the person’s presence early and respectfully greet them, making them feel welcomed. First step is to make eye contact, then smile. Read body language and adjust our interactions based on what you see (are they scared? Do they look lost?, etc.) Be aware of your body language and tone of voice. Be mindful of how you are perceived by others. Be courteous and respectful at all times.
- **Introduce**—Share your name and role during introduction
- Managing up means speaking highly of others. Introductions are a terrific opportunity to “manage up” our staff, other volunteers, and the organization. For example, if you are introducing a patient to another volunteer you might say, “This is Tom, and he is one of the nicest people I know. He loves showing people around, so he will be happy to escort you to the surgery department.” Managing up helps plant the seed of expectations that the next team member is going to provide remarkable care.
- **Duration** – Tell patient, families, and customers the expected duration of the test, task phone call hold time, or wait time. Be honest and update people regarding delays.
- **Explanation** – Explain what you will be doing and why. Use common, non-technical language that anyone can understand
- **Thank you** – Show appreciation every opportunity you can. Examples: Thank you for your patience (if people experience a delay). Thank you for coming in today (gift shop). Thank you for choosing INTEGRIS Health as your healthcare provider (everyone).

**Presentation** is another important influencer of the patient experience. Presentation encompasses how our environment looks and feels. Are our buildings clean, clutter free, quiet, and welcoming? Everyone is responsible for ensuring a healing environment. Please help us keep our waiting rooms, common areas, parking lots and patient care areas clean and tidy. Pick up any trash. Contact housekeeping for spills and extensive cleaning needs.

## HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems (Patient Satisfaction Ratings)

### What is HCAHPS?

- Sponsored by Centers for Medicare and Medicaid Services (CMS). Per CMS “HCAHPS is a tool to be used for public reporting of major areas of hospital performance to support consumer choice.”
- For the CMS sample requirements, the survey will only include inpatients at general acute care hospitals (excludes pediatrics, psych, rehabilitation, hospice and skilled nursing facility patients).
- HCAHPS survey is sent to all acute inpatients. This will give more robust data when drilling down to the individual nursing unit level. A minimum of 300 (for large hospitals) and 100 (for small hospitals) returned surveys are needed for submission to CMS per year.

### Why is HCAHPS important to INTEGRIS Health?

- First, HCAHPS survey scores are reported publicly on the Department of Health and Human Services website. As patients become more knowledgeable in researching hospitals, their selection of a hospital may be impacted by the results that they see.
- The second reason HCAHPS is important has to do with reimbursement. The government tells us that by 2013 Medicare and Medicaid payments will likely be linked to our HCAHPS ratings; the better our HCAHPS scores, the better our reimbursement.
- The percent of ‘Always’ or the top rating per Domain will only be reported.
- There will be no differentiation as to small or large hospitals. Can only select 3 hospitals.

## Our Values

iCare (Integrity, Compassion, Accountability, Respect and Excellence)—Our values are not only about how we treat our patients, they also motivate how we relate to each other.

### Extraordinary Customer Service

- Each volunteer who directly or indirectly interacts with customers is responsible for customer service.
- Dissatisfied customers will degrade the organization by telling between 8-10 people about their bad experience.
- Even though customers are worried about their loved ones, they do notice when a volunteer is in a bad mood.
- Each volunteer influences whether a customer returns to the organization.
- The customer is the boss.
- Customers can hear you smile over the phone.
- How you perform your duties affects customer satisfaction

## INTEGRIS Health Continuous Improvement and the INTEGRIS Health Way *Pursuit of the IDEAL: Right Thing, Right Time, Right Person, and Right Way*

Continuous improvement strives to reduce waste and optimize the performance of processes, people and infrastructures. Traditionally, the effort toward adding value was to work longer, harder and faster to throw people, equipment, or technology at the problem. Continuous Improvement is a consistent and system-wide approach to quality improvement. **Observation is CRITICAL to Improvement!**

Observation is the only way to:

- See what is really happening
- See from the customer's perspective
- Expose hidden costs
- Quantify waste in the way the work is done
- Understand the root causes to problems
- Create a continuous improvement culture

Observation is a process of going to the work, watching/studying people and processes, documenting exactly how work is performed rather than how we think it is done or how it should be done.

- Perform first-hand
- One person at a time or one process at a time
- Document the work exactly as it is being performed
- Denote what "is" versus what "should be"
- Used with framework using key observation tools
- Time stamp when appropriate for determining actual or estimated baseline data

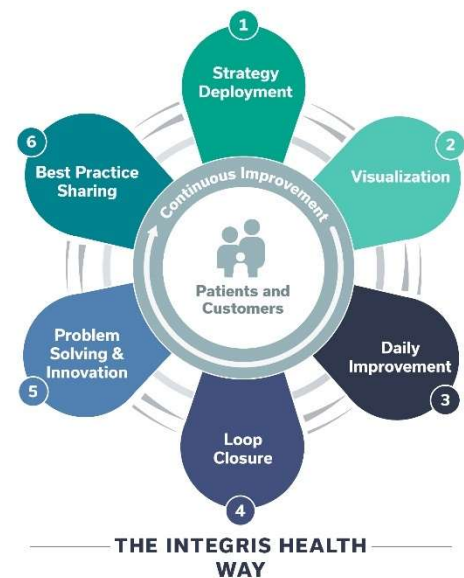
## The Structure for Continuous Improvement

### Visualization

How do we know we are successful? It can be seen in Huddle Boards, leading measures, lagging measures, indicators, 5S, process signals, process maps, performance aggregator.

### Daily Improvement

What are we doing today to be successful? Systems include idea boards, idea tracker, implemented idea target, idea celebration, and dedicated idea generation time.



**Loop Closure** – How do we create and sustain a culture of improvement? We close the loop through key return to green plans, process standard work, daily shift huddles, daily tiered escalation huddles, strategy review, worksite reviews and one-on-one coaching.

### Improvement Culture

How do we create and sustain a culture of improvement? A culture of improvement can be created and sustained through courage, discipline, teamwork, commitment to sustain, high reliability, standard processes and continuous learning.

As a caregiver whose work utilizes and reflects the processes we have in place at INTEGRIS Health, you are in a unique position to recognize opportunities for improvement. Your suggestions and ideas for making Continuous Improvement happen at INTEGRIS Health are valuable.

Your role is to:

- Relay your observations and ideas you have for making continuous improvement happen at INTEGRIS Health
- Make recommendations to improve our processes, patient care, and general service to our customers
- Indicate your willingness to participate in improvement activities and events.



The image shows a yellow 'Idea Sheet' form. At the top, it says 'Idea Sheet'. Below that, there are fields for 'Idea Submitter: \_\_\_\_\_ Dept: \_\_\_\_\_', 'Submission Date: \_\_\_\_\_', and 'Completed Date: \_\_\_\_\_'. There are two sections for text: 'Problem: \_\_\_\_\_' and 'Idea: \_\_\_\_\_'. At the bottom, there are several checkboxes:  Safety,  Quality,  Experience,  Access,  Stewardship, and  Engaged Caregivers. At the very bottom, there are fields for 'Approved: \_\_\_\_\_' and 'Assigned To: \_\_\_\_\_'.

### 5S WORKPLACE ORGANIZATION – What is 5S

5S is the only Lean term which is an acronym. It is an acronym for an organizational program in which there are five steps and each begins with the letter S. The goal of a 5S is to organize and clean all workplaces. A neat, clean organized facility has higher productivity, produces fewer errors and defects, meets schedules and deadlines better and provides a safer place to work. It will be important to take Before and After 5S pictures to document and show the significant changes which typically are dramatic and impactful. Be sure and post the results of the transformation.

The 5S Acronym

- When you designate clearly or **SORT** the needed items as well and the UNNEEDED items, you eliminate waste by getting rid of unneeded items:
- By organizing and labeling the location for items that are needed in the area and ensure they are in the correct place, you afford easy and immediate access – we call that **STRAIGHTEN/Set in Order**:
- **SHINE** is the act of cleaning the workplace and equipment as well as readying for use. The key point is that maintaining cleanliness should be part of the daily work, not an occasional activity initiated when things get too messy.
- When you develop cleaning methods, you **STANDARDIZE** cleanliness or the work of sorting, straightening and shining. Over time, the methodology leads to new habits.
- Review the workplace regularly by maintaining established procedures. The results is **SUSTAIN**.

## Information Systems and Security

As the most trusted name in health care, INTEGRIS Health is committed to improving the health of the people and communities we serve. Information Security supports the missions of INTEGRIS Health by enabling informed clinical and business decisions through information assurance and security operations.

### Phishing

Phishing can be defined as a scam by which a user is tricked into revealing personal or confidential information. One common phishing method attempts to trick a user into clicking on an attachment or link in an email that leads to a web site and downloads malicious software. If you weren't expecting an email, do not click on any links or attachments.

Questions to ask

- Was I copied on the email, and the rest of the people on the list it was copied to are people I don't know personally?
- Was the email sent to an unusual mix of people, sometimes people whose name starts with the same letter?
- Do I recognize the sender's email address as someone I ordinarily communicate with?
- Is this email from someone outside of my organization and it's not related to my job responsibilities?
- Does this email have an embedded link or attachment that was unsolicited?
- Does the subject line seem irrelevant or it does not match the content of the email?

### **Unauthorized Devices**

USB drives, consumer electronic devices, and storage media are common devices used in the workplace and at home. Sensitive and/or confidential information, such as PHI or employee information, can be easily obtained from these devices. Do not connect unauthorized USB drives, consumer electronic devices, or other types of storage media to INTEGRIS computers. These devices can provide a means for data to enter or leave the organization in an unauthorized and unsecure way.

### **Password Sharing**

Your username and password are used to authenticate you to INTEGRIS Health networks, applications, and data. It is your responsibility to protect your log in information. Do not share your password(s) with a coworker or management. Even if it seems like a legitimate request, you should never allow someone else to use your account. Sharing your account can open you up to both financial and criminal penalties. The healthcare industry is highly regulated and the requirements for authorized access are clearly defined.

#### **Password Abuse**

- Do not write your password(s) down
- Do not share your password(s)
- Do not use the same password(s) for you INTEGRIS Health account as your personal accounts

### **Social Media (from Policy)**

The purpose of the Social Media policy is to provide INTEGRIS Health employees, trainees, volunteers, and contractors ("Users") with standards for acceptable use of all social media sites, blogs, wikis, forums, and groups (e.g., Facebook, LinkedIn, Twitter, Instagram, Snap Chat, YouTube and similar types of online forums), including INTEGRIS Health-hosted social media and non-INTEGRIS Health-hosted social media in which the User's INTEGRIS Health affiliation is known or identified.

### **System Property, Technology and Confidential Information**

INTEGRIS Health considers confidential and/or proprietary information to be an asset of the corporation. INTEGRIS Health assets, which are assigned or made available to Affiliates, may be used only for authorized business purposes.

### **Safety and Security**

**Workplace violence is any violence in a work setting.** To keep your workplace safe from violence, recognize aggressive behavior and warning signs of potential violence. **Tension.** Respond appropriately to the level of aggressive behavior. Report all unsafe situations immediately. Remain calm and listen, acknowledge the person's frustration. Try to resolve the problem. **Disruptiveness.** Set clear limits. Remain calm and choose your words carefully to avoid aggravating the situation. Call security privately if the disruptive behavior continues. **Loss of control.** Remove yourself from danger and get help. Do not try to restrain the person yourself.

A breach in safety is referred to as an incident. All incidents should be reported immediately.

\*987 and \*911 are active at the following locations. Call \*987 for immediate urgent security needs or concerns. Call \*911 for Metro medical emergencies. Dial 93425 (from hospital phone) or 949-3425 (cell phone) to access non-urgent security needs.

INTEGRIS Cancer Institute  
INTEGRIS Canadian Valley  
INTEGRIS Baptist Medical Center Portland Ave.

INTEGRIS Southwest Medical Center  
INTEGRIS Baptist Medical Center

INTEGRIS Health Edmond  
INTEGRIS Mental Health  
INTEGRIS Bass Baptist Health Center (Enid)

**For Miami and Grove: Dial 8-911, or the Operator (O),** who will contact security and notify other appropriate personnel.

### **Security Management**

Security is everyone's responsibility! Areas identified as security sensitive areas: Pharmacy, OB and Nursery, Cash Handling Areas, Behavior Health Areas, and Emergency Department.

### **Code Yellow – External DISASTER**

Notification has been received of a disaster in the community with probable casualties to be received. All departments are alerted to be prepared to implement this plan. During this code volunteers are asked to continue duties unless otherwise directed. Those volunteers on duty that day could be redirected to help with other areas.

### **Code White - Internal Disaster**

Notification has been received of an internal disaster. All departments are alerted to be prepared to implement plan. Examples of internal disasters are the following: water loss, electrical loss, floods, steam loss, loss of heating or cooling. During this code volunteers are asked to continue duties unless otherwise directed. If you see a potential problem with any of the previous listed items, please report those immediately.

### **Code Orange - Haz-Mat Incident**

A chemical disaster has happened outside of the hospital. The emergency department has been notified that they will be receiving a contaminated patient. During this code volunteers are asked to continue duties unless otherwise directed. If you are an emergency room volunteer, you may be asked to leave the department for your safety. Those volunteers on duty that day could be redirected to help with other areas.

### **Code Blue – Announcement followed by location of arrest**

There is a cardiac or respiratory arrest. Please refrain from using the elevators for the 5 minutes following the code. Please continue normal duties during this time unless otherwise directed.

### **Code 'C' – Communication Disruption**

Communication disruption has occurred where phone or information services has been disrupted. Majority of the time this should not affect the volunteers but will affect staff. During this code volunteers are asked to continue duties unless otherwise directed.

### **Dr. 'A'**

Any available physician to location paged overhead

### **Code 10 – (known as a Code Green at Deaconess) "Room or Location"**

Disruptive patient or visitors can occur. If you encounter a disruptive person, please remove yourself from the situation or ask if you can get someone to help you. Call Security immediately. Staff trained to handle such events needs to respond to area for agitated, disruptive patient or visitor.

**BOMB THREAT**—No Overhead Page will be called. Most suspects who call in bomb threats are just trying to disrupt the organization. Most bomb threats are false, but the potential always exists for the threat to be real, therefore, action is required.

An employee/volunteer taking a threatening call should do the following:

- If available, start filling out the Bomb Threat form.
- If not available gather as much information as possible and keep the person on the phone
- Have a co-worker call security immediately and report a threatening phone call in progress

Ask these questions

- When is the bomb going to explode?
- Where is it right now?
- What does it look like? What kind of bomb is it?
- What will cause it to explode?
- Did you place the bomb there?
- Why did you do this?
- What is your name and address?

While some of these questions seem elementary, there are reasons for them. In particular, the question about name and address may seem ridiculous, but often a caller will be caught off guard by the question and will use an alias that can be traced back to him or her. The best search techniques require participation of employees who are very familiar with the area or workstation.

**NOTE: NO EMPLOYEE/VOLUNTEER** will be forced to search. The search is voluntary! A bomb cannot be described! It can be packaged or disguised or concealed in any type of container. Do not touch or handle objects that could contain a device. Searchers should make sure their pager, cell phone, and any other electronic devices are turned off. Report to your area - be observant to the environment & notify the Administration if anything out of the ordinary is noted.

#### **Code Black - Severe Weather**

Phase 1 is called when a watch for severe weather or high wind is a risk in the area. During phase 1 volunteers can continue their normal duties but are welcome to leave if they are more comfortable at home. When phase 2 is called, there is a tornado or high winds within 10 miles of the facility moving this way. Patients and visitors will need to move away from exterior walls and windows. If any volunteers are still in the building during this time, they are asked to move to the interior of the building. As a reminder, the hospital is not a designated tornado shelter.

#### **Code Pink**

Missing infant/child alert. During this code, volunteers should watch for persons with suspicious packages, those in a hurry, or wearing bulky clothing. Staff should stand by all doors especially on the first floors. They will ask folks to hold tight until the code is called all clear. PHASE 2 – Confirmed missing or unaccounted for child. Continue looking for suspicious persons, record anything unusual and report it to Security.

#### **Code Red**

Fire has been spotted or an alarm has gone off in a location. If a code is called in the area that a volunteer is working in, please leave that area for your safety. If the code is called and is not in your area, please continue normal duties but avoid that area unless otherwise directed. Remember...

#### **R.A.C.E.**

- **Rescue** - Those in danger if possible
- **Alarm** - Sound the alarm and call the operator. (\*987)
- **Confine** - Close the windows and doors.
- **Extinguish** - Fight the fire if it is safe to do so, if it is small and you have been trained to use the extinguisher

#### **When using fire extinguishers, remember P.A.S.S**

- **P**ull the Pin
- **A**im at the base of the fire

- Squeeze the handle
- Sweep back and forth at the base of the fire only when you have been trained & you have a safe escape route.

## Electrical Equipment

Most equipment in the healthcare setting is electric. This means there is a risk of electrical shock from medical equipment. Electrical shock can cause burns, muscle spasms, respiratory arrest or even death.

To prevent electrical accidents in your facility. Remove and report electrical equipment from service if it malfunctions, shows signs of damage, shows signs of unusual heating, produces a burning smell when used, or shocks staff or a patient. Use electrical equipment safely. Learn how to use equipment before using it. Do not use damaged equipment. Do not use equipment on which liquid has been spilled. Do not operate electrical equipment with wet hands or when standing in water. Do not stack anything on or behind electrical equipment. Turn electrical equipment off before plugging in or unplugging. Maintain, test and inspect equipment frequently. All medical equipment should be inspected and tested on a regular schedule. Use cords and outlets properly. Do not use outlets or cords with exposed wiring. Report damaged outlets or cords. A hot outlet can be an indication of unsafe wiring. Unplug cords from the outlet and report the hazard. Do not bend, stretch or kink power cords. Do not jerk cords from outlets, pull at the plug. Do not staple, tack, or nail power cords to wall or floors. Use tape if necessary. Do not rest equipment on power cords. Use only power cords with three-prong plugs. Never use adapter, two-prong plugs, or broken three-prong plugs.

Think Safety - Always Check

- Frayed cords
- Cracked hoses
- Grounded plugs
- Cracked cases
- Safety sticker for current inspection

## Labeling of Hazardous Chemicals

All chemicals must have an SDS sheet (Safety Data Sheet) containing information plus what to do in case of contamination and a number to call in an emergency.

## Infection Control and How It Affects You!

Every day as a Volunteer you will come into contact with many different types of germs. Many of these germs are normal skin flora which your body needs to fight off infection. However, there are germs present in the healthcare area that can cause illness. **Per Policy, Volunteers do not enter Isolation rooms.**

Health-care associated infection (HAI) is an infection that develops after contact with the healthcare system. HAI can be very costly in terms of Patient life and health, and in Healthcare dollars. HAI's may be caused by bacteria, viruses, fungi or parasites. These "germs" may come from: Environmental sources (dust, etc.), staff members, hospital visitors, patients. Preventing HAI is an important focus of The Joint Commission. The Joint Commission emphasizes "The activities of infection prevention and control should be practical and involve collaboration among staff. Everyone who works in the organization should have a role and hold each other accountable." The Joint Commission requires accredited hospitals to implement evidence-based practices to prevent HAI. Best practices for preventing HAI are related to hand hygiene, environmental hygiene, antibiotic use, airborne pathogens, blood borne pathogens, and personal responsibility. Airborne pathogens include tuberculosis and chickenpox. Blood borne disease include HIV/AIDS.

## Defense - Hand washing

- The single most important factor for preventing the spread of infection is hand hygiene. Hands should be washed or decontaminated before and after each direct patient contact. Hand hygiene should also occur after gloves are removed. Current guidelines from the Centers for Disease Control and Prevention (CDC) recommend the use of soap and water for washing visibly soiled hands and the use of alcohol-based hand rubs for routine decontamination of hands between patient contacts, when hands are not visibly soiled.

- Wash hands with soap and water scrubbing between fingers as well as both sides of your hands including rings for at least 20 seconds – rinse and dry thoroughly!) Using paper towel to turn off faucet when finished.
- Your compliance is your protection!
- You can prevent the spread of infection!
- Wash your hands before and after patient or visitor contact – or when visibly soiled
- Or - use the foam sanitizer when leaving patient rooms!
- PPE (Personal Protective Equipment) should be used when necessary. This includes gowns, gloves, and masks.



### OSHA (Occupational Safety and Health Administration)

Healthcare facilities have many potential hazards. OSHA separates these into 5 categories. As shown in the table below, take appropriate measures to eliminate as many of these hazards as possible and exercise safety measure for the hazards that cannot be eliminated.

Hazard Category	Definition	Example	Safety Measures
Biological hazards	Infectious agents	Anthrax, Ebola, HIV, VRE, MRSA, HBV, HCV, TB	Use Standard Precautions and recommended PPE, Practice Proper Hand Hygiene, etc.
Chemical and dust hazards	Toxic or irritating materials	Detergents, solvents, disinfectants, sterilizing agents, waste anesthetic gases, hazardous drugs, mercury	File an SDS for each hazardous chemical used: wear proper PPE: practice good hygiene
Work organizations hazards	Factors that create or increase emotional stress or strain	Working with terminally ill patients, patient deaths, overwork, understaffing, tight schedules, equipment malfunctions	Encourage participation in staff meetings, debriefings, discussions, relaxation, exercise, meditation.
Ergonomic hazards	Factors that cause or increase the risk of accident, injury, strain or discomfort	Frequent lifting, poor posture, vibration, improperly adjusted workstations or chairs, frequent repetitive movements	Avoid improper lifting: use lifting devices when possible: exercise regularly: use step stool not furniture to reach high places.
Safety hazards	Unsafe conditions that can cause illness, injury, or even death	Spills, tripping hazards, moving machinery, electrical hazards, confined spaces	Use all equipment properly: use PPE; report deaths, serious injuries, or illnesses involving medical equipment.

### Back Safety

Healthcare is a high risk setting for back pain and injury. Injury may be prevented through proper care of the spine, proper posture, regular exercise and use of lifting devices. Maintain good posture. Use proper body mechanics. Use correct lifting techniques. Maintain a healthy body to support a health back. Take proper care of the spine while:

- **Sleeping** – Sleeping on the back is best for back health. Sleeping on the side is next best. Sleeping on the stomach is least healthy for the back.
- **Standing** – Wear good comfortable shoes. Stand up straight. Keep knees flexed. If you must stand for long periods of time, put one foot on the footrest and alternate feet every few minutes.
- **Sitting** – Form 90-degree angles at the knees and the hips. When the hands are on a desk or keyboard, also form 90-degree angles at the elbows. Wrist should be kept straight.
- **Lifting a static load vertically** – Bend at the hips and knees. Keep the head up. Maintain the three natural curves of the spine. Hold the load close to the body. Lift with the muscles of the legs.



### **Slip, Trips, Falls:**

To help prevent slips, keep floors clean and dry. Increase the friction of floors with abrasive coatings, non-skid strips or rubber mats. Secure rugs with skid-resistant backing. Choose slip-resistant shoes with soft rubber soles, where a large amount of surface area is in contact with the floor. Patterned soles increase frictions. If you incur a spill or wet area on the floor in the hospital, please stand guard over the spill until it is cleaned up or a “wet floor” sign is placed. When conditions are hazardous (icy sidewalks, wet floors) avoid slipping and falling by walking like a duck:

- Keep your feet flat and slightly spread apart
- Point your toes slightly outward
- Take slow short steps; keep you center of balance under you
- Make wide turns at corners
- Keep your arms at your sides. This gives additional balance. It also keeps your arms available for support if you fall.

## **Regulations**

### **Corporate Compliance and Ethics**

Corporate compliance means following business law and regulations. The law and regulations for healthcare are the following: Medicare regulations, Federal False Claims Act, Stark Act, Anti-Kickback Statute, Sections of the Social Security Act, Mail and Wire fraud statutes, Affordable Care Act, EMTALA, Health Insurance Portability and Accountability Act (HIPAA), and “Red Flags” Rule.

The Emergency Medical Treatment and Active Labor Act (EMTALA) is a U.S. Act of Congress passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA). It requires hospitals to provide care to anyone needing emergency healthcare treatment regardless of citizenship, legal status or ability to pay. There are no reimbursement provisions. Participating hospitals may only transfer or discharge patients needing emergency treatment under their own informed consent, after stabilization, or when their condition requires transfer to a hospital better equipped to administer the treatment.

Hospitals have three obligations under EMTALA:

1. Individuals requesting emergency care, or those for whom a representative has made a request if the patient is unable, must receive a medical screening examination to determine whether an emergency medical condition (EMC) exists. The participating hospital cannot delay examination and treatment to inquire about methods of payment or insurance coverage, or a patient’s citizenship or legal status. The hospital may only start the process of payment inquiry and billing once they have stabilized the patient to a degree that the process will not interfere with or otherwise compromise patient care.
2. The emergency room (or other better equipped units within the hospital) must treat an individual with an EMC until the condition is resolved or stabilized, and the patient is able to provide self-care following discharge, or if unable, can receive needed continual care. Inpatient care provided must be at an equal level for all patients, regardless of ability to pay. Hospitals may not discharge a patient prior to stabilization if the patient’s insurance is canceled or otherwise discontinues payment during course of stay.
3. If the hospital does not have the capability to treat the conditions, the hospital must make an “appropriate” transfer of the patient to another hospital with such capability. This includes a long-term care or rehabilitation facility for patients unable to provide self-care. Hospitals with specialized capabilities must accept such transfers and may not discharge a patient until the condition is resolved, and the patient is able to provide self-care or is transferred to another facility.

### **Legal and Regulatory Requirements**

What do we do as an organization to ensure we respect the diversity of our staff, patients, and their families? The hospital orients staff on the following: sensitivity to cultural diversity based on their job duties and responsibilities.

The hospital effectively communicates with patients when providing care, treatment and services. The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs. The hospital provides language interpreting and translation services. The hospital respects, protects, and promotes patient rights. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

### **Harassment**

Harassment of an individual on any basis runs contrary to the values of INTEGRIS Health. Defining Harassment:

- Harassment refers to conduct of a socially unacceptable nature.
- It is behavior that is unwelcome, that is objectively and personally offensive, and that lowers morale and therefore interferes with work effectiveness.

The Newspaper Test: If in doubt, consider: Would I feel shame or embarrassment if the Daily Oklahoman ran a feature story on my conduct or statements?

The following are examples of conduct that may be considered harassment:

- Verbal conduct such as racial epithets, derogatory jokes or comments, sexual innuendoes, inappropriate language, threats, suggestive or insulting sounds, slurs, or unwanted sexual advances, invitations, or comments
- Non-verbal conduct such as derogatory and/or racially/sexually-oriented cartoons, clothing, drawings, posters, photographs, or gestures
- Transmitting sexually-suggestive, derogatory, or offensive materials via INTEGRIS Health computers or accessing such information on the Internet while at work
- Physical conduct such as assault, unwanted physical contact, coerced sexual conduct, touching, patting or pinching
- Threats and demands to submit to sexual requests;
- Retaliation for having reported or threatened to report harassment

Reporting Harassment: If you believe that you are, or someone else is, a victim of harassment, report it immediately.

- Report the conduct to the appropriate supervisor, Human Resources, a Security officer, any supervisor, any member of INTEGRIS Health administration
- If you are not satisfied with the response of the first person to whom you report, contact the VP of Human Resources; the Managing Director of Legal Services; or the CEO or COO of INTEGRIS Health

**NO TOLERANCE:** Harassing behavior is unacceptable. All allegations of harassment will be investigated. Evidence of harassment will result in discipline up to and including termination.

### **Integrity Line**

INTEGRIS Health has established an Integrity Line for Affiliates to report instances of suspected fraud, abuse, policy violation, unethical behavior or other compliance concerns. As an INTEGRIS Health Affiliate you have a responsibility to report such matters and may do so without fear that you will be disciplined or retaliated against for doing so. No action will be taken against anyone who in good faith reports information to the Integrity Line. We are responsible as an organization and as individuals to act in a legal and ethical manner. INTEGRIS Health Corporate Compliance Program will be successful only if you do your part.

### **Joint Commission**

Achieving Joint Commission accreditation sends a strong message to our patients and community that we are meeting the highest standards of quality and safety, and actively seeking ways to improve.

As an independent, not-for-profit organization, The Joint Commission accredits and certifies more than 19,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance

standards. Since its founding in 1951, The Joint Commission has been acknowledged as the leader in developing the highest standards for quality and safety in the delivery of health care and evaluating organization performance based on these standards. Today, more than 20,000 health care organizations use Joint Commission standards to guide how they administer care and continuously improve performance. The Joint Commission is also the only accrediting organization with the capability and experience to evaluate health care organizations across the continuum of care.

To assure continuous accreditation with THE JOINT COMMISSION (TJC) and preparedness for unannounced on-site surveys, all INTEGRIS Health Facilities accredited by TJC are to be in a constant state of readiness for unannounced surveys. "Code J" will be activated as appropriate based on the size and scope of the survey and the need to alert/mobilize additional resources.

Once surveyors have arrived, they will check in at the information desk. They will identify themselves as being with TJC. Always ask to see identification then escort them to the Executive office. After arriving in the Executive office (or confirmation that they are about to arrive), the "Code J" on-site surveyor alert system will be activated. During The Joint Commission visit, surveyors will use a technique known as Tracer Methodology, which includes patient and system tracers. Surveyors will follow the care of several patients to assess how staff (this includes volunteers) work together and communicate to provide safe, high-quality care. Using the medical record as their guide, surveyors will visit areas where the patient received care, talk to and observe caregivers, and talk to patients.

Your responsibility as a volunteer:

To direct and answer questions that relate to your volunteer role to the best of your ability. Remember they will identify themselves as being with TJC, always ask to see identification. You might also be asked questions relating to your volunteer role or questions about codes. Remember, the information about codes is on the back of your name badge. You might also be asked about orientation and annual training.

## Patient Rights

Patients have the right to know their diagnosis, prognosis, and treatment options. Patients have the right to participate in decisions about their care, set the course of their treatment and refuse treatment. They have the right to expect respectful care, which means valuing the patient's needs, desires, feelings and ideas. Hospitals must respect the patient's cultural and personal values, beliefs and preference. They must also respect their right to privacy, their right to effective communication and to pain management.

You should put your respect for patient rights into action by:

- Treating each patient in a respectful manner that supports his or her dignity
- Involving each patient in his or her care, treatment and services
- Accommodating religious or other spiritual services

Treat patients with common courtesy by knocking on the door and waiting for a response before entering a patient's room. Listen and respond politely to patients using AIDET. Remain compassionate.

All patients have the right to fair and equal healthcare. This is true regardless of race; gender; ethnicity; marital status; national origin; personal appearance; religion; mental or physical disability; level of education; sexual orientation; place of residence or business; genetic information; source of payment; age; and political affiliation.

A patient has the right to decide on who his or her visitors are, even if they are not related to the patient.

Visitors may:

- Include spouses, domestic partners (same or opposite sex), family members, friends, or other support individuals the patient chooses
- Be restricted or limited for clinical or safety reasons, as described in the hospital's written policies.

- Not be denied visiting privileges on the basis of race, color, national origin, sex, religion, age, sexual orientation, gender identity or disability

Patients have the right to complain about the quality of their care. Many patient complaints can be addressed quickly. When complaints cannot be resolved quickly and easily, patients have the right to file grievance. A grievance is a formal complaint.

## **HIPAA (Health Insurance Portability and Accountability Act)**

INTEGRIS Health complies with all federal and state laws pertaining to patient privacy and security of health information. Patient medical information is confidential and should not be released without proper authorization as required by law and in accordance with INTEGRIS Health policies and procedures. Any concern regarding any of these issues should be immediately reported to the Department Director or the Chief Compliance & Privacy Officer or through the Integrity Line @ 405-951-2248 or 888-243-9597.

**Volunteers bear personal liability for confidentiality violations. ALWAYS STOP** and ask yourself, “Should I be sharing this patient information?”

- If it doesn’t pertain to **TPO - Treatment, Payment, or Operations**, don’t discuss it! Remember the sharing of patient information is only acceptable when discussing **Treatment, Payment, or Operations** pertaining to the patient.
- **Do NOT access** a patient’s information unless needed for patient care or coding/billing purposes.
- When walking away from your computer, be sure to **exit out of any patient information screens**. Always make sure patient information is not visible to people who might walk by and see your computer screen.
- Think of patient information about fellow volunteers, neighbors and acquaintances as **protected information**. Don’t leave documents with patient information lying around where others might see. Keep charts or folders closed and turn reports or papers face down or cover with a “CONFIDENTIAL” sheet.
- Dispose of patient information by placing in appropriate shredding bins...never in an open wastebasket.
- **Watch those hallway and elevator conversations!** Don’t discuss patient information where others not involved in the care of the patient can hear.
- Keep printers and fax machines in a secure location. Make sure you retrieve printed documents containing patient information promptly – don’t leave them on the printer or fax.
- Avoid faxing patient information when possible.
- Never e-mail medical information outside INTEGRIS Health unless your e-mail is properly encrypted.
- Follow “minimum necessary” rule when releasing information.
- Obtain valid, patient-signed “Authorization” forms before releasing medical information for other than **treatment, payment, and healthcare operations**.
- Remember: **Confidential** or **Protected** patient health information (“PHI”) is any information that identifies the individual in any way and relates to their past, present, or future physical or mental health. This could include personal address, patient account number, telephone number, license plate number, etc. Wrongful disclosure of health information can carry fines and result in jail time.
- Patients can choose not to be listed on the public directory/census reports.
- It is not okay to scan the patient directory to look up a friend or family member. If a friend asks you to look up a patient to see how they are doing, you should explain that it is a violation of the patient’s privacy for you to ask around or look at his records.
- Patient authorization is NOT required for routine use of protected health information (PHI) for treatment, payment and healthcare operations.
- Patient authorization IS required for any uses or disclosures OTHER THAN treatment, payment and other routine healthcare operations. Patients must receive a written Notice of Privacy Practices (NPP) .
- NPP is provided to all patients who present for treatment or services.
- In an emergency, NPP is provided as soon as possible after emergency passes.
- NPP is posted at entry points and are available upon request by anyone at the place of service.

- INTEGRIS Health must make a good faith effort to obtain written acknowledgement from patient or authorized representative of receipt of NPP.
- Patients have the right to request restrictions on use and limit disclosure of their PHI for certain purposes.
- Patients have the right to Inspect their medical records and request amendments or corrections be made.
- Patients have the right to request and receive an Accounting of Disclosure of their PHI.

## Diversity

### Avoiding Pitfalls

Nonverbal communication varies across cultures. It is important to focus on what the patient says. Be very cautious in interpreting forms of nonverbal communication such as: facial expressions, eye contact, head movement, hand and arm gestures, personal space and touching.

Take a closer look at each form of communication, focusing on how cross-cultural misinterpretation may occur and tips on how to communicate cross-culturally.

### Avoid Misunderstandings

The three-column exercise can improve the quality of the cross-cultural interaction between patients and providers. Certain practices can help you avoid some of the problems and misunderstandings. These best practices relate to:

- Avoiding the pitfalls of nonverbal communication
- Following the patient's lead
- Formulating questions
- Using repetition
- Interacting with the patient's family
- Using a medical interpreter

### Choosing an Interpreter

All INTEGRIS Health location have one or more qualified interpreter resources available 24/7/365. If you are unsure what resources are available or how to access them, contact your supervisor or INTEGRIS Health Language Services. A recent study demonstrated improved patient outcomes, decreased error and increased patient satisfaction with the use of interpreter services. [A list of INTEGRIS bilingual Caregivers who are certified to interpret can be found by visiting the Source>Facilities/Depts>Diversity Home>Document Library](#)

### Weight Bias in Healthcare

If you discovered that 34% of adult patients faced barriers to healthcare that led to them to being the victims of disparities, and it was within your power to eliminate those barriers, would you advocate for them? Unfortunately, that is the reality for approximately 70 million Americans. Substantial evidence suggests that implied and overt negative attitudes towards obesity contribute to the stigma experienced by these patients.

- Stigma is defined as an attitude that reduces a person in other's minds to a tainted or imperfect individual who is shunned or excluded from social groups
- Stigma is also described as a mark of disgrace or reproach.
- A number of negative stereotypes are associated with stigma.
- In healthcare, this stigma towards obese patients is called weight bias.

Negative stereotypes associated with weight bias include the belief that obese individuals:

- Have a general lack of willpower
- Are lazy and ugly
- Have a weak will
- Are emotionally or even morally unstable
- Are to blame for their own problems

Unfortunately, healthcare providers share many of these negative attitudes towards obese people. These attitudes have a profound impact on this group of patients.

### **Why Affirmative Action**

Becoming an affirmative action employer permits INTEGRIS Health to apply for federal grants and contracts that were previously closed to INTEGRIS Health as a non-affirmative action employer. Federal grants could include dollars for research, the reduction of health disparities in rural and urban communities, educational programs, community programs and other initiatives. Direct and indirect funds received with these types of grants could prove to be a very good revenue stream for the system, particularly in an era of increasing governmental involvement in health care.

### **What does it mean to INTEGRIS Health?**

By committing to follow affirmative action regulations, we develop affirmative action plans for each facility on an annual basis, taking affirmative steps to recruit, hire, and retrain a diverse workforce. We are required to track all employment data, from applicants to terminations, in a more comprehensive way. We come under the regulatory eye of the Department of Labor's Office of Federal Contract Compliance Programs, which can audit any of our employment practices or decisions. We continue to hire the most qualified individuals for positions without regard to membership in a protected class. There are no quotas of any kind. All opportunities for employment are advertised for anyone to apply for, and, most importantly, race and sex are not factors in the hiring process.

## **Excerpts from the INTEGRIS Health Code of Conduct**

This is your personal copy of INTEGRIS Health's ("INTEGRIS") Code of Conduct ("Code"). The Code has been prepared to give you a clear understanding of what is expected in the INTEGRIS work environment. It has been approved by the executive leadership of INTEGRIS Health, as well as the INTEGRIS Health Board of Directors, and represents a reaffirmation of our long-term commitment to compliance and quality services to our patients and the communities we serve.

The Code was designed to communicate: (1) the basic principles and standards of behavior expected in the INTEGRIS Health work environment, (2) the commitment of INTEGRIS Health to comply with laws, regulations, standards of care and ethical business practices; and (3) the responsibility we all share for keeping INTEGRIS Health in compliance with all applicable laws, regulations and policies. We pledge the full commitment of INTEGRIS Health to the principles set forth in the Code and to fully support our Compliance Program. We ask that each of you carefully read the Code and sign the compliance certification form at the back of this booklet. It is necessary to make many decisions every day, and making the right ones is not always easy. INTEGRIS Health sets forth basic expectations for personal and professional behavior in the workplace. These expectations are applicable to INTEGRIS Health employees, medical staff, allied health staff, board members, contractors, vendors and agents (hereinafter referred to as "Affiliate" or "Affiliates").

### **Patient Care**

INTEGRIS Health is committed to delivering high-quality care, products and services to its patients in a compassionate, respectful and efficient manner. Patients will be treated with dignity and respect at all times. INTEGRIS Health will provide each patient with information regarding his or her rights and responsibilities and will endeavor to protect those rights throughout their care and treatment. Patient medical records, and the contents thereof, must be kept strictly confidential by law.

### **Workplace Behavior and Equal Employment Opportunities**

INTEGRIS Health is committed to a work environment that respects the rights, dignity and cultural differences of its patients and Affiliates. INTEGRIS Health anticipates and expects that all Affiliates will conduct themselves in a professional manner while on INTEGRIS Health premises and at any time or location while engaged in activities related to INTEGRIS Health.

INTEGRIS Health is committed to fair and lawful human resource policies and practices in recruiting, hiring, evaluation, training, discipline, career development, compensation, promotion and termination. Discrimination of any sort, against any employee or applicant for employment, because of age, race, religion, sex, disability, service in the armed forces, national origin, or other protected category, will not be tolerated.

### **Safety, Health and Environmental Matters**

INTEGRIS Health seeks to provide a healthy and safe work environment. Supervisors must ensure that all employees and agents are properly trained in health and safety practices and precautions. Contractors, vendors and members of the medical and allied health staff must commit to following all safety, health and environmental policies while on INTEGRIS Health premises and in relation to all work with INTEGRIS Health.

## **Patient Safety**

Health Care related deaths are cited as the 3<sup>rd</sup> leading cause of death in the United States behind cardiovascular disease and cancer. John Hopkins University researchers estimate that medical error is now the third leading cause of deaths. Their ranking by yearly deaths indicate that medical error causes more deaths yearly than suicide, kidney disease, flu/pneumonia, diabetes, Alzheimer's, stroke, accidents and respiratory disease. Every patient deserves high-quality, safe care. Every care provider deserves to be confident that the processes of care, when properly followed, are safe and minimize the risk to their practice and patients. Quality in healthcare is the degree to which its processes and results meet or exceed the needs and desires of the people it serves. Patient Safety is the prevention of errors and adverse effects to patients that are associated with healthcare. INTEGRIS Health has an integrated approach to patient safety to provide safe patient care for EVERY patient, in EVERY care setting, EVERY time. In an integrated patient safety system, staff and leaders work together to eliminate complacency, promote collective mindfulness, treat each other with respect and compassion and to learn from patient safety events.

A Patient safety event is an event, incident or condition that could have resulted or did result in harm to a patient. Patient Safety Events include near miss events, sentinel events, and never (serious reportable) events. A *near miss* is a patient safety event that did NOT reach the patient, but under other circumstances could have caused significant harm. A *sentinel event* is a patient safety event that reaches a patient and results in death, permanent harm or severe temporary harm. Sentinel events can include, unexpected death, suicide of a patient during care, wrong site or wrong person surgery or procedure, unintended transmission of infectious disease to any patient or a fall with serious injury. Never event is a listing of several clinical mishaps where "serious injury or death" has occurred, or the potential for harm is significant. All equipment or supplies involved in an event should be sequestered for the appropriate personnel to review.

Patient Safety events at INTEGRIS Health are seen as opportunities for learning and improvement. A fair and just safety culture is needed for staff to trust that they can report patient safety events without being treated punitively. A fair and just safety culture also holds individuals accountable for their actions but does not punish individuals for issues attributed to flawed systems or processes. It is everyone's responsibility to report patient safety events. Security should be contacted in the event of a visitor fall or safety event.

## **BE FAST Training**

INTEGRIS Health currently has 2 Centers of Excellence for Stroke: INTEGRIS Baptist Medical Center and INTEGRIS Southwest Medical Center. All symptoms should be taken seriously and not ignored—Loss Balance, trouble with vision, speech or trouble talking, numbness to one side of the body, sudden onset of facial weakness, are all possible symptoms. The quicker diagnosis and treatment can be started, the less likely the patient will be to suffer from the long-term effects.

When assessing for stroke think **BE FAST**. It stands for Face, Arms, Speech, and Time.

- Balance – loss of balance/coordination – inability to stand/walk
- Eyes – blurred/loss of vision in one or both eyes

- Face – watch for facial drooping to one side.
- Arms – watch for one arm to be weaker than the other, if both arms held straight out with palm up the weaker one will start to drift down.
- Speech – speech can be slurred, garbled or may just use the wrong words
- Time – With any one of these symptoms it's time to get help as quickly as possible.

## **INTEGRIS Health Volunteer Agreement**

- I wish to provide volunteer services for INTEGRIS Health.
- 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 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 and benefits or any other benefit available to employees.
- I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute petitions on hospital premises, unless I have the express permission of the Director of Volunteer Services.
- I understand that INTEGRIS Health offers medical services 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 initial examinations and annual retesting as necessary which may include skin test, chest x-rays, and appropriate lab tests and/or immunizations as a conditions of my volunteer service.
- I release, discharge and relieve INTEGRIS Health from any and all claims whatsoever of any nature arising as a result of my volunteer services and all related activities.
- I understand and agree that I will comply with all rules and standards of conduct that apply to hospital employees and independent contractors, including the hospital's 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 volunteer service professional in quality.
- I agree to attempt to resolve any problems related to my volunteer service with my placement supervisor, (Volunteer Coordinator) and if unsuccessful, I will attempt to resolve any such problems with the Volunteer Director.
- I understand the Volunteer Coordinator or Volunteer Director reserves the right to terminate my volunteer status if I fail to follow policies, rules and regulations; if I am absent without prior notice; or if I have unsatisfactory attitude or appearance.
- I understand I can be terminated for giving unsatisfactory service or for any other circumstance which, in the judgment of the Volunteer Coordinator or Volunteer Director, would make my continued services contrary to the best interest of the hospital.